

Wendy (Webb) Smylitopoulos UBC BSR 1964

The making of a physio

I first knew physiotherapy was a career option during my late teens. Through connections of my Ranger Guider I worked as a counselor at the Lions Crippled Children Camp near Sechelt for the summers between Grades 9-10 and 10-11.

After Grade 12 my summer travels included Greece. I had a plan. Go to university, become a physio, work a year and go back to Greece.

My father was an anesthesiologist and taught part time in UBC's Medical School. He was also good friends with Dr. Brock Fahrni and knew he was working on getting a School of Physio at UBC. I had applications out to U Alberta and U of T but really wanted to stay in BC.

I think it was around the end of May 1961 when Brock phoned Dad and said the UBC Senate had given approval for a School of Rehabilitation Medicine embracing combined Physio and Occupational Therapy to start in the fall.

That night I wrote out my application based on the UofA format and hand delivered it to Dr. Fahrni.

Sometime in July I think I received a request to have a photograph taken for the Newspaper. I met Louise West for the first time and I think Jane Hudson was also there and the photo was taken of Louise and me peering in the window of the hut that would become the School. (I have searched high and low and do not have a copy-it would have been either Vancouver Sun or Province)

Classes started that September and we were about 20 students one of whom, Wendy Hansen, I had gone from Grade 2 to 12 with! As the month progressed several students withdrew for various reasons. 16 of us carried on-15 women and one man, Peter Edgelow. Later one more left and we graduated 15.

The hut wasn't ready for us, so we spent most of our days in a classroom in the Nursing School with the one-armed desks typical of university classrooms at the time. There was a supply of pillows and talcum powder and we spent a long time practising massage on the arm and shoulder!

The other part of those first weeks was spent at a pottery studio making some very interesting (read odd!) samples of different techniques and learning how to use clay as therapeutic medium.

Our classes included anatomy with Dr. ? Donaldson who was such an artist that every drawing on the black board started with a skeleton and layered on the rest of the structures so realistically as to seem to step into the room.

Various doctors presented physiology, psychiatry, orthopedics, neurology, human development and many others. In spite of his shyness, Dr. Fahrni taught several classes showing his support for our professions.

Margaret Hood was our OT instructor and Jane Hudson for Physio. They were very patient and both excellent teachers in their different ways. Steve Howard joined soon thereafter.

Finally, the hut was ready and as plinths, chairs, tables, etc. began to arrive we settled into our new home. The electrotherapy equipment was out of the metaphorical basements of the various physio departments in Vancouver and were not cutting edge. The first one was an Ultraviolet Carbon Arc

generator and we duly practised lighting the much-maligned thing and standing around in our natty blue shorts and white halter tops getting our rays!

The students took on the task of furnishing our “Common Room” next to the library. We built our own sofas and upholstered the cushions in a remarkably odd brown and orange pattern if my recollection is true. We were very proud of our efforts. We quickly sorted out a system whereby we could get in 2 hands of bridge in every break as well as several more during lunch. With 15 of us we had nearly 4 tables. The dummy from the first table ready moved to the 4th one where it was short one. Then dummies would make sure the next hand was dealt ready by the end of the break, so the next set could start right in. Rarely did you finish a set with same 4 players as you started with.

The next toy was a faradic battery and we all got shocked until we worked out how to handle it. Mr. Howard had come from teaching in England and as our electro teacher hadn’t expected us to have as much physics as we did as a requirement. This caused some confusion until Peter worked out why we weren’t seeing sense.

I will never forget the demonstration of the dangers of holding the Ultrasound machine sound head still. Mr. Howard held the head so that the wave was visible in a plastic bucket of water and blew a hole in the bucket! To this day I wonder if it was intentional.

As that first year progressed we went to the Workers’ Compensation Board Rehab Center for woodworking making carved bowls and grass seated stools. We learned how to use the treadle sewing machines adapted to provide ankle and foot exercise while operating woodworking tools.

