

AIM Register

The Action in International Medicine is trying to create an international register of health and management professionals who are prepared to offer their skills and experience for development and relief programmes in developing countries and areas in need. This is a joint venture with the International Health Exchange. This joint initiative is in response to the need in developing countries for persons with extensive experience in advisory planning, teaching, management and other skills relevant to the strengthening of health systems, including primary health care up to first hospital of referral.

If any member of the SASP is interested in joining, send a CV direct to AIM at Windeyer Building, 46 Cleveland Street, London W1P 6DB, United Kingdom.

WCPT Africa

Policy Statement on Rehabilitation - Lusaka, Zambia, March 1992

The African Regional Organisation of WCPT (WCPT Africa) endorses the WHO policy of Health for all by the year 2000 - which encourages all aspects of Primary Health Care (PHC).

Since rehabilitation is an integral part of the provision of health care, it is imperative that physiotherapists throughout the African Region are consulted on and involved in all aspects of rehabilitation.

We are therefore strongly urging the respective governments in the region to emphasise rehabilitation as an essential part of PHC by:

- Recognising that physiotherapists are essential in the planning, implementation, monitoring and evaluation of rehabilitation programmes.
- Promoting training of rehabilitation personnel at all levels.
- Improving the career structure for physiotherapists to provide incentive for participation in rehabilitation.
- Improving rehabilitation facilities in all areas and at all levels.
- Improving the provision of equipment for the disabled.

Rehabilitation Assistants Training in Zimbabwe

General Information

In April 1980, the Zimbabwean Government adopted Primary Health Care as the means of achieving "Health for All by the Year 2000". Primary Health Care includes preventive, promotive, curative and rehabilitative programmes.

The Department of Rehabilitation was established in the Ministry of Health to develop services in the country. This Department initiated Community Based Rehabilitation as a means of providing community services with its specific objectives being:

- Education
- Early identification and referral
- Treatment
- Training for Independence and the Provision of Aids and Appliances
- Vocational Rehabilitation
- Resettlement and Integration in the Community
- Follow-up and Home Visits.

Background to Training

Since 1981, Rehabilitation Assistants have been trained for the Ministry of Health and other Governmental and Non-Governmental Organisations.

The Rehabilitation Assistants have a broad-based knowledge of rehabilitation, including the basic skills of physiotherapy, occupational therapy, speech therapy and social work. They are able to deal with most aspects of rehabilitation, but when necessary, help or supervision is provided by a qualified therapist.

The Rehabilitation Assistant is therefore a multi-disciplinary rehabilitation worker who is trained to manage clients within the context of District Hospitals and the client's community.

To date, all of the Rehabilitation Assistants trained have been Zimbabweans. In 1987, there will be twenty-eight training places at the school. Twenty of these places will be for Zimbabwean students and eight places are offered to students from other African countries.

Entry Requirements

To qualify for admission to the course, the applicant must:

- have attained the age of 18 years,
- have obtained A, B, or C, passes in at least five Ordinary Level subjects; two of which must be English Language and a science subject, or
- have satisfied the Selection Committee that his/her educational qualifications and previous experience are adequate to be admitted to the Training Course, and
- have passed the Government Medical Examination.

Length of Course

The length of the course is two years.

Training Fees

Zimbabwean students, sponsored by the Government, are not required to pay tuition fees. Throughout their training period they receive a monthly allowance. Upon completion of the course, they are bonded to the Government Service for a two-year period. Foreign students are required to pay a tuition fee of Z\$2 200 00 per annum to the Ministry of Health, (fees are subject to change). In addition, they will require sponsorship for accommodation, travel costs, living costs and examination fees.

Procedures for Applications

Local students who wish to apply for a place on the Rehabilitation Assistant's Training Course should submit their written applications to the Rehabilitation Assistants Training School during the month of March of the year in which they wish to begin training.

Foreign students who wish to apply for this training course should submit their applications through their National Red Cross or their local sponsoring body by 31st January of the year in which they wish to begin training to allow sufficient time for processing.

The Final Award

Candidates who complete the training course and succeed in the final examination will be awarded a "Rehabilitation Assistants' Certificate" by the Health Professions Council of Zimbabwe and will be eligible for registration as a Rehabilitation Assistant by the Council.

Rehabilitation Assistants Training Course

Course Content

The training course which extends over a two-year period consists of five theoretical and five practical modules.

For the purpose of theoretical instruction, students are based at the training school. For clinical practice, students attend hospitals and institutions throughout the country.

Training School Staff

The staff at the Rehabilitation Assistants' Training School consist of a principal tutor, 4 tutors, a secretary and an executive officer.

The tutors are registered physiotherapists and occupational therapists, some of whom have additional teaching qualifications.

In addition, lectures are given to students by specialists from relevant fields who also assist with supervision of students on clinical practice.

Training School Facilities

To date, the Rehabilitation Assistants Training School has been based in Harare. In the near future, it will move to the provincial town of Marondera, approximately 70 kilometers east of Harare.

Shared student accommodation is available at the training centres.

INTRODUCING
THE UNIQUE

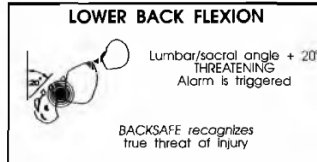
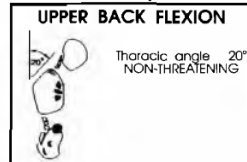
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Evaluation Methods

Written and/or practical tests are used to evaluate student' performance at the end of each course throughout the training period. A pass mark of 50% must be obtained in each test in order for the student to proceed with studies.

