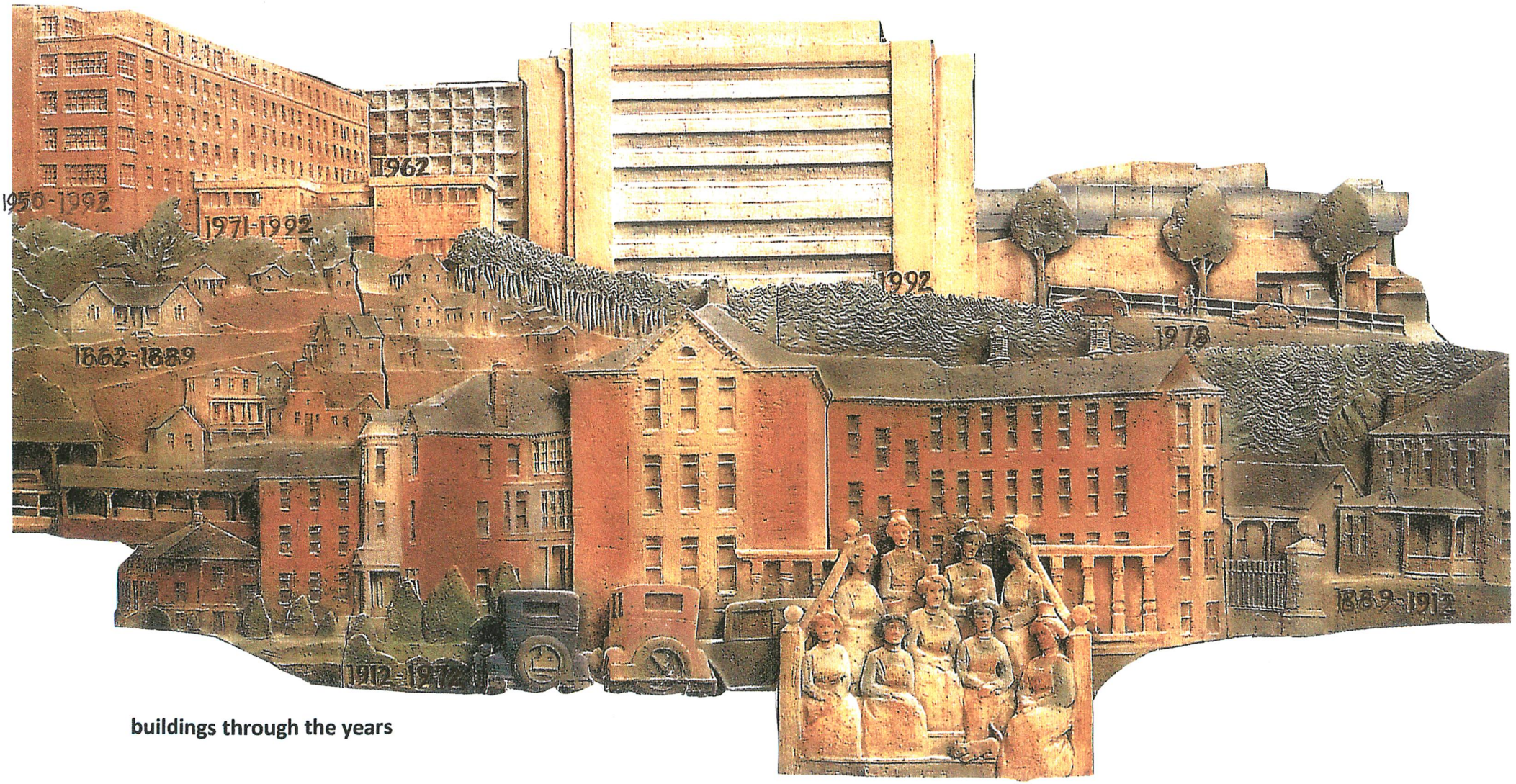
PHYSIOTHERAPY MEMORIES 1960 - 1988

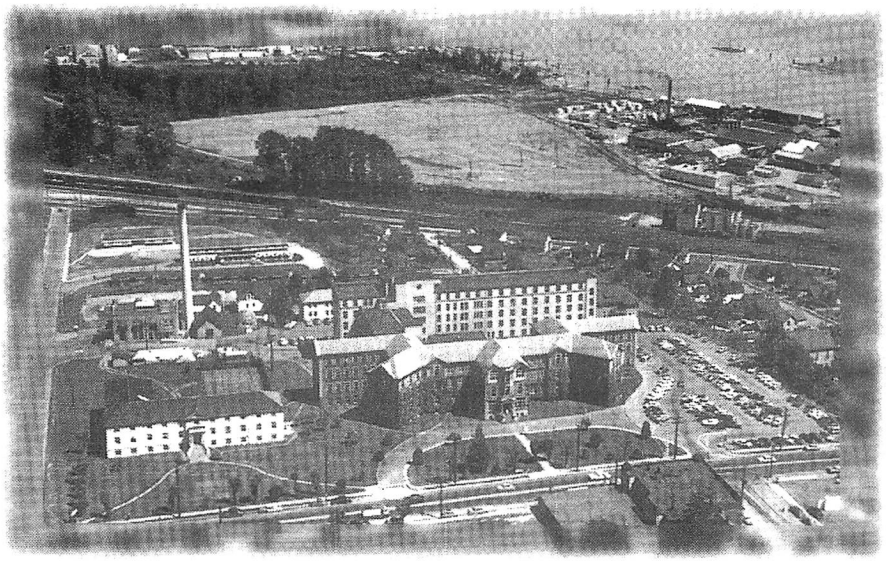
AT

ROYAL COLUMBIAN HOSPITAL, NEW WESTMINSTER, B.C.



buildings through the years

ROYAL COLUMBIAN HOSPITAL in 1960



Physiotherapy at Royal Columbian Hospital as remembered by Dora Jellema

I emigrated from England in 1959, taking advantage of physiotherapy reciprocity between our countries & tempted by a Canadian Federal Government that loaned the cost of my passage for a ten pound sterling down payment. I was placed in an Ontario general hospital where I worked in a busy physio department coping with the aftermath of a polio epidemic as well as industrial injuries sustained in the local steel company in Hamilton. It proved helpful to take a tour of Stelco to see just what those workers faced in their high risk employment. We needed that exposure to re think body mechanics in the reality of their work setting. The Tiger Cats football team also relied on our department after their sports injuries & we treated their post op menisectomies during my year there.

In 1960 my application to Royal Columbian Hospital was answered by telegram as they were so short staffed in contrast to Vancouver hospitals that never had a vacancy. So at RCH I settled into an interesting career by virtue of the hospital's location in New Westminster.

Initially our case load consisted mainly of industrial injuries from the surrounding lumber mills . I also remember out- patient WCB survivors of the 2nd Narrows Bridge collapse in 1958 . But I was the only physio. assigned to the wards & spent a lot of time in the isolation ward where an epidemic of acute polio cases were admitted before their transfer to GF Strong for rehabilitation. My good fortune was that one lady with extensive paralysis refused the hospital transfer. Her physician agreed to her rehab. at RCH, conditional to treatment seven days per week. It fell on me to volunteer for weekends without pay as I was refused permission to work beyond the Mon-Fri hours of the department. This patient made steady progress from only being able to move her fingers to reaching full recovery over six months of treatment - & she attended my wedding after her discharge!

