ISSUE 8
DECEMBER 2025

South African Society of Physiotherapy

FOR THE PHYSIO
WHO CARES

PhysioSA MAGAZINE

TUBERCULOSIS

STILL SOUTH AFRICA'S BIGGEST KILLER

MANGUZI GIJIMA

ADVOCATING FOR THE DISABLED

HELENE SIMPSON

A STORY OF HOPE & THE NEED FOR BONE MARROW DONORS

PUBLISHER:
Physiotheraphy Publications
TEL: 011 615 3170
www.saphysio.co.za

ACTING EDITOR:
Chris Barnsley
chrisjb36@gmail.com

ADVERTISING
TEL: 011 615 3170
pr@saphysio.co.za

DEADLINES:

PhysioSA is published 8 times per year. Please contact the editor or advertising for information about advertising deadlines. Late submissions should be cleared by telephone. We cannot guarantee the publication of any late material.

ISSUE 1 | FEBRUARY 2026
Submission Deadline: 12 January 2026

SUBMISSIONS:

Kindly send all text in Word or Word-compatible format to chrisjb36@gmail.com
Articles should ideally be between 300 and 2,000 words. Please do not embed pictures in Word documents; instead, send them separately as JPEG files with a minimum size of 1 MB.
Ensure email attachments are no larger than 6.5 MB. If necessary, compress files into a zip folder or send them across multiple emails.
☎ Tel: (011) 615 3170

SASP© HEAD OFFICE:
TEL: 011 615 3170
FAX: 086 559 8237
EMAIL: pr@saphysio.co.za

Unit 4
Parade on Kloof Office Park
Bedfordview

©Physiotherapy Publications
PO Box 752378
Gardenview
2047

Reproduction in whole or in part without written approval of the publisher is strictly prohibited. The views expressed herein do not necessarily reflect those of the SA Society of Physio therapy. The advertising of products does not indicate endorsement of those products.

MEMBERS' BENEFIT PROGRAMME:

Members of the society can receive discounts from the following companies:

CLICK FOR MORE INFORMATION

MY Appointment

Real-time booking platform and mobile app with an optional business management component.
SASP members receive a 16% discount.

PENCIL ME IN™

PENCIL ME IN is a smart booking solution that gives you all the benefits of your existing diary and a whole host more!
It gives you total control of your bookings and appointments. It gives you total confidentiality for yourself and your customers. You need an always-on, smart booking service that will never let you down. It's easy to schedule, easy to manage and easy to arrange and rearrange, and all the tracking, chasing, notifying and reminding is automatically done by the system. You set the level of transparency you want your customers to have. Allow them to see free time slots, make their own bookings, or run it yourself. The choice is yours.
SASP members receive a 16% discount.

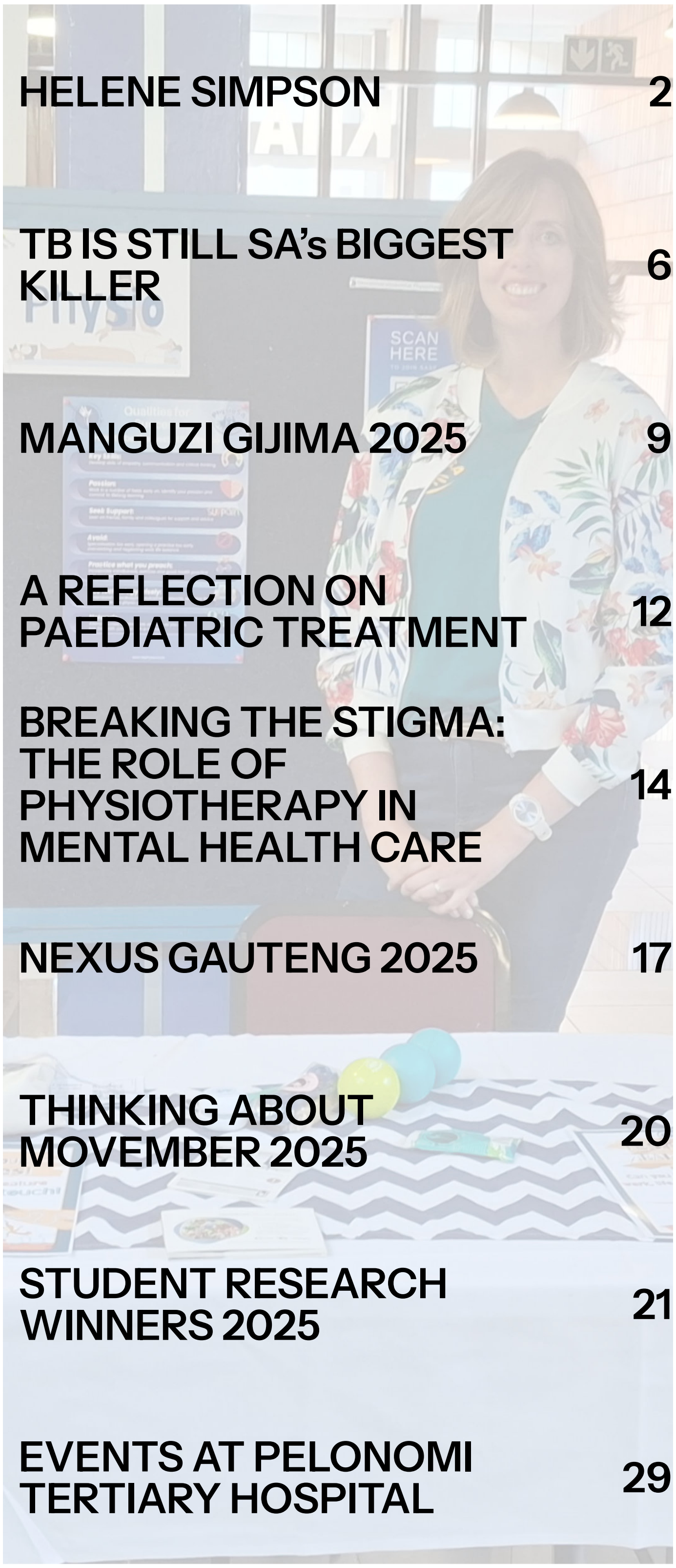
Garth Hampshire & Associates
Accounting•Advisory•Automation•Efficiency•Tax Planning
Let us drive your business forward

As your preferred accounting and business advisor, we add value to your business by driving your business forward through partnering with you and focusing on clearly defined growth enablers.
As an SASP member, you will receive 50% discount on our services.
For more information, email us at office@garthhampshire.co.za or call us on 021 462 1785

TO GIVE FEEDBACK

CLICK HERE

INDEX



A STORY OF HOPE

HELENE SIMPSON'S JOURNEY WITH PRIMARY MYELOFIBROSIS

HELENE SIMPSON

Until last year, I was blessed by being able to treat my ankle and foot patients all day, every day, lecture and instruct in-person and online, and enjoy the benefits of my good health. I had none of the issues with my back, hands and all those usual strains that physiotherapy takes on your body. I did, however, have a total hip replacement in 2016 and it was giving me ongoing trouble.

By 2022, I could not fully explain why I was in pain. An MRI and CT scan confirmed that there was no sign of infection, but my inflammatory markers were abnormal and remained abnormal. And from 2023, I was at the GP regularly for all sorts of complaints, ranging from flu, sinusitis, shingles in my face and mouth (twice), a recurring sty in my eye, pneumonia, and severe night sweats (not menopausal) amongst other things. In short, I became a regular at my GP's practice. On top of all of this, seeing even a few patients left me completely exhausted, and I had to choose between exercise for me or seeing patients to get through the day. I'm sure you can imagine the sense of desperation I began to feel.

Eventually, I sat down with my GP one day in July 2025, and told her that this is not me. I knew that something was seriously wrong in my body. Dr E agreed, and we decided that even though I felt a little better on that particular day, we would continue with regular blood tests. The results did not improve at all.

Standing became difficult and so did teaching courses. I had to sit down all the time. I stopped teaching Pilates as the up and down action of teaching and demonstrating was getting difficult. I got severe cramping in my abdominals, especially on the left. This would cause me to bend over in agony for minutes which is not a great experience while teaching a class. Much later, I found out it was related to my enlarged spleen, all compliments of primary myelofibrosis (PMF).

Dr E recommended that I have an MRI of my hip again to check for any infection at the prosthesis.

In the meantime, I stopped swimming with my squad and limited socialising as I often crawled into bed at 6pm. I could not walk my dogs because I could not walk uphill without getting seriously out of breath. I still managed to drive every weekend to my ailing mother in Kleinmond. Once there, all I wanted to do was go for a nap while my 89-year-old mum was ready to kuier. "You are doing too much, Helene!" was a phrase I heard repeatedly, as well as "Listen to your body," and "Be kind to yourself and rest." But if I listened to my body, I would have been resting all day!

