Physiotherapy – a doorway to adventure 1966-2014

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My story starts in the mid 60's in a UK hospital, follows my career through a variety of work places in South Africa and Canada ending with my retirement forty-eight years later. I am forever grateful for this exciting profession which provided me opportunities for travelling, working in cross-cultural settings, in different disciplines of medicine, and continued new learning.

I trained at the Queen Elizabeth Hospital in Birmingham, UK from 1966-9, starting with three weeks nursing training before moving into the first six months of physio school classes. During the next two years we had half a day on patients and half a day in classes and in the last six months we consolidated our practical experience rotating under the supervision of staff in a variety of in and out-patient settings. My basic training included a full eighteen months of massage therapy and experience in intensive care.

British hospital culture in the 60's was 'memorable'. The wards were large with twenty beds in two long rows and never a mix of the sexes. Ward Sisters ruled with iron fists, starched aprons and headgear. We wore starched white coats and used capes to cover us when travelling between wards to prevent the spread of germs. Cleanliness and correct orderliness were the priority and I shudder when I go into local hospitals today and see the mess and hear patient's 'horror stories' of the care they are receiving.

Our physio teachers were militaristic and while the rest of England was starting to swing we were kept under tight control! Our gym divided skirts were longer than our mini dresses and we were only allowed to wear dress pants (never jeans) to travel to and from school if it was snowing – young ladies wore dresses! Only lipstick was allowed for make-up, hair off the collar and nail inspection daily. My set (class) was one of the first where some of us had financial assistance from the government for our education. Previously physiotherapy had been considered a career opportunity for the young ladies of families with means. Young ladies from working class families, such as mine, typically worked as secretaries or in banks or retail where they hoped to find a nice husband. I had attended a Grammar School and my teachers assumed I would continue into University, but my mother thought such an education would be wasted on a girl, but luckily, she accepted a 'technical training' leading to a suitable job. I had my eye on working with people and adventures in travel.

After graduation I worked the expected 2-year general rotation at St. Mary's Hospital in Paddington, London. This was in part to 'pay back' my grant to the government but also the norm for the time to consolidate a general hospital experience. My favourite block was working in fracture clinic where I was the one applying the plaster of Paris and fibreglass casts to all and sundry. My consultant orthopod was JCA – James Crawford Adams - whose text books we had used in training and were also used here in Canada. He was a stickler for the perfect cast – support the fracture effectively and allow full mobility of all non-involved joints. How I shuddered at the casts I saw coming out of St. Paul's Hospital emergency department when I was in private practice across the street.

You may know St. Mary's as the hospital where Royal Family babies are born. Andres Segovia, a famous Spanish guitarist, sent his much younger wife there for the delivery of their baby. Generously he gave an intimate concert for the medical school and while his playing was amazing we could see he was quite elderly (77 in fact). He walked with a cane and leaving the hall he had to descend a steep flight of stairs. He did not look at all safe and the physio in me rushed forward, took his arm and escorted him down. He seemed grateful and I was both bemused and a little aghast at how I had responded. Training in action, I guess.

Once my 2 years were up I set off to South Africa. While I planned to go for a year of new experiences, I stayed three – I loved it. I worked in non-white hospitals in Durban, Cape Town, and on a gold mine south of Johannesburg. Those were the days of Apartheid (so please excuse my terminology here) and I was so lucky to be so well supported by my doctors (mainly Indian) and nurses (mainly Bantu) who would tell me of their cultural festivals and how to get my passes to travel into the non-white areas and find the white hotels to stay in.

In Durban I worked at two hospitals. The first one, Clairwood Hospital, was a series of old army huts. Doors and windows were wide open with no air conditioning in the sub-tropical climate. My adult case load was mainly orthopaedic and stroke patients and I was amazed to see the families around the beds in the long open wards bringing food and taking care of the patients. I also worked with babies with measles or polio. Both of these diseases were killers for the children and while there were immunization programmes it was not a guarantee that 'white medicine' was accepted. 'Baby-bashing' was the first order of the day before breakfast, clearing their little lungs of secretions. Also, there were many babies with burns from the open fires in the villages and the heartbreaking job was stretching their scar tissue to minimize the deformities. After a time, I was transferred into town to work at King Edward Hospital, a more traditional red brick building, where I took an advanced respiratory training and worked in neo-natal nursery. Here the little mites were curarized and on respirators for a week while being treated for tetanus, picked up from when they were born on the mud floors of their huts and their cords were cut with rusty knives. In the intensive care units I worked with patients in comas from poisonous snake bites and with 'stove-in-chests' as there were no seat belts in cars at that time and flail chests and severe face injuries were common. I also attended eclampsia patients who were bedded down in the labour ward. This was a large chaotic and noisy room. A communal birthing space with some women on beds with feet in stirrups and some more traditionally squatting on the floor. Often there would be a call of "physio, come here" and I would be required to hold a clamp or rush a new born across to the suction station.

In both of these hospitals, the Sungomas (you could say 'witch-doctors') from the villages, dressed in their regalia with rattles, pouches of muti (herb medicine), animal skin bracelets and anklets, prayers and rituals, would be administering to their patients alongside Western medicine.

