

Joan Johnston: Career and St. Paul's PT History written for PTHBC in June, 2015

Why did I choose Physiotherapy as a career? I was interested in finding something in the medical field. My mother graduated as a nurse in 1918 from the Winnipeg General Hospital School and one of her friends, from that time, asked me if I had considered Physiotherapy. She told me that one of her daughters, had trained in the States and was now working with polio patients in Minneapolis, I think it was the Sister Kenny Hospital (she was the one who started the hot pack method of treatment for polio patients). I decided to find out more. At that time there were only two places in Canada where you could train, both in the East, Toronto and Montreal. My parents decided that Toronto might be best for me as we had relatives there.

The course at the University of Toronto was a 2-year Diploma one, with six months of interning at the end. I graduated in 1947 and interned at the Winnipeg General Hospital and Deer Lodge Veteran's Hospital in Winnipeg first and then went to The Queen Alexandra Solarium on Vancouver Island for the second three months. The address was Cobble Hill and nearest town Duncan. I wanted the opportunity to work with children but also to see the West Coast with which I soon fell in love. Mary Jackson was in charge of the physiotherapy part of the program. She was British. At that time most of the positions were filled by people from other parts of the world as there were too few people training in Canada, very few men, none in our class of well over a hundred. When I joined the C.P.A. after graduation, I was given the No. 596. I think that there are 14,000 now. Jobs were plentiful and therapists moved around to get more experience.

Most of the patients at the Solarium were admitted with conditions I had never seen before. Dr Glen Simpson was the Medical Director. He was a pediatrician practising in Victoria, a very kind and gentle man. He demonstrated the way in which he wanted us to stretch the feet of the babies with clubfeet and the necks of the babies with torticollis, twice a day. There were many native children there with T.B. spines. They spent months in bed, lying in plaster shells, which were turned regularly front to back and back again. Their beds were pushed out onto the verandah on sunny days so that they could absorb the sun's rays. Many native children were also admitted with Juvenile Rheumatoid Arthritis, among other things. The staff were like family to these children as they were there for long periods of time. A nurse friend of mine, now turning ninety, is still in touch with one boy. The place was fairly isolated but in a beautiful area. On days off the staff could get to Victoria via the Mill Bay Ferry and Brentwood or over the Malahat by bicycle or car but that was a problem for them. Eventually The Solarium was moved to Gordon Head, Victoria. I was given room and board and paid \$25.00 a month while interning and found it to be a wonderful experience.

As you can imagine, our training was very different to what is provided for students now. Despite the difference, I feel that the training is just the place from which you start. Therapists develop their skills with experience, taking whatever courses are available to become more proficient in their areas of interest. I took many short courses over the years including one on amputees in Edmonton, a 3 month one with the Bobaths in London, England, on the treatment of Cerebral Palsy and Strokes, 3 months with Maggie Knott on Proprioceptive Neuromuscular Facilitation in Vallejo, California, 2 weeks on The Bird Respirator in Palm Springs, California and several weekend orthopedic extremity and vertebral courses. I also took a degree completion course at the University of Manitoba in 1975 and a correspondence course on Hospital Administration from the University of Saskatchewan, while I was working at St. Paul's.

My first job was delivering newspapers when I was about twelve. This was in Fort Garry a suburb of Winnipeg. This was sometimes a challenge in winter because we had lots of snow and the temperature could drop to -40 degrees. As a physio, I first worked at the Winnipeg Clinic under Dr. George Ryan, an orthopedic surgeon. What I remember most about that was the number of patients referred for heat massage and cervical traction. I began saving immediately with the goal of travelling in Europe. That happened in 1950 over a 6-month period. I went with a nursing friend. We bought bicycles in Sheffield and saw parts of England, Ireland, Scotland and Wales and took a short bus tour through France, Italy Austria and Switzerland. I still have lovely memories of that trip.

As I mentioned before, physios did a lot of moving in those years and I was no exception. I came back to Winnipeg but soon took a job offer at the Solarium, Mary Jackson having left. Later I moved to Victoria and was in charge of St. Joseph's Hospital Physio Dept. now the Victoria General. Working at the coast was like being on vacation to me because of the climate and what it enabled you to do out of doors without freezing or mosquitoes, but I still had a strong attachment to Winnipeg, family and friends and holidays at The Lake of the Woods. I changed jobs about every two and a half years. I moved to Vancouver in the early fifties and worked at the Vancouver General, then for The Crippled Children's Society in Manitoba, the Cerebral Palsy Centre at G.F. Strong in Vancouver, back to the Vancouver General as Assistant to the Director of Physiotherapy, Ruth Fortune, for 5 years, and finally moving to St. Paul's Hospital as Director of Physiotherapy in 1967, where I spent the next 21 years. I retired in 1988.

