

## CORRESPONDENCE

Dear Madam,

At a recent N.D.T. Workshop held before the 14th National Council Meeting of the South African Society of Physiotherapy, we felt distressed and concerned at certain attitudes which seemed prevalent among the therapists present.

A seven year old Spastic Diplegia was presented by a physiotherapist whom we only later learned was the child's mother. The child began walking relatively recently following lower limb surgery and presented with numerous physical problems and poor gait. In the discussion that followed, it was suggested that:

- Maybe she would do better in a wheelchair to preserve hand function.
- She would land up in a wheelchair anyway.

The latter long term prediction was, we felt, impossible to make at this stage. We also thought that a decision of such major importance as that of deciding to put a child into a wheelchair for the rest of his/her life should only be made after very careful consideration and discussion with all members of the team, in particular the psychologist and social worker.

As physiotherapists we should be aware of the great importance of walking, not only in relation to learning but also in relation to social-emotional development (Bobath, 1971; Jacobson & Straker, 1979; Erikson, 1977). The significance of walking for the psychological welfare of both child and family cannot be understated. Kogan *et al.* (1974) in their account of the process of interpersonal adaptation between mothers and their cerebral palsied children, found that mothers exhibited some loss of affection for their child, particularly when they were not yet walking by the end of the study.

Such attitudes as those mentioned can only have a detrimental effect on the child's progress. Surely one of our goals as physiotherapists is, wherever possible, to get the child on his/her feet, even if ambulation is not always attained. Whether the child is independent or needs to be cared for, does not this goal remain the same? The ability to stand, to transfer or to take a few steps with assistance can greatly facilitate the management of the more severely handicapped.

For a functional walker to deteriorate to such an extent as to require a wheelchair must be relatively

rare and the exception rather than the rule. We would be interested to know whether there are figures to refute this.

How much do we know about factors leading to the deterioration of hand function in relation to walking? Spina bifida children using their hands for walking aids or manoeuvring wheelchairs, were found to have their degree of manipulative skill depressed (Rosenbloom, 1971). This was thought to be due to the decrease they suffered in manipulative learning opportunities. We would be glad to know if there are other relevant studies in relation to deterioration of hand function? From the study mentioned, it follows that putting a child in a wheelchair would have the same result as the use of walking aids, and try and stop a child propelling their own wheelchair.

The child presented at the workshop happened to be a free walker. It would be interesting to know whether anything has been documented on deterioration of hand function in free walkers.

The future of the handicapped child lies very much in the hands of those who treat them. Let us, as therapists, therefore be informed about the implications of the decisions we make, as well as giving them our most careful consideration so that the fate of the children in our care is directed in their best interests.

Yours sincerely,

M. Goodman (Mrs)  
P. Blake (Miss)

## References

- Bobath, B. (1971). Motor development, its effect on the general development and application to the treatment of cerebral palsy. *Physiother.* **57**, 526 - 532.
- Erikson, E. H. (1977). *Childhood and society*. Triad/Paladin. London.
- Jacobson, R. S. Straker, G. (1979). Handicapped children: emotional development and role of therapist. *S.A. J. Physiother.*, **35**, 91 - 93.
- Kogan, K., *et al.* (1974). The process of interpersonal adaptation between mothers and their cerebral palsied children. *Dev. Med. Child Neur.*, **16**, 518 - 527.
- Rosenbloom, L. (1971). The contribution of motor behaviour to child development. *Physiother.*, **57**, 159 - 162.

## CLASSIFIED

## PHYSIOTHERAPIST REQUIRED

Physiotherapist required for private practice in Pietermaritzburg from 2 November 1981 for 8 - 12 months. Phone: (0331) 6-1018.

## LOCUM REQUIRED

Locum required for Private Practice in Vereeniging. Phone: (016) 22-3277 office hours or write to: 24a Smuts Avenue, Vereeniging, 1930.

## PHYSIOTHERAPIST REQUIRED

Full-time Physiotherapist, conversant with Maitland techniques, required for Private Practice. Salary negotiable. Phone: (016) 22-3277.

Kinderheim Schürmatt  
5732 Zetzwil

Kanton Aargau/Schweiz Telefon 064 73 16 73

Wir sind eine heilpädagogische Institution mit Wocheninternat, Heimschule und Kindergarten für interne und externe Schüler und betreuen ca 130 geistig- und mehrfachbehinderte schul- und praxisbildungsfähige Kinder und Jugendliche. Für die therapeutische Betreuung suchen wir weitere Mitarbeiter:

## PHYSIOTHERAPEUT/(IN)

## GYMNASTIK- ODER RHYTHMIKLEHRERIN

Wir bieten: Ganz- oder Teilzeitbeschäftigung, 5-Tage-Woche, 7 Wochen Ferien, 1 Woche Weiterbildung, Gelegenheit zur Weiterbildung (Bobath etc) Besoldung nach kantonalen Ansätzen, Therapeutenteam.

Für weitere Auskünfte steht Ihnen der Leiter der Therapie (Herr Buchli) gerne zur Verfügung. Bewerbungen richten Sie mit den üblichen Unterlagen an das Kinderheim Schürmatt, Therapie, CH 5732 Zetzwil,