THE RESIDENT AND THE ORTHOPAEDIC TEAM

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The physiotherapist is an essential member of any orthopaedic team.

This statement demands that we know the range of responsibilities and activities of the orthopaedic team and then, that we appreciate the training required by the physiotherapist to become a member of the team.

The spectrum of orthopaedic surgery has changed over the past 50 years, the latest pattern having a striking resemblance to the first. Orthopaedic surgery came of age during the First World War and the experience gained in the management of trauma was carried on into the management of posttraumatic deformities and into the management of the deformities caused by poliomyelitis and chronic infective bone diseases of children.

In this age, industrial and road accidents have presented the surgeon with an increasing problem in the management of acute trauma and then the management of posttraumatic deformities. Poliomyelitis and chronic diseases of children are far less common and attention is being turned to the management of the deformities caused by the chronic rheumatic diseases. The management of trauma requires a 24-hour service, seven days a week. The orthopaedic surgeon is the one most frequently involved in treatment but the neurosurgeon, thoracic surgeon and general surgeon are often involved. The proper management of chest and head injuries is probably the most potent factor in lowering mortality caused by the severe multiple injuries, so common in this motor vehicle age. The orthopaedic surgeon has the management of limb injuries ranging through all degrees of severity and it is the orthopaedic surgeon who is still handling the patient long after the recovery from most head, chest and abdominal injuries.

Any hospital dealing with a volume of trauma has developed a team approach to the problem. This team work starts in the receiving room on transfer of the patient from an ambulance and immediate resuscitation is carried out through the examination and assessment of the patient, to the operating theatre or treatment room. It continues through the immediate and late postoperative stages with care of all injuries and efforts at prevention of the postoperative or posttraumatic complications such as fat embolus, pulmonary embolus, abdominal stasis, pressure sores and nerve paralyses. At some several weeks following the accident, the orthopaedic surgeon (and sometimes the neurosurgeon) has the remaining charge of the patient, all other complications having been dealt with. Then begins what is often a long and arduous struggle to complete rehabilitation of the patient.

This has been a brief outline of the more serious aspect of the orthopaedic surgeon's work in trauma. Anyone who has been associated with a large hospital dealing with trauma will be well aware that there are many more cases of a less serious nature, involving, perhaps, an injury to one limb only, with no risk of loss of life or complication elsewhere. However an injury to one limb if severe enough, or if managed poorly, may result in loss of proper function of that limb and in eventual loss or deterioration of working capacity of the individual. The combination of serious cases taking up a great deal of operative time and a large number of lesser cases requiring skilled attention, constitutes a volume of work which can only be handled properly by the surgeon when he has a team behind him to whom he can delegate care and upon whom he can rely for skilled management of the treatment ordered.

Before passing on to the consideration of the physiotherapist as a member of such a team, I should mention briefly the needs of the orthopaedic surgeon in the management of the surgery of chronic rheumatic diseases. These patients have had or will require, a

period of assessment and physiotherapy prior to surgery. In many cases this will have been given, and the indication for surgery is the failure of the usual therapy. The patients require postoperative care of the chest and of the limbs. At varying periods of time following surgery, physiotherapy is needed towards regaining function of the limbs. While there is not the urgency of traumatic surgery, there is still a period of some postoperative days when therapy may be needed any time over several days.

The physiotherapist has had the training which fits her admirably to cope with the problems of trauma and of care of the chronic rheumatic patient. Likewise, she had had instruction in care of the chest, in care of the patient with neurological disturbance and in care of limbs following trauma or following arthritic states. She has a basic knowledge of the care of a paraplegic. In the case of the severely injured patient with multiple lesions, the physiotherapist can assist in the management of a chest injury and a tracheostomy. She can assist in the splintage of limbs whether for the management of fractures and dislocations, or for posture following brain or spinal cord lesions. She has a background of anatomical and physiological knowledge which enables her to recognize changing neurological states or anatomical disorder.

It has been mentioned earlier that the rehabilitation of the patient may go on for a period of a year or more. Experience gained by physiotherapists in the immediate care of accident cases will give them a far better appreciation of the later management of patients.

The first statement in this discussion was that the physiotherapist is an essential member of the orthopaedic team. I have indicated the scope of orthopaedic surgery and the volume and type of problems in management. Without going into detail I have indicated the background of training which the physiotherapist can bring to the orthopaedic team.

Nowhere else but in the orthopaedic team, particularly that team dealing with trauma, will the physiotherapist gain the necessary experience. From no one else but the physiotherapist will the orthopaedic team gain a person with the background of knowledge required to deal with the overall physical therapeutic care of the patient. This type of 24-hour service for the care of trauma, demands enthusiasm and skill. In very practical terms this also demands youth. I believe that the newly-graduated physiotherapist is the ideal person to take this place in the orthopaedic team. She will acquire experience that cannot be obtained elsewhere. The new graduate is presented with the challenge of responsibility. Her training fits her to meet the challenge, and the experience gained matures her knowledge.

Knowing that trauma is one of the "major diseases" of this age, and that the incidence of this disease is at present growing, and accepting that the management of this is a team approach, let us look at the team alone. It will be obvious from what has already been written that the work of the physiotherapist will overlap, to some extent, that of the junior medical officer and that of the trained nurse. This is the essence of team work. This is the essence of responsibility. The physiotherapist realizes that the doctor and the trained nurse are also capable of carrying out part of her duties.

Experience gained in a 24-hour a day, seven day a week service, will enrich the experience of the person involved. There may be some who would wish to be involved in this type of work for some years or indefinitely, but I would strongly advocate that every physiotherapist should be involved for at least one year of her immediate postgraduate life. She has something to offer to the management of orthopaedic patients and a total involvement for a period will benefit the patient and herself. Apart from experience, or the exposure to experience, what should be offered to the physiotherapist? The type of work and the pace of work would leave little time for formal instruction. However there is, in team work, an invaluable opportunity for informal discussion between medical, nursing and paramedical staff. There is a changing pattern of inpatient population in the hospitals. Many who were once in for weeks, now spend a few days or a week in hospital and the rest of their time as outpatients. Many patients with chronic diseases can now be admitted to hos-

pital for periods of assessment and intensive treatment where once they were managed solely as outpatients or even not treated at all.

A year of Resident training will give the physiotherapist far more understanding of the overall pattern of disease and its management. She will gain insight into all aspects of treatment and patient care. She will be acquainted with, and keep abreast of, the changing concepts of medicine. This latter phrase is not simply a "catch-cry", it is a present-day reality and physiotherapy must face it.