HEALTH PROFESSIONS ACT 56 OF 1974

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF PHYSIOTHERAPY

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The Minister of Health, on the recommendation of the South African Medical and Dental Council, hereby makes the following regulations in terms of section 33 (1) of the Medical, Dental and Supplementary Health Service Professions Act 1974 (Act 56 of 1974), in substitution for the regulations published under Government Notice R. 2251, dated 29 November 1974:

SCHEDULE

1. The following acts are hereby specified as acts which shall for the purpose of the Act be deemed to be acts pertaining to the profession of physiotherapy. These acts shall be performed in the following fields covered by physiotherapy as a Supplementary service to medicine:

(a) ORTHOPAEDICS.

In the whole field of orthopaedics, as requested by the medical practitioner. This includes fractures, dislocations, ligamentous and soft tissue lesions, joint deformities and diseases; infections of bone, including those of the spine, and their complications; amputations; specialised branches, e.g. hand surgery and tendon and muscle transplants.

(b) NEUROLOGY AND NEUROSURGERY, including participation by the physiotherapist in intensive care and rehabilitation.

(c) RESPIRATORY DISEASES AND THORACIC SURGERY, including inhalation therapy and participation by the physiotherapist in intensive care.

(d) CARDIO-VASCULAR DISEASES AND SURGERY.

(e) OBSTETRICS AND GYNAECOLOGY, including pre-operative and post-operative surgical conditions, antenatal and post-natal instruction, pelvic infections and other gynaecological conditions.

(f) INTENSIVE CARE UNITS, including coronary care, organ transplantation, dialysis, respiratory failure, tetanus, extensive paralysis, unconsciousness, accident services (multiple injuries) and burns.

(g) REHABILITATION of the patient to his maximum potential both in work and sport, including adaptation to permanent disabilities.
(h) SPORTS MEDICINE, which includes prophylaxis and the treatment of all injuries and disabilities directly pertaining to sport.

(i) PAEDIATRICS, including all related fields of medicine and surgery, including cerebral palsy; care of children with minimal brain dysfunction; developmental abnormalities; the prevention of orthopaedic and postural deformities.

(j) GERIATRICS, including the care of the aged in all related fields of medicine and surgery; prophylaxis; rehabilitation and recreational activities.

(k) TREATMENT of physical ailments of psychiatric patients; relaxation therapy; maintenance or restoration of physical fitness; organisation of remedial games, sports and recreational activities.

(l) OTHER SURGICAL FIELDS, including general, plastic, urological, maxillo-facial, ophtalmological, ear, nose and throat, and other surgical fields that may require physiotherapy services.

(m) OTHER MEDICAL FIELDS, including rheumatology, dermatology, ear, nose and throat fields, constitutional fields, Hansen's disease, cancer and any other medical fields that may require physiotherapy services.

(n) COMMUNITY CARE, including prophylactic physiotherapy services, district and domiciliary services, day hospital organisations, rehabilitation centres including schools, industries and others.

(1) The scientific use of movement techniques based upon physiological principles, supplemented when necessary by massage, manipulation, electrotherapy and other physical and supportive measures and including advice to, and education of, the patient, for the prevention and treatment of injury, disease and disorders, and the facilitation of normal physiological processes and functional activities. These are used to assist rehabilitation and restoration of function, including the achievement of personal independence.

(2) The use of the following procedures in the fields covered by physiotherapy as a supplementary service to medicine:

(a) Physiotherapeutic examination of patients according to the condition diagnosed by the medical practitioner or dentist, including continuous assessment of the patient's response to physiotherapy treatment and of progress made. Such examination includes the assessment of joint range; muscle power, strength, tone; endurance and co-ordination, righting, balance and equilibrium reactions; postural abnormalities, functional ability; the need for rehabilitation and degree of independence attained; the level of sensory and motor development, circumference, length (e.g. of the leg), volume, excursion and other relevant measurements; the effects of pain on movement, rest and function; gait
abnormalities and other locomotor abnormalities; physical fitness tests, cardiac (exercise) tolerance tests; respiratory excursion and exercise tolerance tests and measurements; sensory tests, including stereognosis; perception tests; observation; palpitation, inspection of X-rays and X-ray reports; skin temperature and condition; the effects of soft tissue scars, adhesions and contractions on movements and function; nerve condition and innervation tests; reflex heating tests requirements for the use of artificial limbs, prostheses, aids, appliances, callipers, splints, supports, corsets, collars, etc; the need for the use of wheelchairs; and any other special tests or methods of assessment by physiotherapy that may be required for the management of patients and for the submission of reports to the medical practitioner or dentist.