Back at the school we worked on the science parts of our education with various guest lecturers and on the practical with Jane Hudson, Steve Howard and Margaret Hood. We soon gave up on our halter-tops as they were very uncomfortable and fit poorly for the exertions we were undertaking. Peter said he saved a lot of money as he didn’t want to date after spending all day and many evenings with his half-clad colleagues. He also got a lot of “use” as our only male specimen.

Thursday mornings were anatomy lab times at the medical school across the parking lot. There were not enough specimens for us to actually dissect so we worked with pre-dissected subjects. My mom was making our school lunches at the time and never managed to remember that peanut butter and mayo and lettuce (my absolute favorite sandwich to this day) didn’t go well with formaldehyde which stayed on your hands and in your nostrils at least until the next day. Every Thursday lunch went in the bin for 2 years.

The rest of the university had a 2-hour lunch every Thursday when various games or lectures were presented to whomever was interested. We did not get the 2 hours but if there was something we really wanted we put our coats on over our “gym strip” and ran. The most popular destination on other run days was the cafeteria in the bottom of the Commonwealth Pool building because they served the justly renowned UBC cinnamon buns.

It took some time to sort out hospital time and so we all spent a week on an acute ward right after our final exams in May. It was a crash course in how a hospital worked and was never repeated. We all got sick or had infections collected while being a pair of uneducated hands on busy wards. And we got a week break the following year.

Our next 2 months were spent in student postings, one month each, at most of the facilities in Vancouver where physios and OTs were employed. My first placement was the Canadian Arthritis and Rheumatism Society. I met Mary Pack who was the head of CARS and had been instrumental in finding funding for physio and OT jobs all over the province and then hiring therapists from the British Commonwealth mostly to fill them. She worked out cost and equipment/accommodation sharing deals with the local hospitals, so her arthritics would have therapy and the rest of the therapists' time was available to the host hospital. Cutting edge research was also part of CARS mandate and world-renowned work was done in both basic research and practical clinical applications.

I next went to Burnaby Mental Health, an outpatient psychiatry program. My biggest take away was a big cardboard box where staff and patients deposited burnt out lightbulbs. One of the therapeutic exercises was to use a big mallet to smash the light bulbs. The resulting glass shards were incorporated into art efforts. Very useful way to channel frustration for students as well!

Then a blessed but brief holiday!

Our first year was complete and we 16 survived! The next years students joined us in the hut and things were a little more complex- fewer bridge games!

One of the challenges was that we were fed various bits of many different subjects in all classes that did not seem to hold together in any sort of useful way. The psychology, the anatomy, the pathology, the physiology, the exercise routines, the passive treatments, etc., etc. then one more bit of information and it all fell into place. The planning that went in to getting us to the finish line was amazing!

During our second year we spent more time in rehab departments observing and beginning to treat patients throughout the year. Our electrotherapy equipment filled out with short wave, electrical stimulators with faradism and galvanism, infrared, ultraviolet and a Kromayer UV which I think may have been on loan.

OT was expanded into hand weaving, macramé, copper etching and hammering, baskets, and many more adaptations. Louise MacGregor PT and Hazel Southard OT joined the staff.

Splinting and adaptations were included. One day we learned how to do plaster casting of the foot and ankle and the session ran late. The next one was across the lot and several of us had a crash (literally) course in crutches as there wasn't time to remove our efforts.

Neuroanatomy filled our heads with pathways and plexuses and sometimes we felt ours were being fried-so much detail. We made plasticine models of brains that were more or less accurate but working in 3D helped to get the info stuck in our tired brains.

Occasionally the ski slopes beckoned and, finding a day when no visiting teachers were due, we would send a delegation to Jane who often accompanied us on those precious hooky days.

Hawaii by Michener came out in the early sixties and my whole family had read it between Christmas and May. I had kept my promise to myself to read no fiction during term time and Hawaii was calling. After the last exam well into May and on a Saturday morning I went home, put on my bathing suit and started to read. I came in when it got too cold, read 'til all hours of the night, slept in and repeated for three days! This time we got a week off before heading to our summer placements.