My best travel buddy was an Australian school teacher who worked at a white boy's school. She would see one black face a day, that of the janitor, and was so appreciative to have the opportunity to explore the complexities of the land. I was in the small minority being one of the few white faces on the staff. My Zulu was pretty good in the hospital but not as good in the markets; I could easily tell patients to move their feet up and down and take deep breaths and cough but was a little restricted in finding out the cost of a pineapple at the market. I attended mandatory Afrikaans lessons as a new immigrant but rarely spoke it in Durban, although it became useful working with the Cape Coloured folks in Cape Town and in travelling to Afrikaans speaking parts of the country.

My next transfer was to Groote Schuur Hospital, Cape Town, where I worked with Professor Christian Barnard's team. That was 1972 when he was starting to pioneer heart transplants. While I pre and post-opd all the surgical patients, there luckily were no transplants during my stay as I did not agree with the procedure, wondering how you could transplant a heart when it was likely the patient's lungs were losing function as well and what would a new heart do for them? Because of its high profile, the unit attracted many overseas patients and I had great fun doing my work in 13 languages. I had cards in my pocket written with my personal phonetics and picked up new words from patients and family members who could speak a little English. Here I also had to take a share of night duty as the physios covered the 5 intensive care units 24/7 (we would bag and suction in those days) and emergency where we often were called with our Ventolin nebulizer for asthma patients.

My next move was up to the southern Transvaal to work on a gold mine where I was the sole charge physio in a 300-bed hospital. At Mary's there had been 13 of us in a 300-bed hospital. The Bantu mine workers came from many different South African tribes and surrounding countries so we all learnt and talked an Esperanto type of language called Fana-ka-lo – based on Zulu, Afrikaans and English with the great sing song accent of the Bantu. (Travelling in Mozambique at one time I was fortunate to be able to use Fana-ka-lo do rid myself of a parking ticket. The black Portuguese speaking cop had at one time worked on a mine and was blown away I could communicate with him!) Different tribes worked in different areas of the mine keeping the warring tribes apart from each other. In Durban I had searched for my patients amongst those lying on the front lawn of the hospital and inside had found many two-in-a-bed, with another patient housed under the bed during the annual fight between the Zulu and Xhosa. I had also been well trained at treating chest stab wounds and had my protocol down pat or so I thought. My first Monday on the mine I checked the wards to find out how many stab wounds there were, (there were always 4 or 5), gathered them up with their drains in hand and started to run them up and down the corridor. Oh dear, the doc didn't like that at all and I was introduced to his protocol – leave them in bed for a few days and let them rest…. Well I think my way was by far the best as in Durban we had run them up and down stairs to expand their lung, drains out the next day and back to work the next.

Working at the mine hospital was my most favourite job – we were out in the boonies and the staff worked and socialized as a close team; Radio Bantu played over the speaker system continuously and the music was fabulous – great to be-bop to and patients would sing just like the Ladysmith Black Mambazo group. As there were so many patients I mainly concentrated on rehab classes (backs and post fractures mainly) with some general ward work. Any serious medical or surgical condition was sent into Jo'burg. For example, there were many incidents of severed extensor tendons about six inches above the wrist where the worker's leather gloves ended. Sharp edges of shale would fall when they were working at the mine face.

As there was little to spend money on I started saving for my over-land trip back to the UK. I travelled extensively while I was in South Africa and will be for ever grateful to the hospitality and generosity of the people of all colours. When I left in 1974, central Africa was closed due to the strife in the Congo, Uganda, etc. and so I travelled in a tour group to Nairobi. I flew to Bombay and travelled to pick up another group in Kathmandu for our long trek to London which included travel through Kashmir, Afghanistan and Iran – something I would think twice about today!

After a short stay back in London I thought about a move to Australia but at that time physiotherapy there was a rapidly growing profession and no jobs were available for immigrants. In 1975 I applied to Canada and was offered positions in Flin Flon, Medicine Hat, Grand Prairie and Vancouver. I must admit that after 3 ½ years of basically living out of a suitcase I was ready to settle down and collect things and chose to fill the vacancy at the Worker's Compensation Board in Vancouver opening up a new chapter for me. Out-patient work was a novelty and the Board was exceedingly generous with professional development opportunities and this was the time orthopaedic manual therapy was being born and a paradigm shift was happening in out-patient therapy. We were trained in orthopaedic assessment of musculo-skeletal conditions (à la Cyriax, an English orthopod), leading to the growth of private practice and eventually to obtaining primary care status with MSP. Over the years I worked my way through the EV system and did my part for the newly born Orthopaedic Division, both with the local committee and assisting in developing and teaching courses. In 1979 I ventured into private practice and the new challenging world of business, retiring in 2014 from Burrard Physiotherapy in downtown Vancouver.

Certainly, in those early days I had no idea of all the opportunities I would have working as a physio – the places I would travel to and the variety of my working day. Times have changed for sure. Being able

to easily travel and work in the Commonwealth countries of the day was, in retrospect, an enormous gift.

My training was accepted without question and I was accepted in all the positions I applied for. Things started to change in the late seventies and those of us in professions such as physios, nurses and teachers were encouraged to attend UBC for their 2-year, part-time degree completion course. It was difficult to understand how a University degree could take the place of a hands-on training for a hands-on profession, but in the end I succumbed and received my B.S.R. in 1984. And since then physio education has become master's level entry. I remain happy with the quality of my basic training and am saddened that massage therapy, respiratory therapy and exercise therapy have become separate professions and a loss to physiotherapy. As the profession continues to develop and change I hope current and future physios will have as much enjoyment and opportunity in their careers as I was fortunate to have.