

Uta Vaneijnsbergen nee Embacher - Physiotherapy Career History 1959 to 2006

1958 I had no idea of physio till McGill university physio professor Edith Aston spoke at my Quebec grade 11 high school career day. She held up her hand with a couple of crooked fingers that a logger mill worker had injured & slowly showed how PT helped to straighten it out again, so he could go back to work. My strengths were math & physics so I was thinking of engineering, astronomy or dentistry. But my father said my 5-foot height and 100 lbs wouldn't stand a chance on a construction site. Girls were still expected to get their nursing, teacher, social worker & MRS. Being third in my family, they could not help me financially.

1959 I was able to get a scholarship & bursary & worked 15 hours a week at Eaton's department store in of all places, bar accessories about which I knew nothing. We served the customers in English & French. Now I understand most stores in Quebec will mainly communicate in French.

My commute took 2 hrs each way from home to university, not allowing enough time to study. McGill then only allowed female students to live in residence - too costly for me, or in approved by them rooms. I was assigned one in the home of 2 single, elderly sisters, both McGill grads. After studying in the library & travelling home by bus, it was after 11pm & they would wait up for me in the front room!

1959 Name tag was 'Miss U. Embacher'. During my studies some medical type student left his box of study bones on a bus causing a big uproar! Physio was one of the programs with the most scheduled hours. In a massage class the instructor said if the students wanted to experience massaging a man's leg they should try me. No one I knew shaved their legs. I could have crawled through the floor & needless to say I immediately shaved them!

McGill & Toronto were the only eastern Canadian physio therapy schools back then. They had a 3 year Physical or Occupational therapy diploma program & one could get the other diploma in one further year. 5th year would get BSC P&OT which I thought was a good deal for just those 2 extra years. University of Alberta in Edmonton offered a 2-year physio therapy program. Later McGill University followed the US by making it a degree program so that its grads could return to their home in the US to work.

My bursary from the Mothers March of Dimes required that I work in Quebec for 2 years after graduation. After I had done all the rotations at the Montreal General Hospital I wondered what else there was. I heard the expression 'all is fair in love and war' & I decided to move to my sweetheart in Vancouver. I did repay half my bursary. They thanked me and said no one had ever done that before, but I felt it was only fair. I canvassed on their behalf in BC for over 20 years after that, so they got their money's worth. Of course I got roped into other canvassing - heart fund - my dad had a heart attack, etc. Late 1900's I gave up after collecting maybe \$20 after 12 hours canvassing.

At the time, all Commonwealth trained physical & occupational therapists could work in any other commonwealth country without qualifying exams. So they travelled all around the world often getting stuck in Vancouver, having fallen in love, or loving the city and its very outdoorsy, sporty, cultured character. Many treatment specifics of the varying countries & even different parts of Canada were slightly different and upon closer analysis most worked well.

1962 After my PT diploma I applied for my practicum in Vancouver. I was told I needed 3 different choices. I advised them that I didn't mind anywhere in the Vancouver area or I would do it next year, as my heart was there. I interned at Shaughnessy Veterans Hospital where I enjoyed all the different programs. We had our white button down front starched uniforms provided and washed after we had painstakingly removed all the clip-on buttons. Stiff white lace up shoes, white nylons & white nurse type hat pinned in our hair completed our stiff uniform. My husband preferred I got into civvies to pick me up. Most facilities had reasonable & good cafeteria food at lunch. We took turns covering weekends.

I was invited to observe a below knee amputation on a patient I had worked with for a long time. When the surgeon called for the saw I felt light headed & backed to the wall & slid along it out the door & slunk to the floor. I don't remember if anyone commented on it. The veterans seemed accepting of their conditions & appreciated programs helping them adapt & modify their employment.

On the cardiac ward patients were being sent home soon after they seemed stabilized with frequent soon after discharge re-admissions. In Montreal these patients completed a gently graduated strengthening program which much reduced readmissions. The PT department did not want that. One of the residents thought it was a very reasonable idea. We called it a 'monitor your heart training program'. There were noticeably less quick readmissions & soon it became a routine approach.

1965 My first job in Vancouver was at the newly built Workmen's Compensation Board. Each therapist had about 3 plinths with overhead & 3 side wire grid per room allowing longer treatment times for each patient. From our treatment room we could observe the patients coming & going often walking quicker & better than they had in the treatment room & hall, leading to discussions at later visits. The majority of patients were either self employed & wanted to get back to work too fast or employees wanting to procrastinate their return to work.