The MRI was done on 31 July and, on the same day, I was told to go for an emergency appointment to the Constantia Haematology Unit. "Right," I thought, "so I do have an infection in the hip... or worse, a tumour."

My doctor, a young and friendly haematologist told me that I have PMF. I had never heard of PMF before and I've never met anyone else with it, so, at once, I thought of proprioceptive neuromuscular facilitation. I passed PNF in my second year, and now I can do it in my sleep, so I though to myself, "That is not too bad then."

Wrong! PMF is a rare chronic blood cancer where your bone marrow, instead of being a production factory for blood, produces scar tissue instead. As time goes on, the scar tissue increases until you have more scar tissue than blood. Your blood cell and haemoglobin counts gradually get lower and lower till you develop acute leukaemia. The malfunctioning of the bone marrow is caused by a gene called JAK 2.

In my case, there were three abnormal genes, and I was already in the intermediate to serious phase. Without intervention, I was looking at about 5 to 7 years of life.

Two days later, I had a bone marrow biopsy to confirm the diagnosis, and everything began moving extremely quickly. Suddenly, not only was I trying to get to terms with the diagnosis, but, in that same week, my daughter was getting married in my home, and my mother passed away. I just could not share my news with my family until after the wedding and my mum's funeral the following week.

In the meantime, the haematology unit sent a motivation to Discovery so that I could start on Jacavi. Jacavi is a drug that suppresses the JAK2 gene and slows down the progressive production of fibrous tissue. Jacavi, however, is not a cure, and it costs just under R 50 000 per month!

Jacavi reduced the size of my spleen and reduced the night sweats. I started to feel hopeful that all would be fine. However, after just four months of Jacavi, my oncology benefits were depleted. From that point, I was expected to pay 20% of the cost of the Jacavi I needed. Because I could only work short hours, I was essentially working to pay for the Jacavi. To add to that, my blood tests were still abnormal!

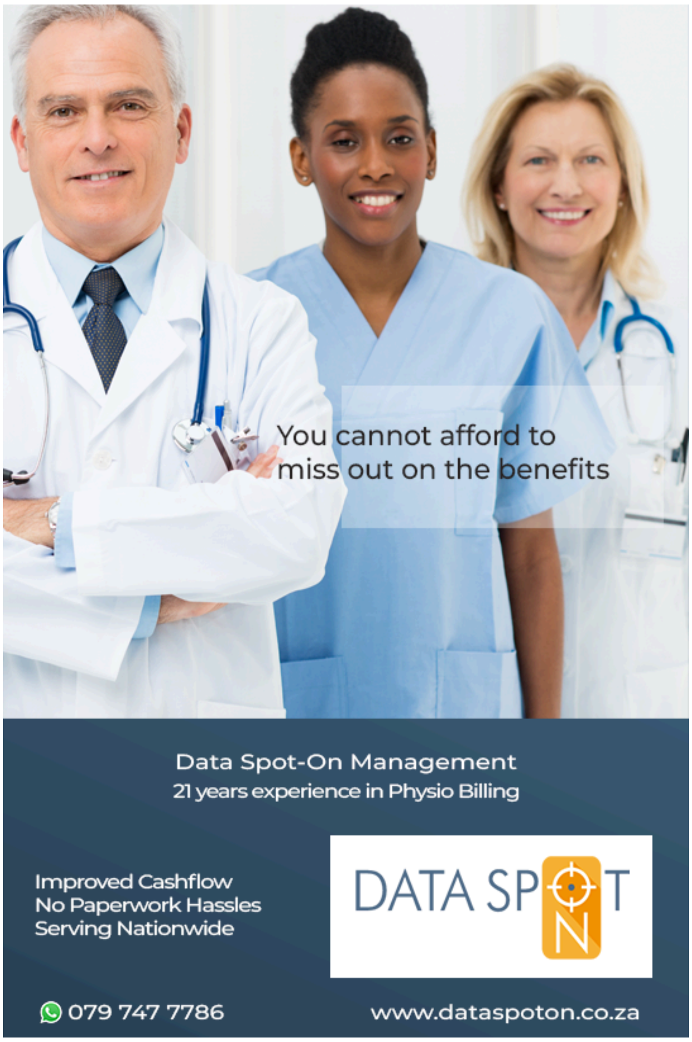
In my regular appointment with the haematologist, I asked if I should consider a bone marrow transplant. Bone marrow transplants are an extremely high risk and unpleasant procedure to go through, but the curative success rate for PMF is good. The sooner the better, I thought.

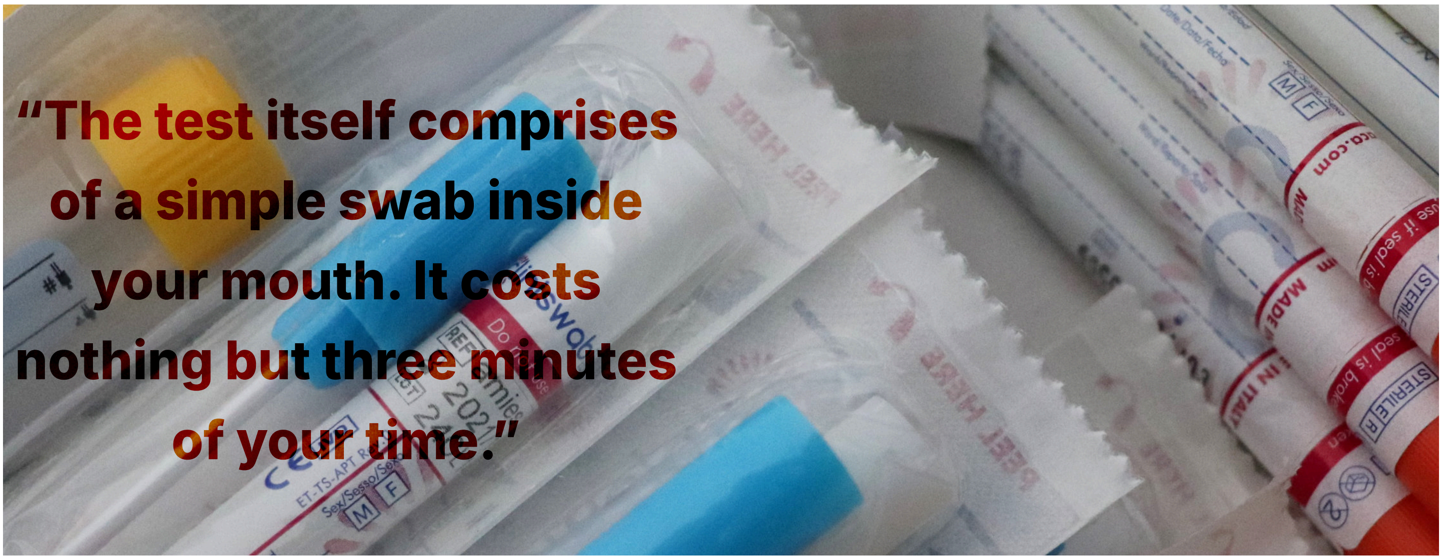
From there, a bone marrow donor needed to be found. We started with my three siblings, but, after six weeks of waiting (with high expectations), we found that they were not even a 50% match. The disappointment was overwhelming.

Donors for bone marrow in South Africa are few, so we requested that the International Bone Marrow Donor List be consulted in the hopes of finding a match. This takes even more time, and I was told that it would take anywhere from three to six months to find someone. The wait was agonising. Anxiety, depression and fatigue overshadowed me.

There is no guarantee of finding a donor, and if a donor is found, you have no idea when it will happen. You cannot plan a future, or when to take time off work for the procedure. During the wait, I started questioning my decision. I wondered if it really was worth pursuing the transplant.

But after three months of waiting, in December 2024, a donor was found in





“The test itself comprises of a simple swab inside your mouth. It costs nothing but three minutes of your time.”

Portugal! That was not the end of the wait, though; the donor had to be traced, and we had to discover whether he was the right age and fit enough to go through with the procedure. He also had to agree to donate.

On top of that, there are also an incredible number of administrative steps to be followed, involving funding for the procedure and getting the marrow to the country among other steps. Another factor was cost. It costs more to bring in bone marrow from an international donor.

There was another three months of waiting, which was awful. Some of you may identify with me, but I hate not having a plan or being in control, so being in a situation in which everything depended on chance, luck and patience was frustrating and scary. I could not plan when to get a house sitter, dog walker, locum and re-organise my team, among so many other things.

In April 2025, plans finally came together, and my bone marrow transplant was scheduled for 9 May 2025. I’m not going to get into the actual treatment, but I simply have to say that the treatment and care I received from the bone marrow unit was incredible! They were and are so committed, caring and patient. I cannot begin to express my gratitude to them.
Now, five months after the transplant, I am doing so much better. I feel positive about a full recovery. I can now care for myself, walk and swim again, and see friends. I have hope again.

