COMMENT: TRAINING NEEDS FOR PHYSIOTHERAPY TECHNICIANS

Sir,

This letter makes some additional comments to the Editorial by Dr A. C. McDougall on *Training in Leprosy*,[1] and the subsequent Letter to the Editor regarding this report by Dr G. Groenen *et al.* from ALERT, Addis Ababa, Ethiopia, highlighting the training needs for Africa.[2]

Both these articles no longer see vertical programmes as either necessary or cost-effective. McDougall gave details about the establishment of combined services with tuberculosis, skin or venereal diseases in some countries. In an event of such integration, physiotherapy technicians' skills will be under utilized as they will not be in a position to contribute to other public health problems. Therefore, they will be restricted to handling only leprosy impairments and disabilities.

It is true that leprosy work is an unfinished agenda. However, it is also true that there has been a decline in the quantity of disability. For instance, prevalence of deformities and disabilities among leprosy patients in India was 200/1000 in 1976,[3] and a study published in 1996 showed the prevalence rate of Grade II deformities in hyperendemic districts in India was 0·82/1000 leprosy patients and 0·22/1000 in low endemic districts.[4] With these low levels of caseload, the physiotherapists will handle fewer and fewer cases, despite the possible introduction of newer additional responsibilities in prevention of disabilities (POD) and home-based self-care activities; it is therefore very likely that they will still be under employed.

Needless to say that a steady flow of physiotherapy technicians in small numbers will be required much beyond the year 2000 AD. In order to meet the prevailing needs, the curriculum requires drastic alterations. One suggestion is that the detailed study of the anatomy of the face and limbs and the surgical assessments and therapies should be curtailed. Instead, combining leprosy services with a few other common disabling conditions will make the course more relevant to 'real life' conditions. This will make it easier for physiotherapists to be better prepared for integration. Also many of our leprosy physiotherapy trainees are already being forced to look for employment in small- and medium-sized general hospitals as recruitment opportunities in 'pure' leprosy control programmes have become drastically reduced. Such hospitals will prefer to offer opportunities for employment to physiotherapists with broad-based technical skills.

In India, two courses are available, which provide this kind of multispeciality training. The first offered by the Christian Medical Association of India (CMAI), which commenced in 1994, is a 2-year course entitled 'Multi Rehabilitation Work'. It offers hospital-based exposure using a curriculum that deals with 20 common disabling conditions seen in India, including leprosy.[5] The applied rehabilitation aspects (physio and occupational therapy) for these conditions and basic counselling skills are taught at a low-technical level. Its leprosy content deals only with POD activities. Multirehabilitation workers are trained to work in a hospital environment and their job description involves only assessment–treatment–reassessment. They do not have any managerial or educational role. After qualifying, they could work either in leprosy or at any other medical rehabilitation centres as assistants. In smaller hospitals they are expected to provide medical rehabilitation care, as the first referral.

The second is the WHO's 'Community-Based Rehabilitation Worker's Programme', which commenced in 1992, and which should be an excellent model to train field-based physiotherapy technicians.[6] Here, the worker's job description is: a, impairment/disability case detection; b, referral; c, community education related to disability; and d, first aid.

Our experience has shown that the large leprosy training centres, despite having the facilities and ability, will not be in a position to train multirehabilitation workers, as the number of other impairments treated in their hospitals are negligible.

SLRT&TC
Karigiri—632 106
Via katpadi, India

R. PREMKUMAR

References

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