One day I was sitting at my desk facing the entrance door & it swung open by itself. I looked out to see who it might have been when I saw the direction signs hanging on chains from the ceiling swinging & the approx. 250 foot long corridor floor looking kind of wavy. Others looked out of their treatment rooms also when we found out it was a minor earthquake - luckily no damage.

1966 It was a joy & challenge to work at Children's Rehab in the G.F. Strong basement on Oak street with big windows out to the driveway ramp. Several therapists worked in a large long

room. I found my Bobath child development course very useful helping the little ones in their increased freedom of movement often with a smile. In 2015 I met one of my then baby patients I had worked with & she remembered me & said I was the best physio she ever had. That was easy because I love babies. One hot summer day wearing only a light white blouse & navy slacks, I was teaching reciprocal walking to a young girl with cerebral palsy - me walking backward & facing her. It seemed to be going well when she suddenly leaned forward & bit me in the stomach - right through my blouse. Marks sort of hard to explain to my husband! A little later they moved into the new Sunnyhill Health Centre for Children.

1967 Another year at Shaughnessy hospital where I did OT & PT in the amputee program saving separate therapists assessments.

1968 G.F. Strong had a very innovative research-based arthritis program from which I moved into their new Mary Pack Centre. We had a light blue, buttons up the front uniform dress. Very latest, top class, modern with PT, OT including splint & adaptations making workshop, social work, RN, doctors' offices, rounds & teaching rooms plus exercise pool - much enjoyed by the patients. Wonderful volunteers rolled the ice packs for us, often took them off the patient & cleaned the cubicles. Soon the unions decreed any job that must be done has to be done by a paid union employee. This was hard for the Arthritis society as the patients do not pay for their treatment which is covered by hard attained donations & took away a meaningful way for volunteers to give to their community.

That's when Dr. Clive Duncan introduced the first total hip replacements from England. We had classes pre & post op for several weeks each. The patients were in hospital for about a week post surgery & sat up on the side of the bed much later than today. This year my husband was discharged after a total hip replacement by the same Dr. 24 hrs after the last staple was put in with 3 post op physio appointments covered. In Germany after discharge they get 2 weeks in a rehab hospital complete with PT, OT, massage, pool, relaxation etc. I guess their taxes are much higher.

They also had a very comprehensive home care program delivered in their little Austin Minis. When driving between 2 trucks, being able to see their undersides, I hoped they could see little me. We tooted our file bag, ice buckets, electronic equipment and assistive equipment often up to 6 stories walk ups. These treatments made a big difference to the patients with reduced swelling & pain & increased function & independence. They were often very home bound & isolated & enjoyed these visits. There I also did OT & PT.

I covered some outlying areas. In New Westminster my first stop was the fish hold in the harbour packing house where I filled my big cooler with ice for the day. There were teams of doctors & therapists visiting usually annually all over BC, much welcomed in these communities. The coastal communities often had a higher incidence of rheumatoid arthritis.

1970 When my son was born it was still very new to have partners in the delivery room which I felt was very special & supportive. A few years later families were present & busy taking

videos. I did vacation relief to satisfy the hours required to remain active. Part time positions were not readily available reasoning that the patient should have the same therapist throughout the week. Gradually part time positions became more available.

1976 I started doing Monday & Friday relief as Vancouver home care physio as they worked a 9-day fortnight. It was a challenge to execute the treatments as closely as possible to the regular therapist. The patients would comment “she made me work harder or easier”; “her massage was deeper” etc. I covered all over Vancouver & Richmond. Uniforms gave way to practical - slacks, blouse top, etc. Some staff found it uncomfortable working in some areas of town. One of my patients once told me they all recognize the brown shoulder bag of homecare staff & I felt safe anywhere after that. One visit I was directed to climb in a window & follow careful directions down hallways to get to my client. Thankfully I was able to retrace my steps.

1982 To get more hours I added several days of 9am to 3pm (nice to get home to the kids right after school) at Pearson hospital, a former TB hospital with big open windows to gardens that volunteers helped work with the patients. The residents were quads, paraplegics & some with other neurological conditions, some 10 to 12 in a ward & some 2 or 4. There was still some use of the iron lung. One mother was declined the polio vaccine at age 45 because she would not be at risk. She contracted polio & became ventilator dependent. Black slacks & white blouse made stretching of lower limbs on their beds much easier & this relieved some of their deep spasm discomfort. We did all the respiratory therapy as well. They just started introducing privacy rooms patients could book for special visitors – family etc. They had a very successful outpatient rehab program allowing more patients to remain at home longer.