While lying there fighting for my life and during recovery at home, I kept wondering about how I could give back and help others who find themselves in a similar situation. As I mentioned earlier, donor numbers in South Africa are low, and 70% of patients do not find a match within their family. Because of this, having more people come forward as donors in our country is vital, and I would like to encourage you to consider it. We need young and fit donors (the maximum age to donate bone marrow is 45).

The good news is that getting yourself on their donor list is easy. You contact the South African Bone Marrow Registry (SABMR) - a non-profit organization that helps finding unrelated donors for patients with life-threatening blood diseases like leukaemia and the only fully accredited unrelated stem cell donor registry in South Africa - and they handle it from there.

After contacting them, they send you a test kit and collect it from you at no cost to you. The test itself comprises of a simple swab inside your mouth (far less invasive than COVID testing). It costs nothing but three minutes of your time. Should you become a match to someone needing a bone marrow transplant, donation is a simple procedure that takes a few hours. There are no bone marrow biopsies involved! It is like donating blood with blood tests.

I want to appeal to you, my younger physiotherapy colleagues and healthy physiotherapy students: register today. You could be a match for one of the 70% of patients who do not match with a family member. It is a simple way to save a life.

I hope that my journey will inspire you to become donors!

TB IS STILL SA’s BIGGEST KILLER

BUT IT DOESNT HAVE TO BE

AHF HEALTHCARE FOUNDATION

Despite being both preventable and curable, tuberculosis (TB) remains South Africa’s leading cause of death, with an estimated 56 000 TB-related deaths occurring in 2023. 25 000 of these were HIV-negative and 31 000 were HIV-positive. An incidence rate of 427 cases per 100 000 people was also recorded in 2023 according to the World Health Organization. The Department of Health estimates that more than 270 000 people are infected annually in South Africa alone, including both children and young people.

While South Africa has made progress in its TB response, the country continues to face significant challenges, including missed opportunities for diagnosis, particularly among children and young people, and the growing threat of drug-resistant TB (DR-TB or MDR-TB) which is harder and more expensive to treat.

It is in this context that the Department of Health’s End TB Campaign was launched in March 2025. It aims to substantially reduce TB incidence and mortality in South Africa by 2035 through testing 5 million people in 2025 and 2026.

> **“People are still scared to talk about TB, but it is not a death sentence”**

What is TB?

TB is a serious lung infection caused by bacteria. It spreads through the air, not by touch or sharing food. You can get it when someone with active TB coughs, sneezes, laughs or even sings in an enclosed space, and you can have TB without knowing it for weeks or months. “Anyone can catch it, and anyone can help stop it,” says Dr. Kgomotso Thipe, Gauteng Provincial Medical Manager for AIDS Healthcare Foundation (AHF) South Africa.

This is why it is important to get tested early, especially if you have a cough, feel tired all the time, have night sweats or are losing weight without intent. DR-TB occurs when the TB bacteria stop responding to the usual TB medicines. This can happen if someone does not take their treatment properly or stops partway through the treatment. It is harder to treat, but not impossible, so early detection is the best protection.

What makes TB dangerous?

One of the biggest dangers is not knowing you have it. This danger is compounded by its mode of transmission, which leads to it spreading much faster in closed confined spaces like in mines and in high density dwellings.

Additionally, societal perceptions hinder progress in combatting TB by affecting testing habits and treatment adherence. TB is often incorrectly thought to be spread by witchcraft or bad luck in communities where TB is rife.

Furthermore, there is often a severe stigma and corresponding discrimination attached to TB infection, and this must be addressed to ensure people understand that it is a medical condition which, with proper treatment, can be cured.

South Africa's TB crisis is made more severe because of several biosocial risk factors, including HIV co-infection, alcohol use disorders, smoking and diabetes. About 54% of TB patients in South Africa are also HIV-positive. "This is why we always encourage HIV and TB screening to go hand in hand," says Dr. Thipe.

How do we fix this?

Dr. Thipe argues that the answer lies in awareness, early screening and support. TB is often perceived as a disease of poverty, and the stigma surrounding it, especially due to its link with HIV, continues to delay diagnosis and treatment.

Dr Kgomotso Thipe

"People are still scared to talk about TB, but it is not a death sentence," says Dr. Thipe. "We need to break the stigma."

Despite TB services being free in South Africa, many patients face significant financial hardship, from travel costs to lost income and the need for better nutrition.

The good news, as outlined by the Department of Health's National TB Recovery Plan is as follows:

- 7 400 patients have already benefitted from the rollout of the six-month BPAL-L regimen for DR-TB which took place in September 2023. This is a significant advancement for the country.
- A much shorter, four-month treatment regimen for children was introduced in 2024.
- Short-course TB-preventative treatments (3HP and 3RH) have been introduced and have the potential to significantly reduce new infections if widely implemented.

The South African Government has responded with significant efforts that have been made to restore services impacted by the COVID-19 pandemic, and 2.99 million TB tests (Nucleic Acid Amplification Tests – TB NAATs) were conducted in 2024 to strengthen case detection, as outlined in version 4.0 of the National TB Recovery Plan. Nevertheless, Dr Thipe notes, "We still need to get young people involved in community awareness."

What is AHF doing?

AHF South Africa is intensifying its advocacy efforts across provinces to support the national TB response, particularly in addressing stigma, discrimination and access barriers. In line with the objectives of the Department of Health's End TB Campaign, the organisation is aligning its programmes and interventions to help eliminate tuberculosis and save lives. In Gauteng, the organisation works closely with the Departments of Health. Additionally, the AHF is strengthening referral pathways to Social Development and SASSA in an attempt to tackle the underlying social determinants that fuel TB – including poverty and food insecurity – by preventing individuals from accessing care and support.

"We are supporting real people with real struggles. TB care must include everything from food parcels and transport help to follow-up calls and support groups. It is a team effort," says Dr. Thipe.

What can you do?

- Get tested if you have a 24-hour cough.
- Finish your treatment if you start TB medicine.
- Encourage others to talk openly about TB.
- Do not wait—early action saves lives.

"Yes, we can end TB. But only if we treat it like the emergency it is," concludes Dr. Thipe.

To learn more about AHF, visit **www.aidshealth.org** and follow us on Facebook: **www.facebook.com/aidshealth**, Twitter: @aidshealthcare, and Instagram: @aidshealthcare.

MANGUZI GIJIMA 2025

MARYKE BEZUIDENHOUT

Every year, the two-day Manguzi Gijima event acts as the launchpad for the Disability Rights Awareness month in Manguzi, northern KwaZulu-Natal. The event is all about bringing the community together in an inclusive way to raise awareness about disabilities and give people with disabilities – a group so often marginalised – a chance to show off their abilities. Additionally, it provides a platform for people with disabilities to engage with traditional and governmental leaders to give expression to the difficulties they face. It is wonderful and meaningful event, and this year's one was no different.

The event has two components, grassroots disability advocacy and sports, and is the only event we are aware of that combines these two features.

On day one, the disability advocacy and engagement workshop is held and is organised entirely – from conceptualisation to implementation – by local grassroots disability organisations. To make this happen, these organisations are supported by the Gijima Foundation and others like the SANAC CSF. The workshop provides an important platform for grassroots disability issues to be raised with both civil and governmental representatives.

This year's workshop was centred around the theme "Disability Sector Unite" and aimed to determine how to maximise locally existing resources and structures for people with disabilities. Additionally, it tried to work towards strengthening communication channels between the various stakeholders, from community representatives to NGOs. Another aim of the workshop is to help motivate for and facilitate the increase of the integration of representatives of disabled people in local government.

On day two, the sports day is held. It is a wonderful celebration of participation and ability. Around 2000 people attend every year and join in a series of competitions and activities that promotes exercise and celebrates the abilities of the disabled. There really is something for everyone. There are running races from 1 km to 21 km, a wheelchair sprint race, various games for the blind and a "children with different abilities" race. In addition, there is the "MedBull" challenge, a technical wheelchair obstacle course that demands stamina and technical skill from the participants. The MedBull challenge has become a highlight of the event and always draws a very supportive crowd. One important aspect of the MedBull challenge is the wheelchair repair and maintenance service that provides some extra maintenance and repairs that come from the hazards of travelling to the event (the wheelchairs are kept in good working order by the workers of the Siletha iThemba NPO outside of the event).

THE "MEDBULL" CHALLENGE

Apart from the sporting activities, the Children's Tent that offered face painting, finger painting, photo booths, jumping castles and story-telling was another major attraction. More than 300 children, both with and without disabilities, had a wonderful time in the tent. The big idea behind this – other than letting kids be kids – is to help break down the stigma that the disabled often face. Disabled children can easily be sidelined during play, and the intention of the tent is to promote inclusive play, something that starts with designing the environment to promote it. It is a small step, but with more like it and consistent guidance to the young, attitudinal change towards those with disabilities is a destination we can certainly reach.