(b) Selection of treatment techniques and supportive devices according to the diagnosis given by, and in consultation with, the referring medical practitioner or dentist, based on the results of the examination referred to in (2) (a) above and in conjunction with other registered supplementary health services personnel concerned with, the treatment, management and/or rehabilitation of the patient. These include any of the procedures detailed below, as well as advice on the selection of wheelchairs and on the selection or making of permanent or temporary prostheses, aids, appliances, splints, calipers, supports, collars, corsets, walking aids or any other physiotherapeutic device or method which may be required.

(c) Education of, and advice to, the patient or those responsible for his care, according to the condition diagnosed by, and in consultation with, the referring medical practitioner or dentist or any other personnel concerned with the care of the patient. These include prophylactic physiotherapy, prevention of joint and muscle strain and back strain; advice on the lifting and handling of patients and heavy objects; prevention of recurrence of mechanical disorders; functional activities, rest positions and working postures; recreational and sports activities, kinetic handling in industry; education for childbirth; the handling of disabled persons in hospital, at home, at work and during transport, recreational and sports activities; care and handling of the aged, children and infants; the use of respirators; postural drainage in hospital or at home; advice on the use of aids and appliances referred to above; and any other advice concerning the physiotherapy field which may be required.

(3) The giving of the following movement and exercise therapy (i.e. the application of kinesiological and neuro-physiological principles):

(a) PASSIVE MOVEMENTS

(i) Relaxed passive movements

(ii) Mobilisation techniques-spinal and peripheral
(iii) Manipulation-spinal and peripheral without anaesthetic

(iv) Soft tissue stretching

(v) Traction-spinal and peripheral.

(b) ACTIVE MOVEMENTS

(i) Facilitation.

(aa) muscle contraction by the use of cold and sensory stimulation, both epicritic and proprioceptive, followed by activation;

(bb) facilitation of basic and selective movement patterns and reflex mechanisms, including automatic righting, balance and equilibrium reactions in the developmental sequence;

(cc) inhibition of abnormal sensory input, muscle tone, reflex mechanisms or associated reactions.

(ii) Assisted exercises by means of manual, mechanical and hydrotherapy techniques.

(iii) Free exercises
exercises and activities (both subjective and objective) to obtain relaxation, increase joint range, re-educate muscle fuction, increase muscle power and endurance, correct posture and re-educate postural and gait mechanisms.

(iv) Resisted exercises -

(aa) by manual, mechanical and hydrotherapy techniques;

(bb) by power and endurance programmes.

(v) Re-education of functional activities -

(aa) re-education of and rehabilitation infunfunctional activities such as basic movement patterns and gait (both assisted and unassisted);

(bb) transference, wheelchair activities and other motor activities required for daily living and sport.
(vi) The use of gymnasia, gymnastic therapeutic apparatus, specially constructed
c children's apparatus, toys and adapted training circuits.

(vii) Sporting activities
these include swimming, riding and wheelchair sports.

(viii) Group activities
these include activities such as ward classes, out-patient classes, prenatal
and post-natal classes, remedial games.

(ix) Breathing exercises
breathing exercises, postural drainage, mobilising exercises for the thorax,
inhalation therapy (including the use of intermittent positive pressure,
suction and respiratory function tests).

(x) Splints, supports and prostheses-

(aa) training in the use of splints, supports and prostheses for motor activities, including isolated contraction for the activation of powered splints;

(bb) the adaptation of all these methods for all age groups, including infants, children, adolescents and the aged.

(4) The use of various massage techniques, including transverse frictions and connective tissue massage.

(5) The giving of electrotherapy, including-

(a) high frequency currents;

(b) low frequency currents;

(c) ultra sound;

(d) radiation (excluding X-rays and cosmic rays).

(6) The application of heat and cold.

(7) The therapeutic use of water (hydrotherapy)

(8) Mechanical aids:

(a) The making and application of splints and supports.
(b) The application of braces, prostheses and other therapeutic and supportive devices, including the selection of wheelchairs.