Here I had a very special patient who became a quadriplegic with a tracheotomy on a ventilator 24/7. After 6 months intensive care he was transferred to Vancouver's George Pearson Hospital for the Physically Handicapped for 16 years, initially on the same ward as polio and tuberculosis patients. He weaned himself off full time ventilator support to only at night. He was a pioneer in de-institutionalizations for those with disabilities. 5 or 6 patients believed they did not need to live in that kind of environment. They envisioned an independent life for themselves. They wanted a better quality of life. He knew that while he could not care for himself, he could still direct his care in the first community-based shared-care model.

1980 ies early the Canadian Paraplegic Association (now called Spinal Cord Injury B.C.) helped with a cost analysis for independent living. Then MLA Doug Mowat, a quadriplegic who has since died, championed the cause. It got a big boost when the study found that independent living care cost 30% less than institutional care, not to mention better quality of life for those individuals.

1985 several patients moved into a co-op housing cluster (4 to 6 residents) called Creekview Cooperative Apartment near Granville Island. At first, the respiratory therapist from Pearson had to come over to help with the ventilators, but then the Provincial Respiratory Outreach Program took over. I did homecare visits there with smiling, content residents. Getting into the community enabled them to see there was much they could contribute to this world.

Many became advocates on committees, volunteered & worked to change perceptions of severely limited clients. 50 years after his injury he is still intent on helping others with spinal cord injuries live good & productive lives. His longevity has been attributed to his optimism, resiliency, religious faith & his desire to contribute. It is noted he has his water cup attached to his sip & puff wheelchair so he can constantly hydrate himself with water, which may reduce respiratory complications. Pneumonia, lung infections & other complications often shorten lives of individuals using ventilators. He was way ahead of his time & teaches us all a lot.

The former assumption was that because you couldn't move you'd have to be looked after your whole life & couldn't contribute. But in the era of many assistive devices & technologies they can now manage more on their own. They don't have to be totally dependent on others. The initiator for independent living became a great leader & is giving much of his life being a role model, helping people, showing them how they could figure out how to live full lives even after traumatic injuries. He married a GFSrong RN & has adopted 2 lovely daughters.

1986 I worked at the new Women's Hospital. The biggest challenge was to catch the new moms near the end of the day before their discharge to go over their post natal exercises with them to then do at home. Soon after that time the new moms were given the exercise sheets to do on their own. I read recently that French mothers have much less later urinary incontinence due to their lengthy, intensive government post natal pelvic floor exercise program!

1987 May 22, Rick Hansen completed his 'Man in Motion' world tour to raise spinal cord awareness & funds for research & treatment. Being a physio at Women's Hospital I suggested a fund raiser for his run. They said getting money out of nurses & probably any other health care workers, was like wringing water out of a stone. We planned a sale of donated & homemade items on several tables in the hall at lunch time. I'm happy to say we could contribute over \$900 to Rick's tour. It was exciting to wave to him as rolled south up Cambie street.

1987 I started home care physio full time which I really enjoyed. Each day one did not know how it would be. Pagers alerted us to someone trying to call – often the hospital wanting to send a client home & wanting us to meet him there. That meant reshuffling our other visits, and the clients were very understanding of that. Some physios did not like the work in isolation, away from the medical camaraderie of a facility setting. We worked in great teams at the health units – rehab, RN, SW, nutritionists & school staff.

One visit was to a client who was said to have a gun. It was deemed advisable for a social worker to come with me. The basement apartment door actually had probable gunshot holes in it. When we entered he was sitting on his sofa & the end of a long gun showed up above the sofa. I got to work & we got out safely. What 2 of us could have done in some difficult situation I do not know.

They were short of OTs and I was asked to do that. Having done both in some of my positions I left PT & did home care OT. My physio experience gave me a fuller perspective of the patient, now being called client. Rehab therapist is a perfect lifetime's work dealing 1 on 1 & in teams & classes with interesting, varied clients one appreciates being able to help live fuller, less painful lives. I was lucky to have landed in that.

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Respectfully submitted.

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Retired from Vancouver Coastal Health - Homecare OT, 2006.

E&OE.