The plan for making sure we got the required practical hours that we hadn't managed during the winter terms due to challenges in organizing it all was to have a full year of practical interning after the end of second year. Placements were longer, 3 months I think, so that we could really get involved with patients over time and witness the progression of the diagnosis and the treatment.

We had one evening a week at the school- one class was weaving on floor looms and all that went with that and some clinical subjects that were missed during the previous sessions.

One highlight was when Maggie Knott of PNF fame was visiting Vancouver and we students got to be her guinea pigs.

I had a placement at St. Paul's with the nuns- also something new. One patient I remember was a quadriplegic who was pregnant when she was injured. She developed decubiti as the options for turning were reduced. I miscalculated the Ultraviolet dose and effectively burned the skin around the ulcer. The extra insult jump started the healing in a way the gentle doses hadn't, and we got her healed up. I learned that not all mistakes have bad results and are always learning opportunities. I used that knowing about UV later with other good results. And the baby was fine.

G.F. Strong came next. The ability of the physios, OTs and PT instructors to deal with patients' challenges was amazing. There was always a solution. Two things stand out. I worked with a high quad who was unfailingly cheerful, and I built up the courage to ask him how he could be so positive. His reply? There is always someone worse off! My Dad said he was psychotic. No-one in their right mind could be positive under those circumstances. Interesting dichotomy- sanity through insanity.

I look back from today's perspective of motorized chairs, lifts, care givers, Danish engineering style adaptations and all the other things we now have to offer so that the individual's energy can be used for work and recreation not just survival.

The other was Kennedy's assassination. The usually noisy treatment areas were dead silent for hours as we absorbed the news.

My placements included Vancouver General Hospital. On December 15, 1962 Vancouver had a hurricane and the electricity was out in most of the city. A close friend of mine's femur had lost the argument with Mount Seymour and was in traction at VGH. I hitched a ride with Dad and spent a warm hour with Sue before going to work.

While on Paeds a child was admitted with measles encephalitis. He was literally on head and heels in decerebrate spasm if you tried to lay him on his back. It was scary! I first saw him on Friday. By Monday he had started to recover and over the next 2-3 weeks I had the incredible experience of working through all the developmental stages with this boy. He was small enough I could actually use the exercise of rotating his head around and around and having his body follow along until he was standing! Wow! He recovered most of his motor skills, but mental acuity was lagging behind last I heard about his progress.

The little girl I "babysat" during my trip to Greece was dying of Wilm's Tumour-cancer of the kidney. After shift I would go up to the kids' ward and spend some time with her. Between her mom, my mom, myself and a collection of others in our community Sophia was never alone during waking hours. That was my first experience with hospitals from the other side. I would go up to the ward and look for her

chart in the slot. The day it wasn't here was one of the hardest of my young life. She fought so hard and was barely 3 years old.

This year of interning was also my first away from home. Janet and I had an apartment near Kitsilano Beach and learned how to survive. Thank heavens Janet had already had 3 years experience as she came from Vernon. The beach was a major player in our mental health- a walk during a storm blew all the angst and panic away.

Shaughnessy Veterans Hospital was my fourth placement. I met a veteran of the British Forces who served during the Boer War in South Africa! He was a Santa Claus lookalike and so gentle. Another was an amputee whose operation I was privileged to observe. The surgeon in charge made lots of tiny stitches in one half of the stump. The surgical resident who knew better made a dog's breakfast of the other side of the incision. The scar on the surgeon's side was almost invisible by the time the sutures came out- the other side was redone by a repentant resident who's second try was better but not as good. The patient's rehab was significantly delayed by this poor treatment and never did get the stump he deserved. Another object lesson in thinking past one's own part of any process.

My perennial question especially to Jane was "How do I know when to progress---whatever?" The answer? "You'll know" She was right. I did.

At last graduation was on the horizon.

Although the UBC Senate had approved the Rehab Medicine Program they had not approved granting degrees. There may have been an accreditation process involved but I don't remember knowing that. So, we got diplomas. And made our own celebration. I missed it as I was already on the way to my first real job in Montreal via family visits in Chicago and New York. I went by train across the northern states and a big storm chased us across the continent washing out track and bridges behind us. I had no sleeper so spent the nights up in the observation car watching the storm.