Towards the end of the training course, each student will undergo six clinical assessments. It is required that the student should obtain not less than 50% in each assessment in order to be eligible to sit for the final examination which consists of two, three-hour written papers.

Throughout the course, students' attitudes, behaviour, attendance and participation is monitored.

Course Monitoring

At all times, feedback from students, supervisors and lecturers is received and utilised to develop the training course and review the curriculum to meet the changing needs in a developing country.

Teaching staff continue to upgrade their knowledge and skills by participating in inter-sectoral activities attending courses and workshops.

Rehabilitation Assistants at Work

Work Placements

The training course aims to prepare Rehabilitation Assistants to work at district positions, they are responsible for the complete rehabilitation of clients in hospital and at home in the surrounding community.

Job description

Rehabilitation Assistants work under intermittent supervision from therapists. Their duties include:

- assessment and treatment of clients in hospital and at home.
- provision of appropriate aids, equipment and appliances.
- education of other health personnel, community workers, family members and the disabled about rehabilitation and disability.
- liaison and referral to other health professionals and organisations involved in rehabilitation.

Awareness Campaign

This campaign is to be initiated in order to establish contact with physiotherapists in other countries in Africa. Namibia and Uganda are in the process of submitting applications for WCPT membership and it is hoped that other countries will follow suit.

*Dorcas Madzivire
President WCPT-Africa*

WORLD CONFEDERATION FOR PHYSICAL THERAPY 1995

The 12th International Congress of the WCPT to be hosted by the American Physical Therapy Association, will be held June 25-30, 1995 in Washington, DC, USA. A Call for Papers will go out to WCPT member countries in early 1993. Additional information on registration, exhibiting and logistics will also be available early in 1993.
The 1995 Congress theme is: **Dimensions of Excellence.**

OBITUARY

PATRICIA CUMPSTY

Pat Cumpsty, Senior Physiotherapist, Department of Physiotherapy, Red Cross Children's Hospital, died on Friday 14 August 1992. Although ill for 18 months, she continued working and treating her patients as if there was nothing untoward.

Pat joined the Developmental Clinic, Child Health Unit, in the 1970s and was one of the founder members of the Unit. She dedicated her life to the well being of the handicapped child, having a

mentally handicapped son herself. A firm believer in team work, she maintained high standards and included parents at all stages of diagnosis and treatment. Her unique manner endeared her to children and even the most resistant of patients. As one of the doyennes of neuro-developmental therapy in Cape Town her particular interest was in the development of community based rehabilitation. She made regular trips to Worcester and East London, where her expertise was greatly sought after.

I had the privilege of working with Pat for the past six years during which time she taught me much about physiotherapy, children and life in general.

Three weeks before she died she wrote a brief talk for the NDT Conference at Vista Nova. In this she expressed her philosophy of care and we print this in her memory.

"Throughout the ages the dolphin has been regarded as benign, playful and helpful and he has, from time to time, been said to rescue folk from dangerous, often life-threatening, situations. With his acute awareness of, and sensitivity to his environment, and with his great speed and strength he has been able to respond amazingly quickly to signs of distress.

Consider a man who, in fear of his life, is thrashing about in the water, sending vibrations in all directions. On picking up these vibrations the dolphin moves swiftly to the drowning man and, using his other attributes, eg intelligence, sensitivity to touch and contact, strength and speed, does whatever he deems necessary to save this life.

One of the documented accounts of rescues tells of feeling firm, beating movements of a fin on the man's back and the sudden realisation that this was an attempt at postural drainage - and it was working. When his lungs were clear enough he was able to collaborate with the dolphin and strike out in the direction in which he was being directed.

The dolphin creates a swell from his head to tail, diving under the victim so that he or she is lifted on the little wave and carried towards the target. In this case the target was the coast and the man struck out with renewed energy and a sense of wonderment that a dolphin was capable of such planning and adaptation to circumstance.

Watchers on the shore put out a small boat and came into the calmer waters to get him, and he was safe.

It was not, one thinks, the dolphin's immediate concern that there were watchers on the shore. His prime aim seemed to be to bring a drowning man to an environment in which he could receive the care he needed then.

This analogy is made between therapist and dolphin in their supportive roles. The dolphin uses closeness without actually touching to save a drowning person. Similarly our skills can be provided to assist the child or patient out of trouble in a way which is supportive but never complete or dominating. We form part of a team of professionals and non-professionals who themselves must be considered as full and capable contributors within that small facet of the overall problem which is their area of expertise."

Pat also liked to quote Albert Camus, when he said:

"Don't walk ahead, I may not follow.

Don't walk behind, I may not lead.

Just walk beside me and be my friend."

Peter Lachman

Consultant, Developmental & Assessment Clinic

Red Cross Children's Hospital

The Department of Paediatrics and Child Health, University of Cape Town, would like to set up a fund in Pat Cumpsty's memory. The money will be used to sponsor physiotherapists to travel to peri-urban and rural areas to treat patients in the community.

If you would like to contribute to this fund please make out your cheque to: The Department of Paediatrics and Child Health, UCT and send to: Mrs Margaret Whiting, Department of Paediatrics and Child Health, Red Cross Hospital, Rondebosch 7700.