

Country life

Karen Galloway asks, "Is everyone REALLY designed to be an urban physiotherapist?"

Many of the readers of this magazine will live in an urban setting, and will probably have access to three or more hospitals, and a number of physiotherapists, both in private and in the public sector (although seeing a public sector physiotherapists will most likely entail a waiting period). This might make one feel that there are plenty of physiotherapists around to meet the needs in our communities. However, if one looks at the distribution of physiotherapists in the whole of South Africa, relative to the population and the density of need, I am not sure that we have positioned ourselves to be most effective in providing services to all South Africans.

One only needs to travel a little distance outside of the city to find a different reality. South Africa has about 50 million inhabitants, 47% of whom do not live in a city, but rather in a deeply rural part of the country. This means access to only one government hospital, or more likely only a poorly staffed and resourced clinic. It also means little or no access to the formal employment sector and living a very physical life, one that is much harder to negotiate if you have a disability or an injury.

Hard truths

In the Eastern Region of the Eastern Cape, where I live, there are 24 district hospitals, and among these there are five hospitals with no physio at all. There are only 26 physiotherapists in total and only three hospitals with two or more physiotherapists.

District Hospital Staffing in the Eastern Region of the Eastern Cape

Out of a total of 24 district (or primary level) hospitals

0 physiotherapists in hospital	5/24
1 physiotherapist in hospital	16/24
2 or more physiotherapists in hospital	3/24

Each hospital has a catchment of up to 100 000 people, which means that if we meet the ideal staffing requirements as set out by the National Rehabilitation Policy of 2000, we should have 1 physiotherapist for every 15 000 people. This means at least six in a hospital that serves 90 000 people; that is 144 in total for the whole region. The current ratio of physiotherapists to people is the equivalent of the whole of Cape Town (estimated population 4 million) having only 44 physiotherapists.

Those physiotherapists who find themselves alone in their hospital are kept busy with responsibilities which include all the in-patients (each hospital has approximately 130-150 beds), all the out-patients (there can be up to 200 people a day coming through the hospital OPD, of which not all will need physiotherapy) as well

as the satellite clinics (there can be 12 residential clinics, as well as more smaller ones, and a mobile clinic, which many hospitals do not have the staff capacity to provide). Obviously all 90 000 people will not need physiotherapy, however the WHO estimates that 10% of people suffer from a disability of some sort, and there is a recognition that the burden of disease and disability rest more heavily on the rural areas than the urban areas.



Clinical team at our District hospital.

High complications

The poor state of rehabilitation services means that the secondary complications in rural areas are much higher than they need to be if there was good timely treatment and management. Community work is essential to encourage appropriate and timely access to our treatment: there is little benefit in trying to correct burns contractures non-surgically three years after the injury. This means involvement at schools, community meetings, groups and the like.

We see people with high functioning strokes who should be walking but are sitting, people with orthopaedic injuries that have been very poorly managed acutely so that they have an unnecessarily high level of disability, wheelchair users who are completely reliant on family to push them, even inside their homes, and children with cerebral palsy whose moms say, "I wish I had met you years ago". The harsh reality is that because of historically poor service delivery in these areas, the rural people generally have a very low standard of expectation, not realising that they have rights which should be addressed, but rather settling for a shadow of the life that could be theirs.

Working in a rural setting has its own special set of frustrations: often these are related to the staff at urban referral centres being ignorant about what life in the outer-lying areas. The ineffective administrative state of the Department of Health means a lot of frustration in getting the basic equipment and support services, and the lack of staffing that means that you are always feeling that you aren't doing quite enough despite having full and busy days.

The opening of the Rehab Hut, a place where people can rehabilitate towards maximally independent home life.



The 4x4 necessary to get to homes, especially in the mud season



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Wheelchair basketball excitement

The up-side

But the rewards are great and certainly compensate, for example:

- Enabling a wheelchair user to realise how independent they could be
- Ensuring that the child with CP gets a well-fitting chair and is able to enjoy watching life around him again
- Diagnosing TB spine before it get to the gibbus stage
- Visiting homes, and being welcomed as a friend who has been working alongside a person through their hospital recovery
- Seeing the miracle of ARVs as we excitedly pinch the fat cheeks of the person walking into the out-patient department who had recently been unable to turn in bed.
- Knowing that despite shoddy management of fractures in our referral centre, we are able to prevent a little of the long term disability associated with joint dysfunction.
- Working in a close-knit multidisciplinary team towards better health in the area, and learning a whole host of new skills from each other.

For some the idea of working in a rural area may be intimidating, but I believe that some of us are definitely designed to be in a village, even if just for a season. So if you can cope with the idea of not having Woolies nearby, enjoy easy access to the wild outdoors, can enjoy movies on DVD instead of the big screen, love to be warmly welcomed on home visits at homes where no-one has ever been visited by a service provider, can enjoy having only occasional exciting visits to an urban restaurant, and love to know that you are not competing with other physiotherapists in a saturated market, but can rather welcome any help, then maybe give a serious thought to relocation to a more rural setting.

Change of direction

Rural rehabilitation is something that can and should be a career choice for many physiotherapists. It is both rewarding and challenging and, with better electronic communication, does not need to be as isolating as it was in the past. The Rural Doctors Association of South Africa (RuDASA) conference this year is being held in Rhodes Village in the Eastern Cape in September (www.ruralhealthconference2011.co.za). For the first time there is going to be a strong rural rehabilitation stream with OTs, Physiotherapists, Speech Therapists, Audiologists and Dieticians etc all putting their heads together to make rural rehabilitation in South African better and better.

For foreign trained physiotherapists, African Health Placements is an NGO that is assisting the (struggling) Department of Health human resources sector to place foreign physiotherapists in chronically empty local posts. This means that if you know of someone who is keen to work in a rural area but is struggling to get through the red tape, they now have someone to help them.

Compulsory community service for graduates is ensuring that hospitals that have never had a physio are getting one and many community service physiotherapists enjoy the work enough to stay on longer than their allocated one year. This has had wonderful implications for many rural hospitals, which rely heavily on long term staff to ensure continuity and development of services.

The fact remains that we need to be aware of how many people in South Africa do not benefit at all from the positive impact of physiotherapy on their lives. ✨