The running and co-ordination of all of these events, as well as the registration of well over 1000 participants in a 2-hour window was particularly challenging, but our volunteers were amazing and really stepped up to make the event a success, despite the various significant challenges that we faced. The majority of the volunteers came from Manguzi and assisted with every aspect of the sports day. Many of them worked an astonishing 13-hour shift from 4am to 5pm, and we are immensely grateful to them for what they did.

For us, one of the standout features of the event was the way that the private sector jumped in and made the event a success. It wasn't just the volunteers who were incredible; it was the way that ordinary townsfolk and small business owners provided time, discounts, logistical support, prizes, produce and products to make the day a success. The generosity was truly moving and is an inspiring example of what South Africans can do to help one another. There are so many negative stories about our country, but our experience in this two-day event showed us (once again) that our people is a generous one and that what our country really needs is our citizenry coming together to make things happen.

On that note, we want to applaud the SASP and thank you for the generous donation that helped make the day a success. Your donation got 375 people with disabilities to the sporting event, that is, about 38% of the taxi participants. Many of the participants just would not have been able to attend the day if you hadn't made your donation. This is because those with disabilities are often ignored by the taxis for one reason or another, or their homes are too far from the taxi routes, and their disabilities make it almost impossible to get to the taxi routes. On top of that, if they cannot get a taxi, they are forced to hire private cars which cost nearly ten times more than a taxi fare. Because of this, Manguzi Gijima committed to cover the travel costs of the disabled and their carers. Again, your donation made this possible and we are grateful!

Beyond covering the cost of transport, the kind donation of promotional items and SASP bags incentivised participants to participate in health screening at the health screening tent. As a result, new cases of hypertension, diabetes and disability were identified (and can now be followed up through the local health clinics) and a multi-disciplinary health screening tool was piloted which will now be further piloted at a primary health care clinic level within the mental health care service outreach programme.

The Manguzi Gajima event has grown remarkably from being a small community event of 36 runners and 6 wheelchair users to an event that attracts over 2000 people, some coming from as far as Mozambique and Eswatini. Next year will be even bigger and we want to make it the most successful event that we've ever held. To do that, we will begin planning in January 2026, and we will be looking to involve as many people and organisations from the private sector as possible because it is the people of our land that make things happen. We also want to run a series of ongoing Gijima community development initiatives.

If you are interested in being a part of the planning and implementation of the event, we would love to have you on board. It is well worth it.

A REFLECTION ON PAEDIATRIC TREATMENT

NICOLE COMNINELLIS

Working with children is a tremendous privilege, and we have to consider how lucky we are to play such an important role in the life of a paediatric patient and their family. Regardless of why our paths are crossing, we have a special opportunity to have an incredible impact not only on their overall health and well-being, but on their caregiver by helping them to feel confident in holding, connecting and nurturing their child through their unique situation.

The best care is holistic, and we need to remember to consider the whole body by taking a multi-system approach to assessment and treatment. When we look at the whole child, we can have more impactful sessions, show how much we care, and display how much our professional insight and abilities set us apart in unique ways.

This thorough approach requires patience and adaptability, and it can sometimes be difficult to keep a child focused and happy while we conduct our evaluation. We need to trust in our skills and remember that we are dealing with a little person who has their own agenda, and we need to be able to be accommodative without rigidity. Any difficulties that come from their behaviour is your reminder to be patient, but to hold your space, and to be kind, but to have boundaries too.

If we want to maximise our impact, we need to pay incredibly close attention to the little person in front of us. Sometimes, things are not as complex as they seem, and we need to be able to weigh up our findings. We should always ask whether physiotherapy is needed in this case and how to best implement it, or whether something else is going on and more important.

Consider a child arriving with a history of attaining independent walking in the last month. Do we expect the child's walking to look perfect? No. It's normal for it to be clumsy in that situation. However, his parent says he has been walking with a limp for the past week, so something isn't right, and we have to consider why there has been a change to the child's walking. We look at his gait, ask questions about falls and typical play patterns,

but there is nothing relevant reported. Can we see videos of before the limping started? That could help. But we need to be hands-on, interact with him, feel his muscles, their joint range, leg length, hip joints and so on.

Nothing is apparent.

What do we do? We cannot shrug and say we don't know. The child and his parent are looking to us for answers. We're overlooking something and need to look closer.

There's toe curling on the right side, and a stiff knee on the left side. Why? Closer attention is needed. Trunk rotation is reduced to the right side, and lateral tilting shows weakness on left. This is confusing. What about the arms? There shouldn't be a hand preference yet, so why does it seem that he uses his right hand 80% of the time? Let's check reflexes again. Reflexes are slightly brisker on the left. The ankle tone on the left is also increased, but there is no apparent risk factor though.

More observation is needed, but maybe we need some distance. We can watch the whole child as he plays. Perhaps his play positions will reveal something we've missed. There is a pattern!

However, it doesn't fit this gait. But what have we been told? He's still new to walking, so he'll be toddling everywhere at home. We can ask about where he likes to walk around at home. The answer: outside, near the pool, in the garden and climbing up and down the steps. It's great to hear he's so active. Has he been wearing shoes? No. Perhaps we should check his feet – there could be something there. That's it! There are tiny splinters everywhere, on both his little feet, but more on the right side than the left.

The mystery has been solved, at least In part. We need these splinters to go, but we also need to follow-up and check on that left side in case something else is going on.

This case reminds us that we need to be thorough, and we need to be smart. We need detective-like skills to solve for 'x' so that we can plan beyond what is immediately in front of us. Sometimes it's hiding something else. We are movement specialists, and our perspective can help us identify things that are in plain sight, but that others do not see, as well as find and solve problems that no one else can.

BREAKING THE STIGMA

THE ROLE OF PHYSIOTHERAPY IN MENTAL HEALTH CARE

MARILYN HOOBLAUL

Mental health has long been surrounded by stigma and misunderstanding. In many communities, mental illness is still spoken about in whispers and viewed through a lens of fear or judgment. However, behind every diagnosis is a person deserving of dignity, compassion and holistic care. Physiotherapists are typically seen as experts in movement and rehabilitation only, but they have a crucial and often overlooked role to play in addressing the psychosocial needs of individuals with mental illness.

The Hidden Link Between Mind and Movement

Working in a psychiatric facility such as Ekuhlengeni Psychiatric Hospital has deeply shaped my understanding of how closely the mind and body are connected. Many of our healthcare users with mental health conditions present with physical challenges such as obesity from medication, sedentary lifestyles, poor posture and chronic pain. These physical issues can, in turn, worsen mental health

symptoms such as fatigue, anxiety and low mood.

Physiotherapy serves as a bridge to reconnect patients with their bodies, promoting functional independence and enhancing overall quality of life. Movement is medicine, and through structured exercise, relaxation techniques, dance therapy and group activities, we can help individuals rediscover a sense of purpose and control. For many patients, physiotherapy sessions are among the few times they feel empowered rather than defined by their diagnosis.

Healing Through Movement and Connection

At Ekuhlengeni Psychiatric Hospital, we've seen first-hand how exercise and movement therapy can transform lives. Our Physiotherapy department offers group sessions that incorporates aerobic exercises, relaxation techniques, dance and sporting activities. These are not just about fitness; they are about joy, rhythm and human connection.

When the music starts and patients begin to move, barriers fall away. Smiles appear, laughter fills the room, and, for a brief moment, the chronic hospital setting fades into the background. We have witnessed patients who were withdrawn or anxious begin to engage, express themselves, form friendships and gain self-confidence through these sessions. Movement becomes a universal language that transcends illness.

One of our proudest initiatives is the Annual Move for Health Dance Party, a celebration for mental health care users during World Mental Health Awareness Month in October, marking a celebration of resilience, creativity and community. It serves as a reminder that recovery is possible and that every person deserves to be seen beyond their diagnosis. These kinds of initiatives also challenge public perception, showing that having a mental illness diagnosis doesn't define the person you are.

Confronting the Stigma Within and Beyond Healthcare

Stigma remains one of the greatest barriers to recovery. Unfortunately, it is not limited to the public sphere; it can exist even within healthcare systems. Mental health care users often face reduced expectations, less empathy and assumptions about their ability to participate in rehabilitation. As physiotherapists, we have a responsibility to challenge these biases. Every time we treat a patient with respect, listen without judgment or advocate for inclusion in exercise and rehabilitation programmes, we take a stand against the pervasive stigma against those with mental health.

