

Last days at Christian Medical Center, CMC...

To start with a summary

It has been a good month. I probably have learned more than the physiotherapists who have attended the over 18 hours of classes. That is not to say they were bad students or I was an inadequate teacher. It is just my belief that when you teach you learn. First there is the learning process of formulating the lectures, then reviewing the material, then studying material to improve explanations that you know are not adequately explained, and finally its thinking on the spot in order to answer questions from the audience. Thinking PRI and explaining PRI techniques has served to get me in a frame of mind that I can return to private practice. If I was still working with children and young adults at the Centre for Independent Living it is easy to get attached to children, who every day ask "what's my name?" and patiently teach you the local language, Maharati. I think the transition would be much harder if I was not so completely engaged in PRI and a setting that in some ways is closer to the work that I do in my clinic.

One Friday, my last day at CMC, I was taken to lunch with the heads of the departments. It was a "thank you" lunch but also a time to talk about how to make Postural Restoration an integral part of outpatient treatment. The lack of supplies, the massive number of treatments per day and even that people come for 3-6 days in a row will make incorporating PRI difficult. Immediately after work there was a farewell party with about 40 staff and senior PTs. Certificates were given to the course participants. There was one given to recognize my contribution too, which I truly appreciated. Some of the lady therapists, helped wrap me in a beautiful embroidered sari for the party.

As for the attendees, they were presented with totally new concepts, ideas that challenged their previous learning and their current ways of practicing physical therapy. Prior to learning Postural Restoration they were vested in orthopedic SI joint, facet locks and manual techniques. Ideas like rib internal and external rotation, "zone of apposition", muscle chains and predictable patterns were completely new. I know that many were convinced that Postural Restoration techniques get better outcomes. Some have been trying the techniques. All but a few are insecure in their understanding. These PTs have used repositioning with its expected good but temporary results. A few have gone on to activate ischiocondylar adductors, gluteus medius or maximus.

Some changes have to take place at CMC before Postural Restoration can be practiced easily. The educational staff, the head of PT education, Andrew Babu, The head of PT, Vijaya Kumar, and the head of Rehabilitation Medicine, Dr. Charles Tharion are all one hundred percent for continuing learning and practicing Postural Restoration. We have discussed many ideas to help staff incorporate their learning. Basic supplies are needed. They have

already ordered bulk tubing. There was roughly five pieces of tubing in the outpatient and gym areas combined. There was zero light resistance tubing. For home programs patients were instructed to buy surgical tubing in the pharmacy. This was done before, but is being done a lot more since introducing Brachial Chain techniques. There is one five inch ball, bought on my request for a 4-6 inch ball. It is a blow up ball so I don't know how long it will last. Moist heat towels seem to be working well enough. There is one 2" platform and two scales that have been drafted into use as blocks. There are no bolsters but once again moist heat towels are used by rolling them up. No money is spent on frills. The halls are poured cement the walls unpainted or needing painting. Standards of clean are different here.

Please don't get the idea that CMC is a destitute third world clinic. It is not. There is excellent research being done. I treated the head of urology who published a technique that he pioneered in the American Journal of Urology. There are state of the art surgeries, including kidney transplants and all of the typical orthopedic surgeries. Patients needing artificial limbs get the best light weight endoskeleton legs regardless of their ability to pay. There is no shortage of PT modalities like diathermy, ultrasound, e stim and interferential. CMC is a charity hospital but it also is a state of the art hospital. People come from other countries for care here because of its reputation for modern care. Those who can afford it stay in the modern air conditioned A block. Those who can't stay in wards of 20 beds.

One concern that Andrew Babu expressed was that when staff gets trained in and develops an expertise they often leave. Salaries in India are just enough to let you get by. At CMC the salaries may be even lower since working with the infirmed is looked at as God's will being done through you. In the USA it would be illegal to start the day with group hymn and a prayer over the PA. At least once per week there is also an after hours Christian fellowship meeting with songs, prayers, discussion, and maybe charades acting out scenes from the bible. India frequently loses its most talented in all professions to the USA, Australia, or Europe where life is easier and salaries are much higher.

Dr Tharion, who is now a big supporter of Postural Restoration was in charge of setting up teleconferencing. He immediately realized that this could be used for training in Postural Restoration. Lets hope that the enthusiasm that was there when I left will remain and that therapists will continue to learn and practice. We all know that one course is just a beginning.

Time for some food before boarding a plane back to the good old USA.

.
-Joyce Wasserman