The World's Fair was on in New York and my uncle had obtained a pass for me. I was reading the "Agony and the Ecstasy" and went to see the Pieta on the day I had read about it's making. Wow! Also, Disney's "It's a Small World" audio animatronics was debuted. Double Wow!

Montreal. Royal Victoria Hospital. My Dad had interned, and Mom did her nursing practical there. The student nurses' uniforms were shorter but still pink and white striped dresses. The physio department was about 25 staff of whom about 5 of us were Canadian trained the rest were Brits on their way to Australia and Aussies and Kiwis on their way to Britain with the occasional South African. One of our porters was a bit lazy and often told us our patient couldn't come as he was "Sick malade".

During my time there, a plastics resident was using Hubbard Tank to treat burns and one of my rotations included the tank. It was joined to Short wave and Ultraviolet. The decision to tank or not to tank depended on who was on call when the burn victim was admitted. Those who were tanked immediately healed quickly and with relatively little scarring and loss of range of movement. Eventually two of the severe burn victims who were not on his service were brought down. There was no doubt that early water-based debridement and exercise was beneficial. The sighs as the water closed out the air was worth all the production required. We could do two a day as the room had to be cleaned and "fogged" between patients and I got very good at unclogging the intakes on the whirlpools of gauze and debris. In

Montreal. In the summer. On the sunny side of the building. Gowns, masks, bootees, gloves. No air conditioning. Nuf said. I still gag at the smell of phisohex.

The way the department was configured a back pain patient would have passive treatment by one physio and then back class by another. Mostly that worked but one case sticks in my memory. A young man with incomplete spina bifida was having SW with me then to the gym for back class. I noticed his gait was very lurching and awkward as his leg muscles were spastic. I asked him if he ever used elbow crutches. Yes, he did but they were not "Normal". I said neither is pain "Normal" and I bet him a week of using his crutches would reduce his back pain considerably. I won.

Kidney transplants were new and being done there. Also, I treated the open-heart surgeon's back injury. He was not appreciative. The Montreal Neuro next door was part of the departments work load. The successes were amazing. The rest heartbreaking.

1965 was the year the Canadian Physiotherapy Association tested the culotte. One RVH physio was chosen to be a model. She loved it! The rest of the votes split between those under 30 who said me too please and those over 30 who were scandalized! Later both CARS and VON uniforms were culottes for physios. The nurses were jealous.

Remember back on page one I had a plan? My family had been in Nigeria and my sister and one brother had been sent home to Canada for the summer. In August they came to Montreal and the three us flew to Greece via Amsterdam. Mom had a trick for choosing flights where the time between flights was too short and the air lines put you up in hotels. The canals were fantastic!

Athens in August. My own family all together with those I had first visited Greece with in 1960 who now had 4 kids and were working at the American School of Classical Studies in Athens.

We did the tourist things and then the family went back to Nigeria.

I had a line on a job at the Children's Hospital and began the chore of permits. You had to have a job to get a work permit and a work permit to get a stay permit and a stay permit to get a job. In the mean time I met a British OT who was going to nanny a kid with CP and the plan was we worked together and stayed with the family. She had CP experience. I had a text book! The family spoke French and Greek and my French was streets ahead of my Greek. To put it kindly communications were challenging as the OT bailed before we started! Her fiancé reconsidered and came to find her.

After a few weeks living with the family it became clear to all of us that I slept too deeply to hear the child choking at night, so I moved into my own apartment. The previous caregiver, Sonia, was Austrian and had left to marry. The marriage didn't happen, so she could take over the childcare. She dated the cadets from the Military Academy and suggested a double date. I was discouraged by my challenges getting the job I wanted and was ready to go to Nigeria to have Christmas with my family and rethink my plans. I was unemployed and had had enteritis for a couple of weeks. A date sounded like a good idea, but I specified taller than me (an unusual accomplishment for men in Greece at the time) and speaks English.

