PHYSIOTHERAPY HISTORY 1955 - 2012
MARCIA MATTHEWS - Retired

EDUCATION:

Royal Orthopaedic Hospital, Birmingham, UK.

1955 O.N.C (Orthopaedic Nursing Certificate).
1959 MCSP (Member of the Chartered Society of Physiotherapists).
1985 BSc. PT- UBC degree completion program.
1961-2011- Numerous ongoing professional courses and seminars.

WORK HISTORY:

1959-60	Queen Mary's Hospital, Roehampton, London, UK. amputee program, burns unit, tropical diseases, general wards,
1961-	Hospital de St Vincent's, Ottawa, Canada. Rehabilitation unit.
1961-63	Vancouver General Hospital, Vancouver, Canada. Inpatient, outpatient, rehabilitation, and maternity.
1964-	Sailed off shore in a small sailing vessel- Mexico, Guatemala, Nicaragua and El Salvador.
1964-66	Workmens' Compensation Board (WorkSafeBC), Vancouver, Canada. Traumatic injuries, orthopaedics, neurology, wounds.
1966-69	Shaughnessy Veterans Hospital, Vancouver, Canada. Orthopaedics, neurology, inpatients and outpatients.
1969-72	Private Practice - associate with Thelma Liberty. Sports injuries, orthopaedics and general practice.
1972-76	Maternity leave.
1976-80	Lions Gate Hospital. Part-time outpatient department evening clinic.
1980-83	Lions Gate Hospital - Back Education Program team member.
1980-84	UBC - B.Sc.PT. - Part time degree completion program.
1982-89	Private practice - associate with Eleanor Vuorinen, North Vancouver. Outpatients - sports injuries, trauma, orthopaedics, neurology.
1989-2004	North Shore Community Health Unit. North and West Vancouver. Home visits to people with a wide variety of health/mobility issues who were unable to access PT clinics. North Shore Health Unit representative on multidisciplinary committee planning, fast track joint replacements.
1993	Member of Standards Committee of PABC.
2004-05	Cedarview Lodge, North Vancouver Private part time, inpatients in residential care, multi-health problems, dementia. Set up a multi-disciplinary team for Falls Prevention Program.
2005-2012	Community Therapists Inc. Lower Mainland, Private rehabilitation company owned by occupational therapists. Third party funding for patients suffering from trauma, including ICBC, WSBC, insurance companies, Department of Veterans Affairs, Crime Victims assistance program, home visits. Prepared pool and gym plans for patients recovering from trauma.

REMEMBERING MY PHYSIOTHERAPY CAREER

I attended High School in the small market town of Ludlow on the Welsh-English border where career counselling was notably absent. The assumption for girls who graduated was that their career choices were either home economics, teaching, nursing or secretarial training. University entrance was fairly rare and the majority of my class mates worked in local businesses or on farms. My mother, who was a university educated pharmacist, presented me with list of about 20 careers half of which I had barely heard of. Between us we narrowed it down to physiotherapy. I didn't know at the time that it was considered a "nice" job for a young lady, something to do between high school and marriage, with even the possibility of snagging a doctor for a husband!

After several enquiries we discovered that the Royal Orthopaedic Hospital in Birmingham had a program which would be affordable. It consisted of two years nursing training leading to ONC (Orthopaedic Nursing Certificate). Average marks of 80% would lead to the opportunity to begin three years of physiotherapy training including board and lodging. The contract contained a condition to work a post graduate year for the hospital and it's satellites at a reduced salary to repay the costs of training and accommodation. In 1953 I started my nursing training with eight weeks preliminary study including basic anatomy, physiology, nursing procedures and how to make beds with mitered corners. The practical reality of shift work which included night duty, emptying bed pans, injections and worst of all the dealing with gross bodily functions, came as somewhat of a shock! The wards were the old fashioned kind with up to 30 beds in one room. There were outside balconies where patients, who had tuberculosis of hips and spine, were strapped onto spinal frames for 6 to 12 months at a time until the disease became quiescent. Looking back it seems barbaric but drugs like Isoniazid to combat TB were in their infancy. The two years passed quickly. I grew up, and learned about people and suffering. It was hard physical and emotional work for an 18 year old: I enjoyed parts of it and loved the work, the camaraderie but at times I was scared, sad and lonely. Nevertheless I wouldn't have missed this part for the world as it honed my empathy, increased my confidence and sharpened my sense of humour when needed to combat some really bad times.

