

History of Physiotherapy

Eagle Ridge Hospital 1984- 2015

Compiled by Salima Jeraj

Staff physiotherapist 1994 - present

I have been working mainly as an outpatient physiotherapist at Eagle Ridge hospital since 1994. I started orientation as a casual the day after graduation. Of course, it helped that I was already very familiar with the staff and procedures from having completed one of my final year student placements there.

Eagle Ridge Hospital and Health Care Center was designed to be an acute care hospital and serves the municipalities of Port Moody, Port Coquitlam, Coquitlam, Belcarra and Anmore which together, have a population of greater than 226,000 people. Currently, Eagle Ridge Hospital has a staff of 1205 people and 175 inpatient beds including 19 High Intensity Regional Rehab beds and 18 General Rehab beds.

Prior to its opening in October of 1984, Eagle Ridge hospital became part of the FBHS (Fraser Burrard Hospital Society). This government lead amalgamation joined ERH with RCH (Royal Columbian Hospital). The Executive later decided to move the Rehabilitation ward from RCH, a tertiary level facility, to ERH. Thus, Inpatient Rehabilitation was the second service area to be opened after acute care.

The first manager of the Physiotherapy department was Rosemary Groves. She grew up in North Vancouver and is a dual trained OT/PT UBC graduate. Prior to working at Eagle Ridge hospital, Rosemary worked in Ontario and PEI. She came back to BC shortly before the opening of ERH. She was responsible for the hiring of all the physio staff. To this day, she claims that the best hire she ever made was in selecting Lois Majchrowski to be the administrative assistant. Together, they ran a tight ship and set out in writing many of the processes and procedures necessary for the functioning of the department.

The department was twice accorded a full three-year accreditation from CPA. Rosemary became an accreditation surveyor for CPA and reviewed facilities in BC and Alberta for several years. Rosemary placed a high value on continuing education and encouraged monthly journal reviews in which each staff member, including assistants, took turns presenting salient material from a physio related journal article of their choice. There were also regularly scheduled monthly staff meetings and in-services. In addition to being the manager, Rosemary also carried a clinical caseload in what was then known as the Transitional Care unit.

The physiotherapy department in the 80's consisted of 2 inpatient Rehab therapists, 1 therapist for all of acute care, 2 outpatient therapists and 1 therapist for extended care. Our first Rehab Assistant was Betty Dixon who initially trained as an LPN and later earned her RA diploma while working.

With the migration of the Rehab Unit to ERH, it was beneficial to have Ruth Pollock join the team early. Ruth earned her physiotherapy diploma in Ireland and took a keen interest in the Bobath concept of Neuro Rehab. She worked initially in Chilliwack hospital upon arrival from Ireland and then in the Rehab Unit at Royal Columbian hospital before joining Eagle Ridge

within a year or two of the Rehab Unit moving there. Ruth took a year off in the late 80's to earn her Bachelors of Physical Therapy at U of A and was an integral member of the Neuroscience Division of CPA for many years, including acting Chairperson. She stayed in the position of Clinical Supervisor at ERH until her medical leave in 2011.

In the late 80s and early 90s, the department functioned as a small cohesive unit. There was not a regular rotation of therapists to different areas of the hospital. By staying in their positions for the most part, the therapists were able to specialize in their respective areas of interest by taking advanced courses and joining specialty groups through CPA. In fact, one of the early therapists, Bernard Tonks, went on to quite a distinguished career treating and teaching Vestibular Rehabilitation. The outpatient department also began an Infant Torticollis Program which was unique to the region for several years and which became increasingly in demand. Bharti Thakore, who joined ERH in 1987 as a part-time therapist, was solely responsible for the implementation and running of the program until her retirement in 2014.

One of the most distinguishing features about the department to me was the low rate of staff turnover during the 90's. Even after 10 years with the hospital, I was still at the bottom of the seniority list. Of course, that all changed with the closure of New Westminster's St. Mary's hospital in 2004. Various different programs from St. Mary's were re-allocated to other hospitals in Fraser Health. Among others, Eagle Ridge absorbed the high profile total joint arthroplasty service. Suddenly, our staffing numbers had practically doubled with the addition of 2 outpatient therapists, 1 inpatient ortho therapist and a rehab assistant.

The trend for increased demand on all our services continued throughout the early years of the millennium as the areas surrounding the hospital underwent a high density housing boom. Our staffing numbers continue to grow. Today, we currently have 17 part time and full time physiotherapists, 7 part time and full time Rehab assistants and 2 clerks. A remarkable increase considering that the physical space has remained the same except that the extended care became a separate residential facility on site in the mid 90s and has its own physiotherapist and rehab assistant.

We have been fortunate that the need for Rehab services appears to have been identified as a priority in the region. In addition to more acute care beds, Eagle Ridge hospital added a General Rehab unit in 2012 and a multi-disciplinary outpatient program in 2011 initially designed to support early discharge from the High Intensity unit. It has since changed to support early discharge from any acute unit.

Despite all the pressures on time and space, I find that once a therapist or Rehab Assistant has settled into a permanent position at Eagle Ridge hospital, it is very rare for them to leave – a testimony to the solid bedrock laid down by our founding members.