On December 4th, 1965 we met at the coffee place in Syntagma Square. I nearly didn't go as I was still feeling iffy. Niko was not the original cadet chosen by Sonia's beau. The first one did not get a gate pass and Niko unexpectedly did. Fate was clearly in charge. We celebrated 51 years married last December!

When he heard my tale of woe in the permit mess he called his uncle who was a policeman in Athens and part of the Prime Minister's secret service. In 20 minutes the permits were in my hands! I started working at The Red Cross Orthopedic Hospital in Vouliagmeni west of Athens.

The hospital physio department was run by a Physical Medicine specialist trained in America. All treatments were prescribed in detail and lasted 20 minutes. The patients would go from one physio to another for whatever was needed. The other therapists were mostly trained in Greece and were about as knowledgeable as a well-trained physio aide in Canada. One had trained at Mayo Clinic and a blind therapist had trained in France. They were closer to Canadian levels.

One of the passive treatments I had never seen before was 2 sponges on an adjustable harness. You held it against the painful area and used a form of electricity to muscle twitch point. I think it was likely a precursor to Interferential. One Monday my patient came in and had these big round bruises on her back. I was sure I had done something awful. The doctor laughed. She had been "cupped" by her family and the "cups" were the same diameter as the sponges on my machine!

When the doctor worked out how different my training was I moved to the gym and had primary care of 2 young patients. The first was a 17-year-old paraplegic. Thanks to my time at G.F. Strong I had lots to offer. The sad part was he would go back to a home that had stairs, unpaved streets, outhouse toilets with a hole in the floor and a culture that hid crippled children away. He was bright and accomplished. I still wonder what happened to him in the end. The second one was a teenaged girl who had survived a nasty car accident. One leg was disarticulated at the hip, the other had a near full circle scar that ran most of the way down her leg and compromised the circulation. She also had a similar injury in one arm. Massage to help reduce the swelling and stretching to try to improve range of motion and matt work for balance and transfer practise.

Both kids spent most of the day with me working on various skills. The young lady eventually went to England to see if they could get a prosthetic made to let her walk. I didn't find out the end result but I would be pleasantly surprised to learn she had kept her leg and had any kind of mobility other than wheel chair.

I also had some sessions with the physio students teaching gym and matt related activities and transfer techniques. Interesting to teach with very little common language. I also found how limited was my ability to "counsel" as my Greek didn't have that vocabulary.

The hospital job was 8AM to 2PM and a bus ran from Syntagma Square to the hospital and back.

In the mean time I was also "baby-sitting in English" for 2 young sons of a physician. I got into trouble for allowing them to get dirty while playing at the beach in English! Different strokes.

I also had several private patients mostly British or Americans but one, Madame Zikou, was the Greek teacher for Queen Ann-Marie of Greece. She wanted to practise her English, so I didn't get any Greek lessons!

Wendy Smith, the 2nd Wendy in my class, had also worked in Montreal at the same time and a year later my then fiancé Niko and I ran into her at Cape Sounion east of Athens and we had one of the most memorable meals in my life. On the back road back to Athens from Sounion in a small town called

Lavrion we had Kokoretsi-herbs and lamb innards cooked on a spit over charcoal, tomato salad and bread served on butchers' paper with wine all local and absolutely scrumptious!

Niko and I were falling in love and when he was discharged from the academy due to a perforated ulcer we started talking of moving to Canada. I got a job with the CARS clinic in Victoria, so we arranged a wedding in 2 weeks and arrived in Vancouver on Christmas Eve. My family had moved home and the phone call we made from my aunt's home in Toronto was the first call at their new house.

We stayed in Vancouver for the month of January as I oriented to CARS and then set up housekeeping in Victoria. The clinic was in the basement of the Gorge Road Hospital and was staffed with me and one other physio and an aide/secretary. I was also doing the OT part mostly shoe adaptations and splinting.