We also had patients from the nearby Federal Penitentiary, mostly admitted for corrective surgery for chronic conditions. I recall mobilising a prisoner after his spinal fusion, walking him in clanking shackles down the ward with his guard alongside. A few years later I had an interesting visit to the prison, requested to assess the physio. equipment there & recommend changes. I learned that the prison employed no physiotherapists at that time, being Federal property & outside the licensing laws of our province.

The RCH department staff included an experienced massage therapist who gave insight into BC's early days of physical therapy, having been trained on the job at VGH where an orthopedic surgeon required follow up exercises for his post -op cases. She had completed a course in Swedish massage but could not be licensed to practise physiotherapy once the CPA & APMP came on the scene in BC. Our department head was a Toronto graduate, being the only

Canadian physiotherapist on staff. The rest were British or Australian, mostly passing through on their travels. Patients would ask "Where are the Canadians?" while many physicians asked "What can physiotherapists do?" So I found rehab. on the fringes of Vancouver was a pioneering experience.

The Lougheed Highway with its new construction almost completed, produced its casualties, one being a Volkswagon Beetle driver who sustained multiple fractures when thrown from her car that was flattened by a heavy duty machine on the almost finished road. (I saw the photo!) She was my patient until her discharge, but she would not have survived her accident if seat belts had been the law then. However, our greatest challenge came when the new Trans Canada Highway, along with the Port Mann Bridge, opened in 1964 with no speed limit - a short lived idea till the horde of freeway accidents brought us everything from burns & traumatic amputations to spinal injuries & head injuries. Does the name Rick Hansen, admitted in 1972, ring a bell? Being near the Brunette exit of the freeway, RCH was the first choice for ambulances in the Fraser Valley before the burns unit & spinal injuries unit opened in Vancouver in 1968 & 1975 respectively . At first we had limited staff & space to handle these devastating cases before their transfer to GF Strong.