In 1955 the physiotherapy program began. There were eleven in our set as it was called. The curriculum included advanced anatomy, physiology, medical conditions, massage and electrotherapy. We studied the theory and practice of exercises and various treatment techniques.

The first six months were a mix of academic studies, hands-on demonstration and practice of various techniques. We often spent our class time stripped down to bra and pants while practicing massage on each other. We drew the origin and insertion of various muscles and routes taken by nerves and blood vessels with surface-marking pencils on each others bodies. The exercise program for any and all back pain was back extension. Out-patient departments provided group classes of 6-8 patients who were taught 30 minutes of back extension floor exercise and 10 minutes of back massage which was provided by students. Electrotherapy included radiant heat lamps and tunnels, short wave diathermy, galvanism with medications, faradic foot baths and the latest state of the art machine called ultrasound! During the next 2 years classes were in the mornings with practicums in the afternoons in various speciality hospitals, including general, children's, accident, skin, and out-patient clinics. The last three months were full day practicums

before finals, a two hour practical exam held in London. I finished my post graduate year contract and left for further experience in a major London hospital.

In 1960 I started at Queen Mary's, Roehampton, which was the centre for amputees, burns and tropical diseases. The most famous patient was Douglas Bader, an RAF pilot who lost both legs in a plane crash in 1938. He recovered and was fitted with two artificial limbs. When WW2 was declared he bullied and pleaded with the Air Ministry to fly again. He was an ace pilot and fought in the Battle of Britain and later was shot down over Germany when his spitfire along with one artificial leg crashed and burned. He was taken prisoner and through various high level channels, arrangements were made with Queen Mary's Hospital to build another leg. German High Command agreed to let the Brits parachute his new leg into the prison camp! Bader immediately proceeded to join in a prison escape but was recaptured. I met him several times when he visited the bedside of young people who had suffered leg amputations and who wished they were dead. He would sit and talk to them, visited often and was an amazing man. A movie was made of his life called "Reach for the Sky" with Kenneth More. Queen Mary's was innovative and devised a method for amputees to start early ambulation by using a thick padded sock-like item attached to a pole with a rocker as a foot which mimicked human gait. This allowed patients to start early weight bearing and walking before their stumps had shrunk sufficiently for a permanent prosthesis. The physiotherapists on the amputee program were responsible for twice a day special bandaging techniques to mold the healing stump into a conical shape in preparation for the final artificial limb.

The tropical disease ward admitted patients, mainly men who had been prisoners of war in Japanese prison camps. They had survived appalling conditions and had rare tropical diseases which had re-occurring symptoms more severe than malaria. They were extremely sick but had an indefinable spirit that I had never seen before or since.

In 1961 I moved to Ottawa. I worked in the new rehabilitation unit at St Vincent's Hospital, a French hospital run by the Grey nuns. For many years St. Vincent's had been known as a hospital for incurables, those with severe physical and mental problems from birth or trauma and with extremely limited capabilities. The hospital had recently opened this unit and the patients were a combination of those with Orthopaedic and Neurology. It was a strange place with two department heads: one was an English physiatrist who spoke little or no French and the other was a beautiful, fluently bilingual young nun, Sister Jeanne de la Charité, who had all sorts of degrees from unknown colleges in Boston. At my interview I took a newspaper with advertisements for rental apartments to ask advice about locations within walking distance and pointed to one which read, "Bachelor apartment, $75". Sister Jeanne replied "For that price you would probably get the bachelor as well". This response thoroughly shocked me! I glanced at her bookcase expecting to see "Lives of saints" and other spiritual literature. The first book I noticed was "The Grapes of Wrath" by John Steinbeck. I had presumed that nuns were middle aged, innocent and naive who spent their time either in prayer or soothing fevered brows! "This nun is something else"! I thought. How little did I know?