Val taught me one of the biggest lessons needed by therapists. The patient does not "have to" do what the therapist says. They are responsible for their own decisions and may choose not to follow our brilliant suggestions. And arthritis treatment never has an end. The patient will be back and worse off and it is nobody's fault! The best care was a sales job on the pluses and minuses of the disease and the treatments.

We may have graduated from UBC with diplomas but in 1971 UBC reconsidered and we were granted retroactive Degrees Bachelor of Science in Rehabilitation. Many have commented on "BSR". I missed yet another convocation as my second daughter was only a few weeks old.

Over the following years I worked nearly everywhere in Victoria missing only paediatrics and the MS Society. Between babies I worked at Resthaven and Victorian Order of Nurses who did the home care of most of Greater Victoria at the time. I took odd selfcare or rehab items to coffee with the nurses to share and teased them about calluses on their knees -no calluses equalled bad back.

On the stroke unit at Royal Jubilee Hospital I developed an assessment tool with the Bobath specialist and the Admitting Therapist for the Gorge Road Rehab that applied a functional test to determine whether the stroke patient had in fact improved functionally, not just cleared sensorium and thus could benefit from the Rehab program. I also used the Functional Assessment in Extended Care to measure progress or regression in residents. I was instrumental in developing a therapy based "Reactivation Department" and training nurse aides to be therapy aides and was Director for several years. I found out I was good at building a department but lousy at maintaining it.

My experiences set me up with all the experience I needed for my final job at Quick Response team, part of the Home Care Programs of the area. We had 4 "different employers" over the next 17 years but stayed in the same job. The amount of money spent on changing the names on all the forms and signs must have been significant.

Quick Response Team was invented to help clear the "Bed Blockers" in acute care. I had met some residents in Extended Care who had arrived there after months in Acute Care without Rehab or Social stimulation. They had a minor issue but couldn't go home and by the time they had healed had lost their self care skills and their home had been dismantled. One lady had only a Colles Fracture! Our mandate was to provide the equipment, nursing, physio and OT, social work, long term care assessment and eventually pharmacy and Respiratory tech services. The biggest component was our ability to order home support workers to assist with early discharge or to prevent admission to acute care in the first place.

We worked hard as a team to understand the limits and extents of each others discipline and skills and redesigned the borders between disciplines to reduce the number of people visiting the clients and asking the same questions. It also reduced the opportunities for miss-information for clients and families. It took a lot of patience and trust but the team won the Dr. J. McCreary Prize for Interdisciplinary Teamwork at UBC! In typically irreverent style we presented a skit instead of a speech!

As time went by and as personnel both in the team and supervisors changed so the flavor of QRT changed as well and not to the better for most of us early members. The rapid response and discharge thrust began to erode, clients were staying on care longer, personnel were hired to didn't "get" the soft interdisciplinary boundaries, orientation was not stressing these components of the team and the culture in Health Care and Island Health changed. The team was formally disbanded in 2016 though it was a pale shadow of itself at the end.

I retired at age 65 after 43 years as a physio/OT. It was the best decision of my life to become a P&OT. I always had a job when I needed one. It wasn't always my first choice but it was a good job. By the end of my career almost everything I knew as a new grad had changed even the anatomy as suddenly knees did things we never expected! As a student I knew wheels on walkers was anathema! We learned mobilizations, that massage worked by developing endorphins, cholecystectomies were laparoscopic as were meniscectomies. Most of the conditions we treated or modalities we used had morphed into something else.

With Niko I raised 3 young women to be competent and successful members of society and we enjoy their contribution of 2 delightful grandchildren.

I know patients/residents/ clients/families could choose to ignore my wisdom and if I had done my best sales job I could let them be.

I know that not all co-worker/supervisors appreciated my personal or professional skills and there was no need to change myself to match. Sometimes the best decision was to leave a job that was no longer fitting.

I know that physio and OT are not always the priority for the patient/resident/ family/ other caregivers and that is okay.

I taught a lot of students over the years and believe they were better therapists for my input.

I know that science and technology are only part of the success of my joint professions. There is a big "Magic" component that is personality and people skills.

It's been a slice!

Wendy Webb Smylitopoulos BSR 1964