

## THE PRESCRIBING OF "PHYSIO"<sup>1</sup>

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Those of us who graduated from our Medical Undergraduate Courses locally more than 10 years ago, had little opportunity to observe the workings of an active Physiotherapy or Occupational Therapy Department. Our acquaintance with these things had therefore been acquired, in many cases rather casually, in our post-graduate years, and we may never have had any formal instruction in this field. There are now some 28<sup>3</sup> Physiotherapists practicing in Nova Scotia in a variety of settings, and we have to prescribe Physiotherapy for our patients from time to time. It may be considered redundant to say that accurate diagnosis of the patient's condition is essential to intelligent prescribing of anything. Beyond this an understanding of the mechanism of production of the pain or other symptom is helpful in deciding what form of Physiotherapy is likely to be beneficial. One must also have a clear conception of what a Physiotherapist can do and cannot do. In some instances the advice of a Specialist in Physical Medicine and Rehabilitation is available, and the writing of the actual prescription can be left to the Consultant, but in many other instances the prescribing of "Physio." rests with the patient's personal physician.

(1) Has the Physiotherapist a contribution to make? It is important to bear in mind that although the patient's condition may be one which can ordinarily benefit from physical treatment, the disease may have passed the stage where physical measures can be expected to accomplish much for the patient, or the problem may be of such magnitude that very intensive care in a special unit may be required. It is very frustrating for the Physiotherapist to be loaded with a large quota of patients for whom she is not able to accomplish much.

There should be a reasonable likelihood that treatment of the kind and duration ordered will produce improvement for the patient. The Physiotherapist should not be prescribed for the same reason for which the baby is given a "pacifier".

(2) Neither is it sufficient to write on a piece of paper "Please give this patient Physiotherapy times 2." This is inviting the Physiotherapist to prescribe the treatment, and is equivalent to sending the patient to the druggist with a blank prescription slip signed by you. You should try to envision what you expect the Physiotherapist to do, and in what way it will help the patient. You can then issue intelligent instructions.

(3) Realizing that the prescribing of Physiotherapy is an unfamiliar procedure to many doctors, attempts have been made to design some physiotherapy prescription forms in such a way that a minimum of effort is involved in filling them out, a maximum of suggestions are made for the physician's consideration, and in at least one instance, discussion between the physician and Physiotherapist after the Physiotherapist's first contact with the patient is suggested.

(4) In general the Physiotherapist can minister to the patient through such measures as the employment of heat, cold, exercises of various kinds, massage, splinting and manipulations. The particular manner in which these modalities are to be employed constitutes the Physiotherapy prescription. In general, cold will only be prescribed in conditions with pain and swelling of a few hour's duration. Thereafter heat is apt to be more effective in relieving the patient's pain and muscle spasm. Heat will be much more often prescribed than cold since it is unusual for the patient to be seen by a Physiotherapist within a few hours after an injury or the development of an acute condition. Heat is prescribed in a variety of ways divided into superficial (dry), deep (moist) and deep (electrical). Of those

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<sup>3</sup>In 1966, 51 physiotherapists in N. S.

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moist heat should probably be most commonly employed because it is (a) easy to administer, (b) penetrating, and (c) usually as effective as any. It can be employed by means of hot baths for the whole body, hot wax for an extremity or hot packs for a part of the trunk or a part of an extremity.

(5) Exercises can be active, passive or the Physiotherapist can assist the patient with active movements. This form of treatment has been extremely popular in the last few years and deservedly so. In general the greater the patient's active participation the greater the strengthening value of the exercise and the less chance of doing damage to the patient, since his own discomfort limits his activity. Exercises are mainly designed for strengthening and for maintaining and increasing range of movement of musculo-skeletal structures. The detailed prescription may therefore in-

clude the designation "Passive movements", "Active assisted exercises", or "Active exercises", and a description of whether one is aiming primarily for range or primarily for increased strength. In the event that increased strength is an objective, consideration should be given to ordering "Progressively resisted" exercises. Such resisted exercises can be done by graduated manual resistance or by the use of progressively increasing amounts of weight.

(6) Massage and manipulations have such limited and specialized values that they need scarcely be dealt with in this brief and general discussion.

It must always be borne in mind that the doctor is asking a skilled colleague to participate in the care of his patient, and that good communication between colleagues is the keystone of effective treatment.



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