CORRESPONDENCE

FROM THE CHAIRMAN, THE ORGANISATION OF CHARTERED PHYSIOTHERAPISTS IN PRIVATE PRACTICE

3 Radnor Park West,
Folkestone,
Kent

16th August, 1982

To the Editor:

Dear Sir,

Re: WRONG DIAGNOSIS IN ATHLETES – BANKS AND MALIMSON

Further to the above titled article in June 1982 copy of the BASM Journal, I feel that some reply should be made on behalf of the Chartered Physiotherapist in Private Practice.

In each of the three cases mentioned it was not made clear that the patient was receiving treatment from a Chartered Physiotherapist. As many of your members may know anybody can call themselves a Physiotherapist.

During the training and in post-graduate training of Chartered Physiotherapists referral back for a further medical opinion is always recommended and nobody can condone long courses of treatment without producing beneficial results.

I have been in practice over thirty years and I could quote far more cases than your contributor of patients being referred by a medical practitioner which have proved to be something else and the longer one works in private practice the more necessary one finds it is to make a diagnosis of cases referred by general practitioners. Merely being a general practitioner does not make them infallible any more than Chartered Physiotherapists or even Consultants.

I take great exception to the inuendo of including Chartered Physiotherapists in the "private fringe medicine sector." Chartered Physiotherapists are trained in hospitals and polytechnics in normal and standard techniques and should hardly be considered fringe medicine experts as Chartered Physiotherapists normally work in the medical team. As your contributors must know the vast majority of sports injuries never see a Consultant and are likely to be handled by various categories of physiotherapists.

In a multi-disciplinary Society such as BASM I feel sure that your contributors could have made a real contribution by suggesting the cardinal signs in differential diagnosis with regard to groin pain and suggest that if they want to make a contribution to BASM they might feel inclined to produce an article on those lines.

Yours faithfully,

A. James Riddell, MCSP, SRP

This letter raises two points of some importance; first, the necessity of correct designation of people in the remedial professions. It is hoped that legislation will eventually be passed to safeguard the titles of "Physiotherapist", "Remedial Gymnast", "Chiropodist", "Podiatrist", "Nurse", "Optician" and others in similar professions with an approved course of training, resulting in state registration, and that those practising in these fields without such qualification and registration should be prohibited from describing themselves as if they were qualified in this way. Secondly, those in the professions requiring state registration accept patients referred by doctors, or in emergencies treat then refer. The "Fringe Practitioners" referred to in the article are not obliged to work under medical cover. I of course accept Mr. Riddell's point that GPs and consultants are not infallible, but in the cases reported by Banks and Malimson referral to a doctor, trained to diagnose herniae among other groin conditions, would have reduced the chances of a hernia being missed. A GP should not undertake surgical or obstetrical procedures for which he received inadequate training, except in dire emergency, a consultant ophthalmic surgeon should not remove damaged knee menisci, and a physiotherapist should not treat unless a firm diagnosis has been made; in all these mentioned, referral to the proper specialist is the only course. — Editor.