The PT and OT staff were an international group from Germany, Czechoslovakia, Italy and the UK with a wide variety of different abilities and training working under the direction of the Physiatrist with limited French. The auxiliary staff from Quebec had limited English and dubious training but were strictly loyal to Sister Jeanne. Chaos developed quickly as Sister Jeanne countermanded in French most of the doctor's orders. He

appeared to be unaware of the situation and it was left to me to try and explain tactfully what was going on! I decided that it was time for me to head west.

October 1961, I drove across Canada arriving in Vancouver on a magnificent fall day and instantly fell in love with the city. Vancouver General Hospital was a welcome change from the debacle in Ottawa. Ruth Fortune was the Head of Department, she was a wonderful boss. We worked a three month rotation through orthopaedics, neurology, surgical and medical wards, intensive care and outpatients. The PT department was well run with about 12 physiotherapists, some of whom remain friends to this day. It was valuable experience and I treated everything from a man who had survived a dreadful bear attack with deep claw mark wounds to his face, scalp and back to one of the first patients there to have open heart surgery.

1964, I had the opportunity to sail on a small yacht for four months in Mexico, Guatemala, Nicaragua to El Salvador. I flew back to the UK for several months before returning to Vancouver to a position at the Workmen's Compensation Board. It was my first experience where injuries and money collided. I treated all kinds of work place trauma and heard gruesome stories about loggers with broken limbs left lying in the woods for hours because the foreman would maximize the logging truck load for his financial benefit. Workers whose fingers and hands were chopped up in machinery with no guards present to hasten production were threatened by supervisors to agree that the guards were in place.

1966- My next position was at Shaughnessy Hospital which was a Veterans Affairs Hospital at that time. Patients included veterans from several wars, RCMP and Indian Affairs. Some visiting orthopaedic surgeons from the UK came to demonstrate advances in surgical techniques including a total hip replacement. I worked with the first hip replacement patient there with the new protocols, restrictions, early movement and weight bearing. This man was in hospital for 5-6, weeks, before returning as an outpatient for another month. Now, 50 years later, he would be discharged home after 3 days.

1969 - My next move was to private practice. There were only about 5-6 private practices at that time. The owner was a character known as Lib, short for Thelma Liberty. She had been an army physiotherapist with an officer's rank in World War II stationed in North Africa and Italy. On discharge from the army she became Head Physiotherapist at Vancouver General Hospital and later opened a private practice in the Fairmont Medical Building. It was very smart move as she knew all the top surgeons and doctors. Lib ran her practice like a boutique outpatient department with excellent equipment. The Lions football team, dancers, skaters and other athletes, as well as the general public, found their way into her clinic. Treatment modalities included hot packs, galvanism, ultrasound, wax baths, neck traction and manual therapy began appearing on the scene. Lib arranged for us to go to attend a post-1968 Olympic seminar featuring Nancy Green, Harry Jerome and Debbie Brill who had all been Olympic medalists. They spoke about the lack of support for Canadian teams in comparison to other countries, giving examples of what was needed for future Canadian Olympic teams.

I resigned in 1972 due to pregnancy.

1976 - I returned to work three evenings a week 6pm-10pm at Lions Gate Hospital in an outpatients clinic. It was an innovative approach, always busy and accessible to school children, shift workers and families with transportation problems. I welcomed the chance

to return to my career while taking care of little ones during daytime. Three years later the hospital opened a Medical Daycare program with emphasis on education. I was recruited to be part of a Back Education program team which consisted of Physician, PT, OT and Social Worker. This team approach was excellent and provided good results. I taught basic anatomy and an exercise program, the OT taught practical ADL customized to individual worksite challenges and the Social Worker discussed stress management and taught progressive relaxation.