We fear what we don't know, and, therefore, education is also key to reducing the stigma. Incorporating mental health literacy into physiotherapy training equips future physiotherapists with the confidence to work in psychiatric settings and to recognise the psychological components of physical illness. A patient recovering from a stroke or chronic pain condition, for instance, may also be

battling depression or anxiety and addressing those factors is part of truly holistic care that facilitates better health outcomes.

A Tool for Recovery

In mental health settings, the physiotherapist's role extends beyond exercise prescription. Our sessions often become therapeutic encounters where empathy, encouragement and human connection are as healing as the physical activity itself. Establishing trust is essential. Many patients have experienced trauma, rejection and a loss of autonomy. By providing a safe, structured environment and treating each individual with respect, we can foster a sense of security and belonging. Physiotherapists can also model positive social interaction, helping patients build confidence in communication and teamwork.

Community and Continuity of Care

Mental health care does not end at hospital discharge. Community reintegration is a significant challenge for many individuals, particularly in resource-constrained settings. Physiotherapists can play a vital role in bridging institutional and community-based care by teaching home exercise routines and providing health promotion and education about mental health.

In South Africa, where social stigma and economic hardship often compound mental illness, community outreach becomes an act of advocacy. By bringing movement and education into underserved areas, physiotherapists can help shift public perceptions and promote inclusion for people with mental health conditions.

Looking Ahead: Physiotherapy as a Catalyst for Change

As our profession evolves, so too must our understanding of health. Physiotherapy is not just about treating muscles and joints; it's about empowering individuals to live meaningful, active lives. Recognising mental health as integral to physical rehabilitation is not optional but essential. By embracing this holistic approach, physiotherapists can help close the gap between physical and mental health services, advocate for integrated care, and contribute to destigmatising mental illness. Each session, each patient interaction and each community initiative contribute to a broader movement, one where compassion, movement and science converge to restore hope.

Working in mental health care has been both challenging and deeply rewarding. It has taught me that healing cannot be separated into physical and psychological parts; the two are inextricably linked. As physiotherapists, we have the power to make a profound difference in the lives of those living with mental illness, not only through movement but through the way that we treat them. Beyond that, by breaking the stigma and championing holistic rehabilitation, we move closer to a world where every person, regardless of mental health status, is given the opportunity to thrive.

2025 NEXUS GAUTENG

ESTHER NIEMAND

Why Nexus? It's in the name. A nexus is a point of connection, and Nexus Gauteng 2025 truly embodied that. The event brought together colleagues, friends and professionals from a wide range of related disciplines for a vibrant day of learning, networking and fun activities.

The programme began with a cheerful fun walk beneath the renowned Jacaranda-lined streets of Johannesburg, setting the scene for a positive and energetic day. On arrival, attendees received welcome packs filled with delightful surprises which were made possible by the generous contributions of our sponsors.

Throughout the day, guests engaged with fellow professionals, visited exhibitor stands and received valuable insights on everything from legal and HR matters to income protection, debt collection and the latest equipment and products available to use in one's practice. Representatives from the Private Sector Group were also on hand to answer questions and offer their guidance. The schedule was rich in content. It featured information sessions on practice valuation, the workings of the norms and standards programme, best practices in record keeping and coding, and even strategies to improve patient payment behaviour. To keep the excitement going, several lucky participants walked away with incredible prizes.

George Diab from GAS Accounting provided thought-provoking insights on how to grow a business that can operate independently from the owner. He introduced the Practice Value Model, which evaluates factors such as profit, assets, liabilities, revenue predictability, systems and controls, staff competence and continuity, brand reputation, owner dependence, and compliance and risk. His talk encouraged attendees to view their practices as structured, sustainable businesses, not just workplaces.

A representative from PPS, who generously made their conference facilities available for the event, spoke on safeguarding one's practice, income and legacy. The session highlighted the importance of having adequate protection in place in case of temporary or permanent incapacity or in the unfortunate event of death.

Dale Linström presented an update on the revised norms and standards accreditation process for physiotherapy practices in South Africa. Accreditation not only enhances patient safety and treatment quality but also promotes consistent clinical practice and strengthens professional credibility. Furthermore, it ensures alignment with the Office of Health Standards and Compliance (OHSC) and national health regulations. Practices interested in applying can contact secretary@saphysio.co.za to begin the process.

Keegan Elliot from Elliot Attorneys addressed several common HR challenges faced by physiotherapy practices. One key discussion point was the inclusion of restraint of trade clauses in employment contracts. While such clauses are permissible if fair and reasonable, they can be more complex when applied to locums, given the nature of their work. He also explained that patients have the freedom to choose their healthcare provider, which can affect the enforceability of such restraints.

Another topic covered was probation periods and their legality. Although there is no fixed duration, a three-month period is generally accepted. During this time, employers must provide continuous feedback and guidance to help employees integrate successfully. Termination after probation is only permissible if proper procedures and evaluations have been followed throughout the period.

Toppie Faurie shared how Codicom can support practices in improving patient payment behaviour through their innovative listing services, helping ensure better financial management within practices.

Mamolewa Modiba discussed the Compensation for Occupational Injuries and Diseases (COID) claim process and explained how their department supports patients' safe and effective return to work through structured rehabilitation programs.

Karen Coertze emphasized the crucial importance of accurate and comprehensive record keeping. Clinical notes should clearly identify the patient, date, time, place of treatment and include the therapist's name and signature in block letters. She cautioned against using unapproved abbreviations, reminding practitioners that, in the event of a dispute, the quality of one's notes is often the only defense. Shuaib Rasool provided practical guidance on navigating the complex physiotherapy coding system, focusing on commonly misunderstood codes and their correct usage. For those wishing to deepen their understanding, the Basic Coding for Physiotherapists 2025 course is available on EduSasp.

Adding a creative twist to the event, each table was challenged to develop a slogan using a word assigned to their group. A few of the contributions included:
- "Innovate today for a stronger tomorrow."
- "Putting back the power into your hands."
- "Mentor today, empower tomorrow."
- "Genuine camaraderie as our mission ensures that our work is meaningful and our friendships strong."

Here is some feedback from attendees on the day:

"What a day! Nexus Joburg kicked off with an awesome chilled walk amongst the jacarandas in Saxonwold where we may or may not have given the local runners and cyclists a little chuckle.
This was followed by an amazing day of networking, thought-provoking topics and fantastic tidbits from the #PSG of #SASP and all their presenters. YOU all knocked this out of the park! Thank you to PPS for hosting and all the other exhibitors present.
Our profession is on fire and #SASP is leading the way"

Fiona Morgan

"It was a dream...
To see the fun that physios have when connecting in a safe environment where we all have common goals, was an absolute joy!
Thank you, PSG committee, for the hard work and perseverance in bringing Nexus to life.
For making it bigger, better, friendlier and kinder, more fun and engaging and making the hours fly.
It was a spot on choice of what to talk about
All clear and to the point
PS: wow!! What a treat!! We were spoilt rotten.
The exhibitors were great, and I am very excited about new stuff...
We all walked away feeling richer.
In knowledge.
In friendship.
And trust in leadership.
Thank you!!!"

Karen Engelbrecht

For those who could not join us this year, stay tuned. The next Nexus event is set for 2026, and it promises to build even more on what was a truly outstanding experience in 2025.

THINKING ABOUT MOVEMBER

November has rolled around and gone again, and that means that the increase in facial hair has probably (hopefully?) receded like the tide. However, the facial hair going away doesn't mean that men's health issues should be forgotten. Attention still needs to be drawn to them - especially pelvic and sexual problems.

Men do not like talking about and admitting to pelvic and sexual health problems, and the majority who suffer from such conditions never go for help, often out of embarrassments and fear of the stigma that goes with these conditions. They tend simply to sweep them under the mountain of other concerns and push on. But pelvic and sexual health problems are common and can have severe effects on a man's quality of life.

The statistics are alarming and it's worth sharing them so you can point them out to a loved one or spouse to draw attention to these issues and create more much-needed awareness. The fact is that 1 in 3 men experience some kind of pelvic and sexual health problem in their lives. That's an astonishingly high percentage and means there is probably someone in your orbit who is suffering silently. Additionally, 1 in 15 men will get prostate cancer at some point, up to 16% of men suffer from Chronic Pelvic Pain Syndrome, and 52% of men over 40 suffer from some kind of Sexual Dysfunction.

Anyone who has problems in those departments is not alone and does not need to feel ashamed. They are not alone and need to get the help they need. Sadly, as we've seen, most avoid looking for these problems or getting help for them. But identifying these problems early and getting the help they need before things deteriorate is incredibly important.
All the conditions mentioned can come with serious side effects, from urinary incontinence and erectile dysfunction from prostate cancer treatment to decreased libido and difficulty in achieving orgasms from sexual dysfunction. Those who suffer from pelvic pain can suffer from an ever-present pain that refers to other areas and get in the way of everyday living and sexual health.

