

BC HISTORY OF PHYSIOTHERAPY PROJECT GRACE HOSPITAL

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I started working part-time in 1980 at The Salvation Army Grace Hospital, taking over from Barbara Konst. The Grace was an obstetrical and gynaecological hospital, delivering over 7000 babies a year, and providing gynaecological care for B.C. women.

At that time postpartum women were on mostly bed rest for some days, whether after vaginal or Caesarian deliveries, so breathing, leg, abdominal and pelvic floor muscle exercises were important while inactive to prevent respiratory problems, Deep Vein Thrombosis (DVT) and incontinence. A daily class was held for those who were up, to encourage abdominal and pelvic floor exercises, concluding with a general relaxation time, a necessary skill when dealing with young babies who feed frequently and don't sleep the night through!

The gynaecological patients were also largely on bed rest, so were seen for the same reasons.

The physiotherapy department consisted of a small area where we could keep treatment records, and charting was done on the wards.

In 1981 Grace Hospital moved to the site on Oak Street and the VGH obstetrical wards were amalgamated with the Old Grace ones. The gynaecological ward was moved to join the one at VGH. The hospital continued to be called The Salvation Army Grace Hospital and became the tertiary care obstetrical hospital for the province of B.C. The CEO was a major in the Salvation Army and there was a Board of Directors from outside the Army overseeing the administration. The physiotherapy hours were extended to one Full Time Equivalent (FTE) and Dorothy Robertson joined me part-time from VGH.

Our department now consisted of a large square room suitable for postpartum classes, a small office, a store room and a washroom. The new hospital was built in "pods", six for postpartum mothers and one for antepartum, high-risk women. This was an excellent arrangement for nursing staff as the patients' rooms, mostly single, were arranged in a semi-circle around the nursing station. However, as physiotherapists we had patients in every pod, and the babies' feeding and care needs took precedence over our time with the mothers, so a great deal of walking was involved, an inefficient use of our time!

When dealing with postpartum mothers I soon realized that incontinence can be a major problem for many women. I made proposals regularly to our CEO, Major, for an Incontinence Clinic, but was rebuffed as our budget did not allow for out-patients. However, we taught them the importance of Kegel exercises while they were in Grace, but could not provide follow-up care, except to suggest physiotherapy treatment after discharge.

Gestational diabetes is a problem for many young women, resulting in large babies, which were difficult to deliver and the babies often had problems. Dr. Bernice Wylie set up a Diabetic Clinic

and physiotherapists became an integral part of the team, working with dietitians and social workers. The goal was to maintain normal blood sugar levels through diet and activity, with insulin being prescribed if necessary. Walking after meals greatly assisted the maintenance of

these levels. We dealt with musculoskeletal problems which might hinder this, and taught the importance of regular exercise. Many of these women in future years could become diabetic so we were teaching them life-long skills to attempt to avoid this.

The attitude towards the treatment of postpartum women evolved rapidly, with activity being encouraged and bed rest avoided, so much of our programme was no longer necessary. However, with the development of ultrasound to monitor the foetus, pregnancy problems were detected earlier, with treatment often being complete bed-rest. In this situation exercises in bed were most important and became a greater focus for our department. We attended all in-services for hospital staff since we needed to be aware of the stages of foetal development, possible pathology, and any danger signs. The physiotherapy department gradually grew to 3.5 FTEs, with eight or nine physiotherapists working part-time, most of them young mothers themselves. The staff included Penny Wilson, Pat Lieblich, Rhona Burslem, Sue Hurd, Gloria Candida, Ollie John, Leslie Alexander and a few others. We covered Saturdays as well as Statutory Holidays. As hospital stays were shortened we needed to be there to see each woman and ensure she was aware of the value of exercise. If necessary, she would be encouraged to have follow-up treatment after discharge.

With advancing pregnancy and the postural changes that result, back pain is a frequent problem. I made a proposal for a peri-natal back pain clinic, and this was favourably received. Developing this was a most rewarding process, and the staff particularly enjoyed this part of our programme. We saw the women during pregnancy and could follow them after delivery as out-patients while their bodies returned to pre-pregnancy postures.

I detected some scepticism among physicians and other staff as to the need for physiotherapists in an obstetrical hospital. I asked for agenda time at one of the regular Directors of Departments meetings and went through our programme in detail. It was well received and I felt all staff were very supportive of our part in the team which was providing the best possible care for perinatal women.

I spent the days away from Grace working at Medtronic's MedTens store. My purpose there was to teach people in pain how to obtain relief by using TENS, or Trans-cutaneous Electro Neural Stimulation. I also gave presentations at doctors' clinics and hospital physiotherapy departments on the uses of TENS. I made a trip to North-western B.C. to teach physiotherapists and physicians about TENS. I had been convinced of the efficacy in acute and chronic pain after I had a post-surgical infection causing severe pain and spasm. The safety of using TENS during the development of the foetus was unknown, so we were not using it for prenatal back pain. However, its use during labour was well-documented, so I set up a protocol for this. Thus we started helping in the delivery rooms. Women who had visited our Back Pain Clinic during pregnancy were told about this non-invasive, non-chemical option.

I left Grace after 10 years in order to study acupuncture and to work in the private sector. The Directorship of the department was left in the capable hands of Pat Lieblich. When the Salvation Army turned the hospital over to the Province in 1994 and it became B.C. Women's Hospital, Pat and Penny Wilson were able to set up the very successful Continence Clinic which I had envisioned.