

SERIOUS ABOUT PAIN RELIEF?

Guest editorial

Physical rehabilitation in South Africa

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Nilesh has been instrumental in developing stroke and rehabilitation services in South Africa, in particular the development of a network of private acute rehabilitation units within the Life Healthcare Group. He is founding chairman of SANRA (Southern African Neurological Rehabilitation Association) and is currently Managing Director of Life Esidimeni.

The field of physical medicine and rehabilitation (PM&R) has experienced significant development over the past decade. The development of outcomes measurement, the introduction of managed health care, the tangible efficacy of stroke units and a handful of practitioners who have dedicated their full-time practice to physiatry have contributed to this peak.

PM&R enjoys specialist level recognition in the Western world. In South Africa, we currently have almost no exposure to rehabilitation at an undergraduate level, no teaching beds, clinical registrar posts or postgraduate qualifications available in this field.

What we do have are two very active interdisciplinary organisations, the Southern African Spinal Cord Association (SASCA), which has been active for a couple of decades and the Southern African Neurological Rehabilitation Association (SANRA), which was formed in 2003. Both organisations are very active, host conferences every 2 years and have established links with their international counterparts. This year SASCA hosts the 2008 ISCOS conference and this in itself, like this series of articles, is yet another milestone for our field.

In this series of articles, we introduce issues pertinent to the field as well as common problems associated with the management of stroke, spinal and brain injuries, which make up the bulk of any rehabilitation practice.

The GP always has been, and continues to be, well placed to manage the impact of disability on individuals and society. This series highlights the current approach to key rehabilitation-related issues and provides the GP with an overview of the many issues pertinent to the acute and long-term management of disability.

Sammons addresses the issue of rehabilitation assessment in general practice, as most patients with some form of disability end up at the GP rooms, either after acute onset or following chronic problems after a disabling event. The systematic approach is key to developing and prioritising the multitude of issues that usually arise.

Burns introduces various models of rehabilitation, the role of the various professionals that are usually involved, clinical pathways and the management approach to key medical problems in acute rehabilitation.

The efficacy of stroke units is well established and patients with acute stroke, once stabilised, should all be referred for at least a rehabilitation assessment and ultimately acute rehabilitation. Anything less is considered substandard care, especially in the private sector, where we have rehabilitation units in most major

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centres. Tipping describes the key management strategies for common rehabilitation-related issues in the long-term management of stroke.

Burns introduces the mechanisms and symptoms of traumatic brain injury as well as its impact on consciousness and how this is assessed. Baalbergen presents a management approach to chronic pain, a common symptom in patients following neurological injury.

While bowel and bladder incontinence following spinal cord injury impact significantly on quality of life, most patients who are successfully rehabilitated are able to manage, with varying degrees of assistance and devices, this key activity of daily living. Marx and van Zyl highlight issues to look out for when things go wrong!

The ultimate success of rehabilitation lies in the successful social integration of individuals and families affected by disability. Jones reminds us of the powerful and important roles that support groups play towards achieving this goal.

In South Africa, our vision is to develop and grow the field, attract more practitioners into the field of practice, develop a college of rehabilitation, with specialist-level qualifications and recognition, as well as registrar posts and teaching beds that will significantly contribute to managing the burden of disability as survival improves and longevity becomes the norm for persons with disability.

single suture

HIV-positive children at risk from BCG

In South Africa newborns are routinely vaccinated with BCG, but many of these infants are born with HIV and their weakened immune system makes them vulnerable to the live *Mycobacterium bovis* that is used in the BCG – which can itself cause a TB-like illness. Specialists recommend that, while TB vaccination continues, tests urgently need to be developed to screen babies for HIV before vaccination. Most tests used in developing countries can't distinguish the HIV status of infants until they reach 6 months of age.

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