Physical Therapy and the Physiotherapist

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PHYSICAL therapy is the treatment of disease and disability with the help of physical agents like heat, light, sound, electricity, remedial exercises and hydrotherapy. Physical therapy helps scientifically to combat the cumulative effects of prolonged physical and mental illness, to shorten the hospital stay, to hasten convalescence, to prevent or reduce physical disability, and to contribute to the return to normal living.

Physical therapy is essential in cases of vascular accidents (hemiplegia, stroke), paralysis arising from various causes, industrial, automobile and other accidents and chronic diseases as arthritis and its allied disorders. It has an important contribution to make as a positive health measure in the prevention of deformities and physiologic deconditioning from prolonged bed-rest.

Physical thereapy has proved its advantages particularly in the rehabilitation of the fractures and other trauma, diseases of metabolism, nervous disorders and many other diseases and conditions. Since modern health sciences have to work in a multi-disciplinary set-up the physiotheraputic cases are assuming increasing importance.

Inter-disciplinary co-ordination :

The concept of Pypsical therapy today is fast changing to physical medicine which deals with the rehabilitation of the physically and mentally handicapped. Since socio-economic problems of the patient cannot be ignored the contribution of each of the various other team-members (e.g., nurses, occupational therapists, medical social workers, vocational counsellors, prosthetists and orthotists) has become important. It is unfortunate that in our country we lack the services of qualified people who can gainfully co-ordinate the work of these team members in a physical therapy unit.

Medical Referrals : This is the most difficult problem facing the physiotherapist. Due to lack of medical education in physical medicine, cases are referred to the physiotherapist without proper prescription and details. It is not always possible for the doctors and the Physiotherapist to discuss the cases together. Sometimes cases are referred too late. This situation calls for the services of a "physiatrist" to co-ordinate the work to gainful advantage.

Records : Maintaining of records, both in the wards and in the physical therapy department, is very important. This not only helps in planning the treatment but makes a therapist aware of contra-indications and specification of the treatment advised. The records should stress more from the point of view of the treatment plan, e.g. :

(1) Complete physical examination of the case in general. (2) Extent of physical/neurological involvement ; (3) Type of disability ; (4) Contra-indications, (5) Treatment plan, (5) Periodical check up ; (7) Results obtained and their analytical study and Publication.

Research facilities should be made available to the therapists so that they can make some things out of their own experience and observations while planning, discussing and executing the treatments prescribed to the patients.

Interdisciplinary Communications : It is essential that meetings between all members of the team treating the patient are held frequently and attended regularly. Clinics for certain groups of patients which can be attended by all participants are also useful in establishing communication between the members of the team.

Discussions and conferences are also media of communication when doctors, nurses, physiotherpists, occupational therapists and social workers can meet together to discuss patients' problems. Housing all the departments under one roof may also improve inter-communication.

Line of communication vary with different institutions. Communication by direct approach and by word of mouth is the best method. But this is not often possible because of want of time since each

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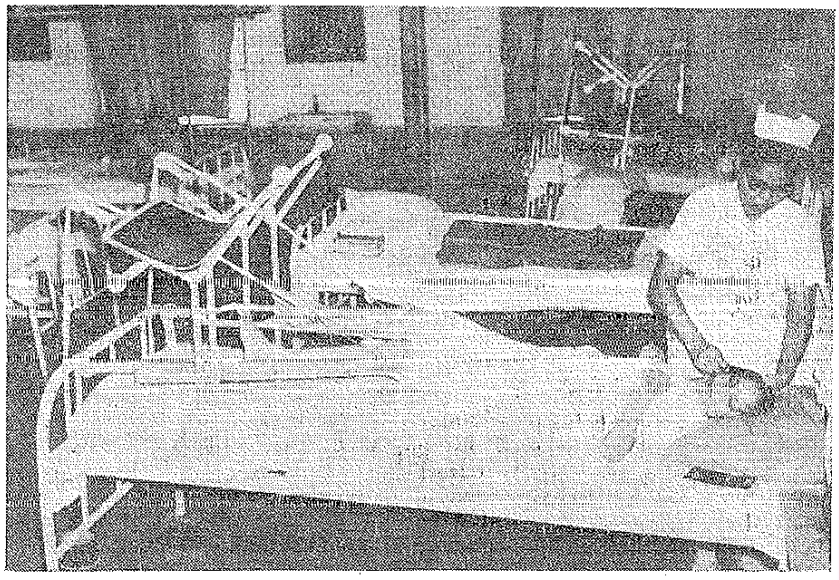

Sketetal traction—A case of bilateral fracture shaft femur

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