The only problem was that GF Strong had limited capacity so became selective in its intake. We were left with severe cases such as head injuries that would take too long there before their discharge home. Fortunately we had a new department head in Britta McNeill who had been head of physiotherapy in GF Strong & she put our department on the map. Thanks to her we got an open invitation to orthopedic & neurosciences rounds, sometimes demonstrating our patient achievements at those physician meetings. A combined PT/OT diploma course opened at UBC in 1962 under the Faculty of Medicine, & RCH became a practicum placement for its undergraduates. We gradually gained more staff & all had input into plans for a new department by the time Britta left & I became department head in 1968. We began a team approach to rehab. in our new PT/OT departments with a gymnasium & treatment pool, plus a rehab. ward under supervision of a physiatrist. One unusual case was a paraplegic man who had bilateral disarticulation hip amputations. He spent long months of rehab. while his physio worked closely with his prosthetist who designed an enormous bucket prosthesis in which he learned to walk. It was so cumbersome that he opted for life in a wheel chair after all, but not before he was proudly presented at a CPA congress held in 1979in Victoria.

The department accommodation I experienced was an interim one until a new tower could be financed, eventually opening in 1992. It included a physiotherapy department with a treatment pool & gymnasium, a speech therapy lab. & an occupational therapy department with a sample

apartment containing activity aids to teach patients how to function independently at home. Nevertheless, despite these ideal facilities, the new Eagle Ridge Hospital had opened in 1984 & became designated for the Tri Cities rehabilitation services while RCH focus was dedicated to acute trauma cases, cardiology & obstetrics along with neonatal intensive care & pediatrics. Psychiatry became an important addition to RCH services several years later.

By this time my career changed focus too. Having finished the degree completion program offered at UBC, as well as a diploma in health care organization & management through the Canadian Hospital Association, I was offered the chance to open a temporary extended care unit in RCH to accommodate long term patients who were holding acute care beds. Meanwhile Eagle Ridge Hospital was to build a long term care facility where these patients would be transferred when the building opened. I found it to be a very satisfying aspect of rehabilitation, coordinating a geriatric program for patients who wholly depended on our team for their quality of life. We acquired young volunteers to offer recreational activities & entertainment in the evenings while our patient days were filled with occupational therapy to maximise their independence. The innovative OT program included gradual preparation of a dinner that they served themselves once a week. A few patients even upgraded enough to be discharged to an intermediate care facility or home to their family's care.

Memorable moments include a stroke patient who had once served in the Polish cavalry. Among his belongings was a splendid military photo of him on horseback, unsheathed sword upright in his hand, so we hung it above his bed to remind others of his former life. From then on we asked families to leave a framed photo of each patient from younger days to influence staff & visitors in their approach to these elderly disabled. The Provincial elections were held during my time there & I was never more surprised to find that every resident patient opted to vote, the last shred of their rights not being passed by!

Before my early retirement in 1988, I regarded those last years as icing on the cake of my career at RCH where my physiotherapy department had always kept up with the changing trends of treatment. I was an active participant in my profession, serving in APMP as well as CPA through which I attended several annual congresses across Canada. RCH supported continuing education for staff who wished to attend courses & encouraged in-service education, exchanging knowledge with the rehab. team & other departments. I am grateful for a good career at Royal Columbian Hospital, the oldest hospital in BC that has come a long way from its historical beginning as an all male hospital, built by the Royal Engineers who came from Britain under the command of Colonel Moody in the latter years of the nineteenth century.

Pain & Inflammation eg: Trauma, Arthritis, etc.

IR (Infra Red), SWD (Short Wave Diathermy) ------

Hot & Cold Packs, US (Ultra Sound) & TENS (Transcutaneous Electrical Neuro Stimulation)

Oedema eg: Varicose Oedema, Trauma, etc.

Elevation & Massage ------

Alternating Pressure Sleeves, Hot Pool Tank, Elastic Stockings

Skin Lesions eg: Psoriasis, Varicose Ulcers, etc.

UVL (Ultra Violet Light)------

Physician Prescription & Nurse Management

Birth Defects eg: Club Feet (Talipes Equino Varus), Wry Neck (Torticollis), etc.

Passive & Assisted Active Movements, Splints ------

Surgery & Post Op. Splinting

Paralysis eg: CP (Cerebral Palsy), Polio(Anterior Polio Myelitis). etc.

Passive & Assisted/Resisted Active Movements, Splints------

Slings & Springs, Pulleys & Weights, NDT(Neuro Developmental Tx) PNF (Proprioceptive Neuro Muscular Facilitation Tx), Assisted Exercises on High mats, Hydrotherapy Pool Exercises

Mobility eg: Post Fractures, Post Op Hip Replacements, etc.

Parallel Bars, Crutches, Canes ------

Tilt Board, Overhead Track with Suspended Brace Support, Walkers, Quad Canes

Respiratory Diseases eg: CF (Cystic Fibrosis), COPD (Chronic Obstructive Pulmonary Disease),etc

Breathing Exercises, Postural Drainage, Manual Percussion/Vibration Techniques------

Mechanical Percussion, Oxygen Therapy, Breathing Aids

nb: Physiotherapy Treatment changed over three decades from specific physician orders, to open orders ("Please treat"), to treatment without physician request for PTs in private practice.

Hospital PTs became unionised under Health Sciences Association in 1972, initially with a commitment not to strike - changed at an AGM a few years later