The time with The Crippled Children's Society was shortly after a severe polio epidemic. Josie Stack-Hayden was the therapist in charge and we did country clinics among other things, in which we followed children who had been in Winnipeg with polio and were now at home. The parents were always so happy to see Josie, as they were struggling with the problems they now faced, which she helped to solve. We worked in a Clinic at the Children's Hospital in Winnipeg and saw many children with Cerebral Palsy. Josie had the knack of making children feel special,

just by her greeting and was never fazed by the severity of their condition. I can still hear her saying " Hello Gloria, my little piccaninny. I'm so glad to see you," as her mother handed her down to Josie on the mat, and Gloria's arms and legs would be moving in all directions, showing her pleasure. Gloria was a severe athetoid, very black and very animated and bright.

She didn't try to perform miracles but she made them feel better. The same could be said of Deirdre McEachran who was in charge at the C.P. Centre in Vancouver. Children and their parents felt their warmth and concern.

I was fortunate indeed to have the opportunity to work with Ruth Fortune whom I had met at meetings of the B.C. Branch of the Canadian Physiotherapy Association. I replaced Steve Howard who moved to a teacher's position at the new School of Rehabilitation at U.B.C. One of the first things that Ruth told me was that I would be taking over the Amputee Program, started by Steve. This included making temporary prostheses or more accurately Peg Legs. He found that patients were not being fitted with prostheses, if a doctor felt that the legs might just sit in a cupboard unused, because they were expensive.

Steve had trained and worked in England and felt that the patients could prove that they could manage, if given a trial with a temporary leg. It meant making a kind of socket out of plaster to fit the patient's stump and attaching a crutch tip to the plaster cast, on which many patients managed very well. Of course it was only done with the doctor's permission. Arnie Pentland of Pentland's Orthopedics was often the prosthetist, asked to make the permanent leg and he probably found it hard to watch all this, so in time he offered to make the temporary legs for \$100.00 each and we were delighted. It was a very successful program as a result and when I moved to St. Paul's, he did the same for us.

Ruth told me that she wanted to give me the opportunity to take courses with the idea that I could do some teaching on my return, which I did to the best of my ability. I had my own patients as part of my job. Several staff physios also went to Vallejo, California and elsewhere to learn about Proprioceptive Neuromuscular Facilitation Techniques. We all came back thinking that we weren't asking enough of our patients and soon, patients were complaining that we were working them too hard. At that time there wasn't a Burn's Unit at the V.G.H. and I remember a small boy coming into the hospital with severe burns to 80% of his body and not expected to live. Dr. W. Buckler, Director of our Department was asked if he could provide ultra violet twice daily to the burned areas where there was no skin, to help prevent infection. The boy lived. Only his head, hands and feet and the place where his belt had been were not burnt. The O. T. in this case was Sheila Cox and she could always make this little boy laugh. If only we had had a Burn's Unit then, that boy's life might have been so different. Perhaps he has benefitted from new methods of treating scar tissue. I hope so.

When I left the General to go to St. Paul's as Director of Physiotherapy, I had had the advantage of watching Ruth manage the department at the General for 5 years and it was growing rapidly. I don't think I ever saw her without a smile on her face. She never seemed to feel that anything was impossible. I think that she got the best out of the therapists because she was so considerate of their needs as well as those of the patients. It was a happy place to be and hard to leave. St. Paul's was a small department, six therapists, an aide and part time Medical Director, Dr. Doris MacKay if my memory serves me correctly. It was about to move into the basement but that was temporary, I was told! The space left a lot to be desired, in retrospect, but on the other hand we had a lot of freedom and therapists who were willing to make the best use of it. I was always able to interview candidates for vacant positions for instance and after some years was allowed to organize an exchange program with therapists in Australia and later Europe. It was a win/win situation, judging by the reports of the therapists when they came back and also from the therapists leaving to go home. Joseph Anthony, from Brisbane, was one who came back later and recently completed a doctoral program in Experimental Medicine with a focus on Cell Signalling. Another one of our therapists went to Norway and later to Prince Rupert when they were short of staff, where she became engaged and married. Karen Skarpnes was her name.

When I joined the staff at St. Paul's, all therapists came on staff at the same salary regardless of their training and experience and this was true of other hospitals too. This became a bone of contention and eventually we were able to create a senior position in several areas, orthopedics, respiratory sections, neurology, rehabilitation, and out patients. The therapists in charge in these areas, were the ones who developed the programs, were the ones to whom the therapists with less experience could refer and they were responsible for the students from U.B.C. sent for experience in their areas. They also got students returning to practice after 5 or more years when they were not working, usually because of family considerations. That was a very big step forward as the demands for service increased as did staff positions. Since then many other areas have developed, requiring multidisciplinary staffing including physiotherapists, such as the Renal Unit, Pain Clinic and Gerontology Section. These people become specialists in their area, very valuable and much appreciated by their patients.