Burying one's head in the sand is not helpful. These conditions and their consequences can be addressed, managed and treated, and the best results often come from collaboration between various medical practitioners, including physiotherapists, to create a tailored treatment plan.

Physiotherapists with a special interest in male pelvic health have an important role to play in helping men deal with whatever pelvic-related problem they have, particularly when it comes to pre- and post-op advice and treatment. But even if you are not a physiotherapist who deals with men's health, the chances are that you have an opportunity spread awareness and give advice to the people around you and to your patients.

Many men suffer in silence, but we can make a difference. Let's reduce the stigma and educate people about the prevalence of these health issues, as well as what they can do about it. Help is available, from their own GPs to our very own physiotherapists who specialise in this healthcare area.

STUDENT RESEARCH WINNERS

2025

UNIVERSITY OF PRETORIA

Research Team
Kobus Bester, Ayanda Dlamini, Andrea Maritz, Megan van Vuuren, Lané van Vuuren and Yolanda Vilikazi.

Research Question
How do sociodemographic and injury-related factors influence physical activity participation among people with spinal cord injuries (SCI)?

Narrative Abstract
Physiotherapy is a constantly evolving, evidence-based profession which challenges clinicians not only to use research but also to produce it. At the University of Pretoria, we were fortunate to be trained in an environment that nurtured this mindset and guided us from early research theory in third year to hands-on scientific inquiry in fourth year. Our research journey started with a simple but important question: How do sociodemographic and injury-related factors influence physical activity participation among people with spinal cord injuries (SCI)?

Physical activity is known to play a crucial role in preventing secondary complications in people with SCI, yet participation is often low. With the support of our supervisor, Dr Martins Nweke, we conducted a secondary data analysis and revisited existing data to uncover new patterns. We examined numerous sociodemographic and injury characteristics, and clear trends emerged. Younger individuals, males and those who reported excellent health status, were more likely to engage in physical activity. These findings reminded us that rehabilitation extends far beyond the injury itself, and that personal, social and health-related experiences also shape a patient's ability to stay active.

As emerging clinicians, this project taught us the value of recognising barriers early, tailoring interventions to each patient and promoting long-term engagement in physical activity. More importantly, it transformed us from students learning about research to young researchers contributing to it.

The images below capture our journey, built on curiosity, collaboration and the shared commitment to strengthen evidence-based physiotherapy in South Africa.

UKZN

Research Team
Kelebogile Dlamini, Faizaan Mahomed, Zanethemba Manyanga, Kayla Van der Merwe, Pretty Zulu

Research Title:
Stress Levels Among Caregivers of Children with Cerebral Palsy in a Regional Mother & Child Facility in KwaZulu-Natal

Abstract

Caregivers of children with cerebral palsy (CP) face significant levels of stress emanating from the emotional, physical and social demands of caregiving which may negatively impact both their well-being and the child's rehabilitation outcomes. This study, therefore, sought to determine the levels of stress among caregivers of children with CP in a regional mother and child facility in KwaZulu-Natal and to explore the relationship between the stress levels and selected demographic and clinical factors. A quantitative, cross-sectional, exploratory design was employed, involving 58 primary caregivers who completed a biographical questionnaire and the Parental Stress Scale. Data were analysed using SPSS (version 28) for descriptive and inferential statistics aimed at testing associations between the levels of stress and caregiver age, marital status and relationship to the child, as well as the child's age, sex, functional severity (GMFCS) and type of CP. Results indicated that 79% of the caregivers fell in the high-stress category, and no caregiver presented as having low stress. The results indicated that marital status was significantly associated with the levels of stress, p = 0.048, with caregivers

currently in a relationship showing the highest level. Although not statistically significant, higher stress trends were observed among caregivers of children with severe functional limitations and in those who lacked family or community support. This paper thus concluded that caregiver stress is chronically elevated for these caregivers and is more influenced by psychosocial and contextual pressures than demographic factors. Physiotherapists should, therefore, screen for caregiver stress routinely and integrate caregiver support, education and referral to psychosocial services within rehabilitation to enhance caregiver well-being and optimise outcomes.

Our Reseach /DCT Experience

Our research journey unfolded during a demanding period of decentralised clinical training that shaped both the challenges we faced and the skills we developed. One of the most significant adjustments was learning to work together as a group following years of being used to seeing one another daily on campus. Spread across the province within clinical sites, much of our communication happened online, with coordinating meetings requiring far more planning than we were accustomed to. For some group members, it was challenging to engage with the process of group work itself because they had been accustomed to working independently and found adjusting to collective decision-making and a shared work-load problematic.

The most unexpected challenges were related to the administrative part of the project. Trying to navigate the internal processes within the hospital, from the CEO to research officers, to the Heads of Department, and then back again was frustrating and time-consuming. A great number of emails never received a response and gatekeeper permission took much longer than expected. Once our permission was finally granted, we had less than a month in which to collect data and approximately a week and a half in which to analyse it. This needed very tight coordination, speed in solving problems and total commitment from all members of the group. Some of us even went to sit with the statistician in person, while others expanded data collection beyond outpatients to the wards just to ensure we made the required sample.

Despite the logistic challenges of the fieldwork, it turned out to be one of the most enriching aspects of the journey. Interviewing caregivers enabled us to hear the depth of their lived experiences and the emotional, physical and social burden they carried. It opened our eyes to realise that their stress went far beyond the CP diagnosis itself, and that many were struggling as individuals long before they struggled as parents. The finding that caregivers of children with the same type of CP were still experiencing stress in such different ways made the findings feel very human and personal.

Working with the multidisciplinary team members was also a positive experience. Their input, encouragement and readiness to collaborate opened our broader thinking regarding interprofessional practice and how different roles work towards achieving a common objective. Interaction with clinicians exposed us to the usually hidden administrative and bureaucratic structures existing in hospitals which helped us to appreciate that even seemingly-simple research requires a great deal of organisation and approval. Overall, this was a journey that developed adaptability, perseverance and professionalism in each one of us. This experience challenged us at many individual and collective levels but also furthered teamwork, deepened clinical insight and instigated greater appreciation of the realities that caregivers face within KwaZulu-Natal. While it may have been challenging, the experience ultimately enhanced personal and professional growth for emerging physiotherapists.

UNIVERSITY OF THE WESTERN CAPE

Research Team
Chelsea Biko, Bianca Phillips, Keziah Primoe, Mieke Siebritz, Mukeina Tengu, and Naadirah Ripepi

Research Title
The understanding and process of clinical reasoning in physiotherapy students at the University of the Western Cape

Abstract
Clinical reasoning (CR) is a cornerstone of physiotherapy practice, enabling practitioners to assess, diagnose and manage patients safely and effectively. It develops gradually through the integration of theoretical knowledge, clinical exposure and reflective learning yet remains a challenging skill for students to acquire. This study aimed to explore and describe the understanding and process of clinical reasoning in physiotherapy students at the University of the Western Cape. The objectives to reach this aim were to explore, first, physiotherapy students from the University of the Western Cape's understanding of clinical reasoning, second, physiotherapy students from the University of the Western Cape's process of clinical reasoning, and third, the physiotherapy students from the University of the Western Cape's perceptions of the facilitators and barriers in clinical reasoning.

Through purposive sampling, 18 third- and fourth-year students from the 2018 academic year were recruited and interviewed using semi-structured interviews. The interview guide explored students' understanding of clinical reasoning, the processes followed and influencing factors. Interviews were audio-recorded, transcribed verbatim and analysed thematically. A secondary analysis was then performed on this dataset.

Four themes emerged: first, the clinical reasoning understanding and process; second, how clinical reasoning development is supported; third, barriers to developing clinical reasoning; and fourth, influencing factors, which has two sub-themes, internal/personal factors and external/contextual factors.

The study shows that students' clinical reasoning develops through theory, clinical experience, peer and supervisor input and self-directed learning. Addressing barriers will better prepare them as confident and competent physiotherapists.

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY

Student Team
Molekwa M, Motlhalefi LA, Ndabane NM, Selepe MM, Khoza P, Maluleke B, Phande X

Research Title
“Exploring Final-Year Physiotherapy Students’ Perceptions of Community Physiotherapy for the Implementation of National Health Insurance”

Abstract

Community physiotherapy is essential in addressing healthcare inequities and improving access to rehabilitation services, particularly within primary healthcare and underserved communities. In South Africa, the National Health Insurance (NHI) framework aims to deliver equitable and inclusive healthcare and positions physiotherapists as key role players in community-based rehabilitation. Despite this, limited evidence exists on the preparedness, perceptions and knowledge of final-year physiotherapy students regarding their potential future role in community physiotherapy under the NHI.