1982 - I joined a private practice in North Vancouver owned by Eleanor Vuorinen, treating a wide variety of conditions. The other physios were beginning to specialize in manual therapy, TMJ treatment and electrotherapy including interferential therapy for pain, laser therapy for wounds and biofeedback to manage migraines, chronic pain, high blood pressure, stress and muscle movement. It was a good place to update my skills.

1989 - I moved to the North Shore Health Unit which required taking physiotherapy into people's homes. There were only three physiotherapists: the senior worked half time in clinical work in North Vancouver City and half time in administration. I was assigned to West Vancouver as far as Lions Bay and my colleague covered North Vancouver District to Deep Cove. The parameters for receiving home care treatment included severe decreased mobility, extreme frailty, general weakness and architectural barriers. Physiotherapists worked in teams with nurses, social workers, occupational therapists and dieticians. The staff were fabulous: they were knowledgeable, compassionate, up-to-date in their professions, dedicated, conscientious and most had a wicked sense of humour. This was one of the most rewarding places that I have ever worked. It was a privilege to be admitted into people's homes when they were in such bad shape that they barely wanted to see their nearest and dearest! It was beautiful to see how much love, care and money people spent on their families no matter what their financial position and education and, sadly, sometimes to witness the cruelty and neglect regardless of economic and educational status. One perk was gaining entrance to all kinds of homes with unusual interior designs within the diverse cultures.

2004-I had reached the age of mandatory retirement, so it was time to go traveling again - this time to Australia and New Zealand..

2004-05- I began working part-time as a private physiotherapist at Cedarview Lodge, a care facility in North Vancouver. Vancouver Coastal Health funded a twice a week occupational therapy position but no physiotherapy position. The facility manager had been requesting a staff physiotherapist for some time. We discussed the problem and she applied for a grant from VCH's newly appointed Falls Prevention Program. We provided evidence needed for a staff physiotherapist as she knew my time there was temporary. The grant was secured and I was hired to be part of the team of OT, RN, and dietitian. Our program was the most successful of all the Fall Prevention programs provided at other facilities and, on that basis, a permanent part time physiotherapy position was allocated to Cedarview Lodge. This was one of the most interesting programs that I had experienced and I could retire once again!

2005 - I returned from South Africa and Zimbabwe in the fall when I heard about a private occupational therapy company who were looking for part time physiotherapists. I decided that it would be good way to kill the winter and I made the phone call.

This work place was different from anywhere that I had been before. It was a private rehabilitation company called CTI which was owned and staffed mainly by occupational

therapists. The patients, or clients as they were now called, had nearly all suffered some kind of trauma from mild to catastrophic and their treatment costs were billed out to third party insurance companies including ICBC, WorkSafe, Crime Victims program, and various other insurance companies or private payers. There were also a couple seniors' facilities that contracted CTI staff and programs. My work consisted of two diverse parts. Once again I practiced home care physiotherapy to patients, many of whom were still bedridden, following immediate discharge from major hospitals. The goal, as in all home care programs, was to improve the patient's strength, mobility and endurance to enable them to attend private PT clinics. The 2nd part was a later program for people who had attended PT clinics but were generally de- conditioned and unable to start return-to-work programs. Some clients' lawyers would pay for a physiatrist consultation who would invariably recommend a supervised three month gym or pool program. I would assess and then design a pool or gym program or a combination to fit the client's needs and teach the client and a Rehab Assistant the program. These programs were usually contracted for two to three sessions a week for three months and I would supervise and update the program every one to two weeks. The improvements people gained from these programs was amazing in cardiac capacity, general strength, mobility, confidence and coping skills. Their progress was far greater than any PT clinic could provide in either time or resources. My personal challenges at CTI were my need to update my limited computer skills as all the assessment and report forms for each fee paying client were on-line and each agency had different forms, requirements and regulations. Another challenge was walking a tightrope between the greed of lawyers who were trying to increase the claim and the parsimony of adjusters who had strict payout guidelines. The 6 years I spent working with CTI was an excellent finish to my physiotherapy career. Treating clients immediately discharged from hospital after major trauma and then monitoring clients' progression along their journey from a serious or catastrophic injury was very rewarding. I was especially satisfied observing patients' functional return according to their individual abilities in society. As physiotherapists we only see parts of the patient's progress depending on our area of practice. I am truly grateful to my mother for helping me choose physiotherapy as a career. I had no idea that it would be so fulfilling, challenging and rewarding, and came with all the extras such as working in different countries, cities, hospitals, facilities, clinics and homes.