When I left St. Paul's in 1988, there was an active and well-managed Rehabilitation Ward under the direction of a wonderful Internist, Dr. Ed McDonnell, to which patients were referred prior to discharge, to ensure that they would be able to manage at home. In addition, after years of struggle to get it established, there was a Long Term Discharge Planning Ward for patients awaiting placement in a long-term care facility. These patients were presently on acute care wards and receiving very little attention. The move enabled them to be as active as possible, instead of languishing in bed. These wards filled a real need, but not long after I left, during a financially difficult time, they were the first to go. There was an urgent need for a Palliative

Care Unit that has now been in operation for some years and also there was a plan for a new Physiotherapy Dept. not on paper but in the works, which has also been operational for many years now.

My last job at St. Paul's was the most satisfying. I was excited by the opportunity and the staff seemed happy. Many friendships developed outside of work and we did a number of things socially which helped to make that happen, cakes for birthdays and parties for departing staff and for special occasions like Christmas. They were great at creating skits and poems that helped us to see the funny side of things. I have known work situations where the job was just a way of making money, which wouldn't work in our situation. On looking back, I have often wished that I had known then, what I know now but that must be true of most people. Several staff members have now spent over 30 years at St. Paul's and one, her whole career approaching 49 years, (a casual now), Mary Carlsen. She took my place when I went to take a degree completion course at the U of Manitoba. She also had two maternity leaves but has made an invaluable contribution over all those years. One Aide was there when I got there and for 20+ years altogether. She was a very important member of the staff and is still living at 94, but in failing health. Many patients loved her, as did the Sisters. She was a devout German Mennonite lady, who came to Canada as an immigrant from Russia, before there were any services in Vancouver, such as E.S.L. One of the therapists told me that she was quite frightened of Nellie. She mentioned a day when a hot pack was returned from the laundry and Nellie wanted to know the name of the guilty party and so she lined them up to demand a confession!

Sheila Mannell was there for 32 years, first as a staff member, than as a Senior in Neurology and then following me as Director, over the period when the new department came into being. Susie Neufeld came on staff as a new graduate from U.B.C. and has spent her working career there, 32 years so far, taking maternity leave three times. For the last 20 she has worked in the Renal Unit, developing the service tremendously for both in and out patients. One of her daughters is now a physiotherapist at St. Paul's. Her aunt and uncle, worked with me at the V.G.H. many years ago, where maybe it all started.

Mary Gamel and Benita Armstrong came on staff (Mary for the second time) after taking the Refresher Course for therapists who haven't worked as physios for 5 years or more. They both have had long careers as therapists. Benita had the Senior position on the Acute Rehabilitation Ward before it disbanded and celebrated 35 years on staff, a couple of years ago. She is still working. Mary was the physio on the Pain Clinic before she retired.

Brenda Barr was the first therapist allocated to the Pain Clinic, as a part of a Multidisciplinary team. She followed Sheila Mannell as Director when Sheila retired. The position changed after that when the department came under the new Director of the Providence Group of Care Facilities, Gabrielle Yoneda. Subsequently Jo Moorhen has been appointed as Site Leader for

the Physiotherapy department at St. Paul's and recently received an Award of Excellence from the B.C. Branch of the Canadian Physiotherapy Association.

Rochelle Graham, a staff member in St. Paul's Physiotherapy Department was instrumental in developing Healing Touch at the hospital and in Vancouver. The Sisters of Providence who sent her to the States for training initiated this. Ginny Mulhall, also a staff physio, took her place when Rochelle moved to Alberta and she has been responsible for its rapid expansion. Lorraine Struyck also became a qualified instructor.

With the construction of the Providence Building, the department acquired some extra space for a new small department on the orthopedic ward specifically for those patients. This resolved transportation problems Hilary Andrews, was the Senior therapist in Orthopedics for many years.

Hospital Policy related to financial constraints sometimes limited our services. This was true of Out Patients services, which ultimately were only available to patients who had been in patients. Our Respiratory Section expanded rapidly when new services were added such as those for heart and lung patients. Judy Richardson was the Senior Respiratory Therapist for the many years that she was there. She received an award for Excellence from P.A.B.C. for her work in that area. Our services developed largely due to the staff and their contribution to patient care.

One of our therapists had trained in England at a School for the Blind. She had travelled to South Africa before coming to Canada and was highly recommended by a South African therapist on our staff, who had worked with her. I think that she was an inspiration to both patients and staff but she has agreed to tell her own story. Her guide dog didn't go up onto the wards but was everybody's favorite downstairs.

I've touched on a few services and people who developed them, but it is my hope that many other therapists who are all part of the history of Physiotherapy at St. Paul's will write about their experiences to fill in the gaps and complete the story. I feel that the profession has developed considerably over my lifetime and the future looks bright.