This exploratory qualitative study aimed to investigate final-year physiotherapy students’ knowledge and perceptions of community physiotherapy, as well as their perceived readiness to contribute to NHI implementation. Purposive sampling was used to select participants, and in-depth semi-structured interviews were conducted to gather rich and reflective data. A general inductive approach guided the data analysis process. Ethical clearance was obtained, and measures such as informed consent, confidentiality and anonymization were upheld to protect participants.

The findings revealed that while students demonstrated a theoretical understanding of community physiotherapy, many expressed uncertainty about its full scope and relevance in the NHI context. Students perceived community physiotherapy as important for prevention, health promotion and improving access to rehabilitation but felt inadequately exposed to real-world community practices. Participants highlighted limited curriculum emphasis, insufficient practical exposure, and lack of interprofessional and community engagement opportunities as key barriers to readiness. They also emphasized the importance of cultural competence, collaborative practice and community empowerment in delivering effective community-based care.

It is recommended that physiotherapy training programs enhance community-based clinical placements, integrate NHI-specific content and strengthen mentorship and interprofessional education. Improving curriculum alignment with national healthcare priorities would help equip future physiotherapists with the competence, confidence and advocacy skills required to support NHI implementation and contribute meaningfully to community health transformation in South Africa.

Reflection
Looking back, our research journey this year was never just a study; it was a transformation. It was a process of learning, unlearning, growing, discovering and redefining of what we are capable as future physiotherapists. Our study, “Exploring Final-Year Physiotherapy Students’ Perceptions of Community Physiotherapy for the Implementation of National Health Insurance”, stretched us in ways we didn’t expect, yet shaped us in ways we truly needed.

We began in January with nothing but theory and curiosity. The protocol stage was our first real test of discipline, critical thinking and teamwork. It was confusing, challenging and,

at times, overwhelming, but it was also thrilling because we were building something meaningful from the ground up. With the unwavering guidance of our supervisor, Ms Evah Molapisi, who walked with us through every draft, correction and difficult moment, we crafted a protocol of which we were proud. When we stood before the panel and earned the top presentation in our class, it felt like more than a win.

After the protocol stage came the data collection where research began to become human. We assigned one data collector and conducted eight in-depth interviews. What started as a task became something deeper and transformed into moments of connection. Listening to our peers' experiences reminded us that research is not just about data; it is about voices, stories and lived realities. Throughout this stage, our supervisor helped refine our interview questions, reminded us about ethics and prepared us for the unpredictable nature of qualitative inquiry.

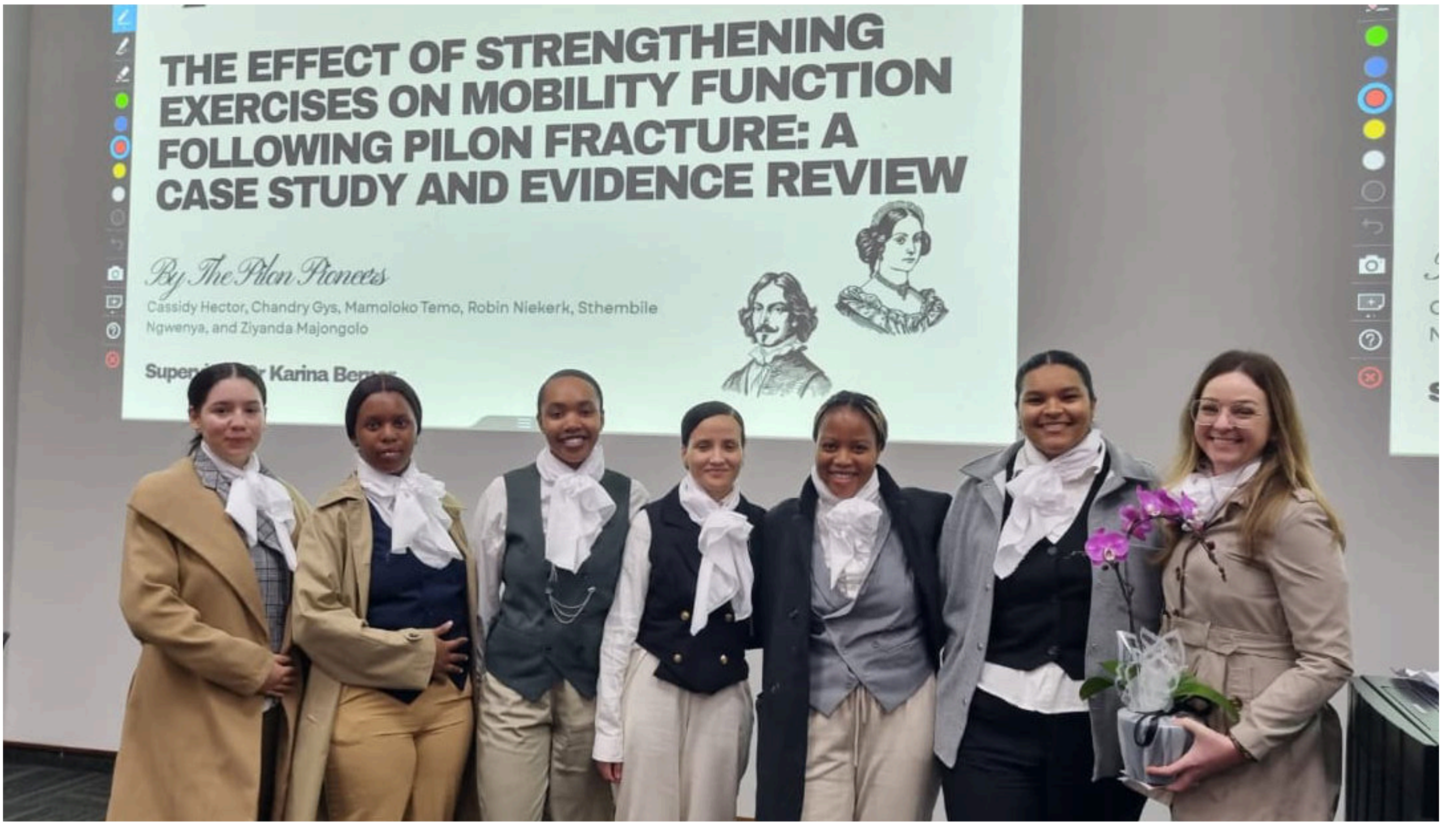
The transcription and analysis phases opened a new world. Our transcribers turned hours of conversations into pages of rich data, and our analysers then immersed themselves in that data, from which they uncovered the themes that would eventually define our findings. This stage demanded patience, precision and reflection. Our supervisor remained a constant pillar. She challenged our interpretations, prompted deeper thinking and ensured our findings were grounded, credible and authentic.

Finally, we brought everything together in the manuscript and presentation. With our supervisor's guidance, we sharpened our academic voice, refined our arguments and aligned our work with the principles of qualitative research. Her presence anchored us as she pushed, mentored, encouraged and celebrated every milestone.

The journey taught us far more than qualitative methods. It taught us resilience when things felt overwhelming, patience with the process, each other and ourselves. We learned teamwork, and the vital importance of trust, communication and respect together. Most importantly, it taught us that research is about contributing to something bigger and not simply generating knowledge.

We walk away from this project as more than students who completed a study. We walk away as future physiotherapists who are more thoughtful, more curious and more confident, and for that we are grateful, both to the process we were put through and to the supervisor who guided us.

STELLENBOSCH



STUDENT TEAM
Cassidy Hector, Robin Niekerk, Sthembile Ngwenya, Mamoloko Temo, Ziyanda Majongolo, Chandry Gys

Research Title
The effect of strengthening exercises on mobility function following Pilon fracture: a case study

Abstract

Introduction: Pilon fractures are relatively rare, but complex injuries affecting the distal tibia and ankle joint. They are often associated with suboptimal clinical outcomes, particularly regarding walking ability and especially in low resource settings where under-resourced healthcare services may struggle to manage their complexity. While physiotherapy, including strengthening exercises, is important post-surgery, evidence on the effectiveness of such interventions in the acute post-operative phase remains limited. There is also limited understanding of appropriate intervention protocols and their short-term functional outcomes in low-resource healthcare settings.