I THINK BACK AND COMPARE MY VARIOUS PLACES OF WORK:

A) A private clinic is similar to working in an office setting - a treatment room with various beds and equipment, a waiting room, an all-purpose staff, storage and laundry area. It is laid out for efficiency and staff know precisely where everything is and there is always help available in a crisis. Patients coming into the clinic do not expect to have any authority as they are seeking professional experience.

B) Working in a hospital is akin to being in a "zoo": all sorts of crises occur, the patients are varied and unpredictable both in their medical problems and their behavior. Different types of staff can be summoned to help the "animals" and observe, attend and ensure they remain safely in their "cages". This is re-assuring.

C) Community work is different since the workplace is someone's home and changes with each visit. There can be 6-7 different work sites in one day. I compare all this to working in a "jungle". There are many surprises some good, some bad and occasionally just

dreadful. When entering someone's home one is a guest and therefore loses some authority and control so, being really aware, is important and observation and creative thinking on one's feet is an asset. There is often no immediate help available in a crisis so coping strategies are needed. For safety reasons, I often ensured that I was closer to the door than the patient. If feeling uncomfortable, threatened or if the situation appeared dodgy, I set up a request call from the office to check on my safety which gave me the excuse to leave.

CHANGES FROM 1959- 2012

1960-70's Commonwealth Countries had no professional barriers for physiotherapists. Later immigration rules became much stricter, foreign-trained physiotherapists now have to update to UBC School of Rehabilitation standards and sometimes take exams to ensure their English language proficiency. I had an assisted passage and paid £10 so the Canadian Government paid me to come to Canada and I repaid the loan in the first two months of working in Ottawa.

SALARIES - In the 1960s each hospital had its own graded pay scale and always tried to hire at the basic level regardless of experience. Vancouver Health Unit used the CUPE Union rates and physiotherapists were paid at the same rate as the "dog catcher" from the SPCA!

HSA -Health Sciences Association negotiated the salary benefits with representatives from the Ministry of Health for hospitals and some institutions that were unionized.

Clinic Practices have guidelines from PABC which are based on comparable education of other professions such as engineering but the gender bias against women's professions exists.

BC NDP Provincial Government added 12 PT visits annually to the MSP and, later in 2002, the Liberal Government cancelled that program.

TRAINING versus EDUCATION PROGRESSION Diplomas were awarded for hands on training in a three year practical program in the UK.

1960's UBC had a joint PT/OT degree program in B.Sc. Rehab.

1975 UBC offered a degree completion program leading to B.Sc. PT.

Later, physiotherapy education became a Masters program and now there is the option for a combined Masters and Ph.D program.

EVIDENCE BASED PRACTICE - Research and increased knowledge led to new techniques which resulted in changing patterns of practices that had been handed down for years.

PHYSICIANS PRESCRIPTIONS - Initially physiotherapists needed a prescription in order to treat a patient. Unfortunately doctors were woefully ignorant of the scope of physio and would write "heat and massage", or "heat and ultrasound" when the patient probably needed ice packs and exercise. The medical profession refused to allow physios to use the word "Diagnosis", as they were not qualified diagnosticians, so the word "Assessment" became acceptable.

FROM GENERAL to SPECIALIZATION - With the explosion of research most physiotherapists now choose to specialize within in their areas of interest. This has elevated the profile of our profession and increased public awareness of the knowledge and skills that we practice.