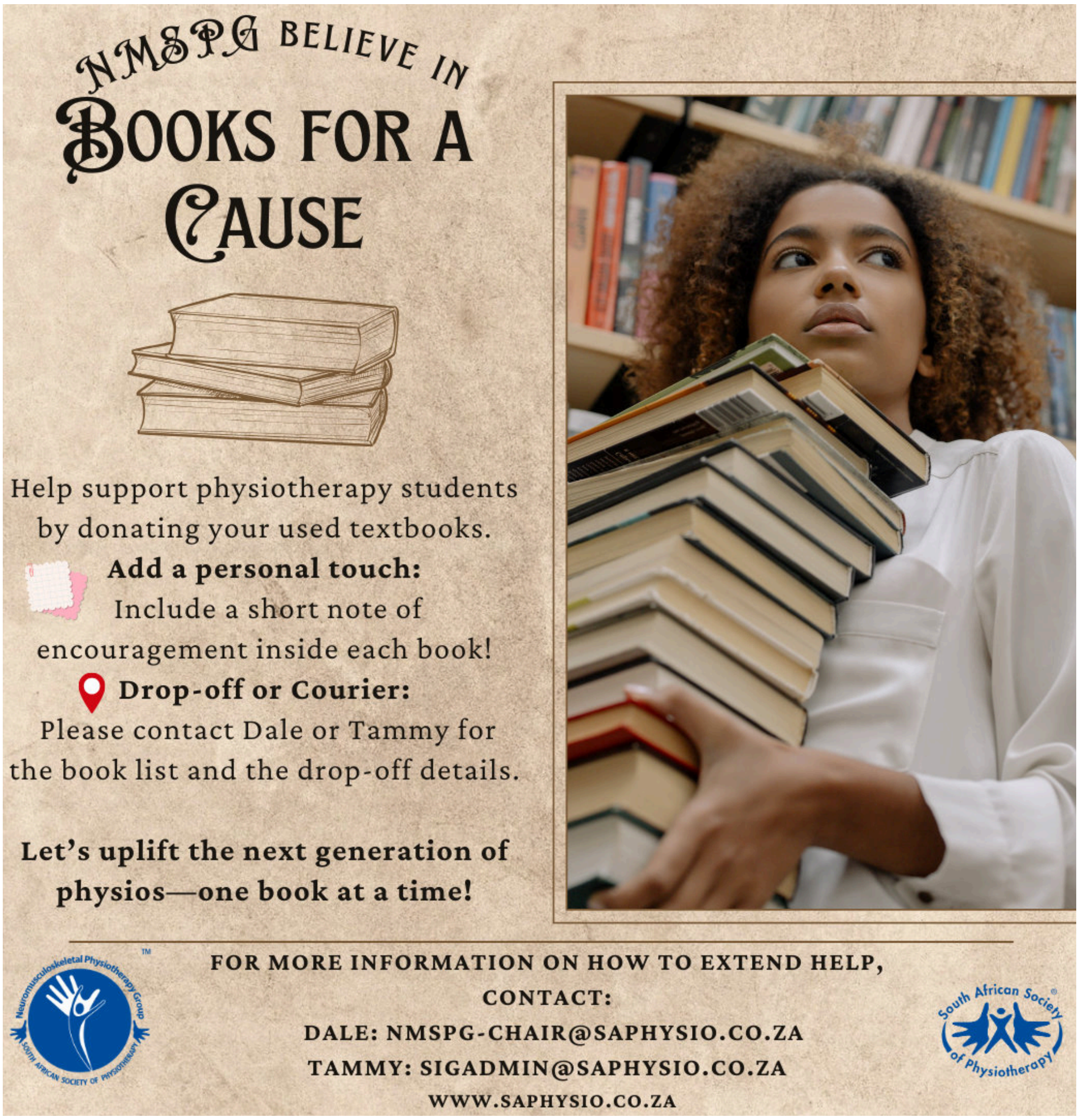
Aim: The aim of the project was to describe the effectiveness of upper and lower limb strengthening exercises in an acute hospital setting on mobility function in a middle-aged man from a low-resourced setting following external and internal fixation of a Pilon fracture and exploring how well existing evidence applies to similar clinical contexts.

Methods: This multimethod study included a case study and narrative literature review. The case study followed the required guidelines to ensure transparency and completeness. Clinical data was collected through detailed review of the participants' medical records. Functional outcome measures (Visual analogue scale (VAS), 5x Sit-to-Stand and distance walked) were monitored across physiotherapy sessions from post-operative day 1 until discharge. The intervention was described using the Template for Intervention Description and Replication (TIDieR) framework. A focused narrative literature review was conducted across four databases – limited to peer-reviewed primary studies from

2015-2025 – to identify evidence regarding rehabilitation following a Pilon fracture, including strengthening interventions. Key findings were compared to the intervention provided in the clinical case using the PATIENT-FIT framework.

Results: The participant demonstrated clinically significant improvements: walking distance increased from 4.67 m to 47.8 m, sit-to-stand time decreased from 23.78 to 14.74 seconds, and pain levels were reduced from 5/10 to 0/10 at rest and 7/10 to 3/10 with movement. All changes exceeded reported minimal detectable changes and/or minimally clinically important differences. These findings aligned with the single quasi-experimental study identified from the literature review where strengthening exercises improved pain, swelling, range of motion and gait with statistical significance. However, contextual differences and reporting gaps existed between the clinical case and the reviewed study, including resource limitations and discharge constraints, which reveals barriers to translating the evidence into South African low-resource practice.

Conclusion: While both the case study and reviewed article show that early-initiated strengthening exercises can effectively improve mobility function after Pilon fracture, gaps exist in how interventions are described and adapted for different contexts, hindering evidence translation. This highlights the need for enhanced reporting in future studies that include contextual factors and adaptation strategies.



EVENTS AT PELONOMI TERTIARY HOSPITAL

CAREER EXPO

On 10 October 2025, Pelonomi Tertiary Hospital, Bloemfontein hosted its first career expo. The initiative was the brainchild of the Hospital's CEO to promote education and training, build capacity and attract talent from the community within which the hospital is situated.

Allied Health was also invited to be part of this event which included Physiotherapy. Pelonomi Tertiary Hospital currently has 11 permanent Physiotherapy staff and one community service Physiotherapist. The department works in close liaison with the University of the Free State and its Physiotherapy Students. This collaboration ensures continuous identification of potential students and support of current students.

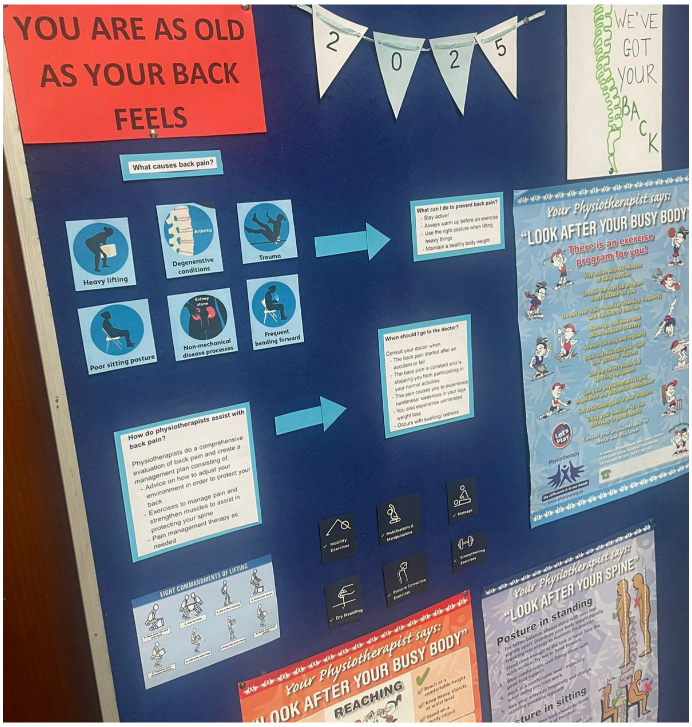
The Career Expo was a major success with an estimate of 500 potential candidates attending this expo. Considering that this was the first expo like this to be held at the hospital, it exceeded our expectations. We noticed a marked interest in physiotherapy from the learners judging by the way they eagerly asked questions about the subjects that are required to study physiotherapy and what it entails as a career. They were also able to get firsthand information by speaking to clinicians who work in the field every day as well as representatives of the University of the Free State's Physiotherapy Department. It was a valuable opportunity to promote physiotherapy as a career choice, and we are sure that it will continue to be in the future.

BACK WEEK

The Pelonomi Tertiary Hospital Physiotherapy Department invited various departments from the hospital to join them for their annual back week initiative. The presentation was done by the community service physiotherapist, Ayesha Jabaar, and was a huge success.

She discussed ergonomic principles and answered numerous questions on ergonomic principles in the workplace. Every person that attended received a handout with illustrations on ergonomic principles, and a packet with material from the SASP. Various poster boards were also made and posted throughout the hospital to create awareness.

All in all, The event was received with great enthusiasm and was a worthwhile exercise.



WASTE MANAGEMENT ERGONOMIC TRAINING

On 24 June 2025, the Pelonomi Tertiary Hospital Physiotherapy Department was invited to address the workers who are responsible for waste management of the hospital so that we could educate them about ergonomic principles that will help them to look after their bodies. It was a very hands-on session with a vast number of questions coming from the floor. Participants also received a packet with merchandise from the SASP for answering questions correctly. We were happy to offer this education and make a difference to people's lives. It is another example of how the Physiotherapy Department is a big influence within the hospital community by preventing injury through education.