REHABILITATION AND REMEDIAL WORK IN A PUBLIC SCHOOL

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Forty years ago, I entered Rugby School as a new boy, and was examined by the school doctor and the matron; this was a frightening ordeal. One had to stand, stripped, in the middle of the room whilst doctor and matron circulated around the boy in silence, then a urine specimen was collected, not without some difficulty. On taking up the appointment of medical officer to the school twenty two years later, my record of this earlier examination read "Albuminuria; round back, especially in mid-dorsal region; impetuous; impatient." Despite the mention of the rounded back, no remedial treatment was given, although an X-Ray taken a few years later showed distinct Scheuermann's disease. There is a small remedial gymnasium, but it is seldom if ever used for this purpose, as it is remote from the boarding houses. In the 1920's, training for games was empirical, or negligible. At the start of the Rugby Football season, a few cross-country runs, of from three to eight miles distance, were undertaken, then the games started without further training, mostly under the direction of senior boys. Physical training classes, twice weekly, took place under the instruction of a retired naval officer, helped by a petty officer, and were extremely formal, regimented, and unpopular. 1% - 2% of the boys received instruction in boxing, and as many again in fencing; attempts were made to establish competitive gymnastics, but the standards were abysmal, and the experiment terminated.

Inter-school competitive sport was not well promoted in 1928. Rugby School played against four other schools at rugby football, four at rackets, three at cricket, and cross-country running meetings were held with Shrewsbury. A report in that most valuable and entertaining publication, the School Magazine, for 1928 summed up the cross-country match: "The Shrewsbury Vlll went off at a very fast pace, maintained this throughout, and filled the first eight places". In 1929 the opposition again set a remarkable pace, but lost the paper trail; - "The remainder of the Shrewsbury team arrived back at Rugby by varying routes having run two or three miles further than we had, but this was their own fault as the trail was well laid." (Has any Old Salopian reader his school magazine for 1929?).

The present position

Today, Rugby School offers thirty two different sporting activities, and competes against other schools at all levels. There is a flourishing Natural History Society, and even a Chess Club. Outdoor activities are popular; climbing, fell walking, orienteering, alpine expeditions and Brathay exploration groups.
Up to Sixth Form, all boys have one formal P.E. period a week, and all classes are much enjoyed, consisting largely of minor games and swimming. These make heavy demands on the two physical education specialists, leaving them little time for remedial work, and there is also a lack of a specialist remedial gymnasium, although one is planned. Circuit training is valuable both for remedial work and for gaining basic fitness for games, and can easily be adapted to the less gifted boys. Weight training also has value, but facilities are still limited. Pre-ski training has reduced injuries during the winter holidays. The gymnastic competitions have been reintroduced, and are proving popular and of a reasonably high standard. In comparison with twenty years ago, physical education is enjoyed, and it is regretted that the demands on the time table do not enable it to be extended in curriculum time.

The main aim of the physical education in the school is to organise training in preparation for the various forms of exercise, in order to diminish the probability of injury. There appears to be two sorts on injury: a. Avoidable.

b. Unavoidable.

The natural athlete seldom suffers from avoidable injury. Good Football players know how to fall and protect themselves, but there are some boys whom one cannot protect. For instance, one boy should have played for the 1st team but for a habit of closing his eyes when tackling, which led to frequent forcible contact with an opponent's bony prominences or the ground. Eventually, he had to be prohibited from playing, owing to several concussion injuries. Another boy, coerced into playing, avoided the game as much as possible, but when he tried to run after the ball, although there was no one within twenty yards, he tripped over his feet and fractured both tibia and fibula. Rugby football does produce more injuries than any other school activity, so the first few weeks of the academic year are spent in circuit training, which involves 66% of the school, before any actual games are permitted. Skill training, and some other fitness training is carried out on a House basis. Since this pre-season training has been organised under trained supervision, the number of injuries per term has dropped from over 400 to under 300, and the number of serious injuries appears also to have decreased by more than the proportional 25%.

Special circuits have been designed for different sports; swimming, cross-country, track and field events. Cross-country running used to have a high injury rate, but circuit training has diminished the number of muscle tears, and the discouragement of road running the incidence of heel and Achilles tendon lesions. Stress fractures of the fibula were not uncommon, they have been found in the tibia, and the base of the fifth metatarsal is a frequent site. The trampoline was used to train divers, but is now a popular sport in its own right.
All new boys are examined as soon as possible in their first term, obvious orthopaedic defects are noted, and treatment arranged, either in the school gymnasium, or in the local hospital's Physiotherapy Dept. to which I am attached. At this examination, an assessment is made of the boys' fitness to participate in various activities, and where necessary, a written recommendation is sent to the house master. Road running is prohibited to boys with flat feet, and its role in the causation of Achilles tendon lesions, requiring prolonged rest, has already been mentioned.

Scheuermann's disease must be born in mind; twenty cases have been diagnosed in the past eighteen years, one necessitating the wearing of a spinal support. Spinal flexion is discouraged, and back strengthening exercises are given. Schlatter's syndrome in the tibial tubercle is another annoying condition; some cases respond simply to rest, others to hydrocortisone injections, whilst some boys are unable to participate in any school games for almost their entire school career. Chondromalacia of the patella is found sometimes, but at this early age is of little handicap.

Sprains and bruises are treated in a variety of ways; badly sprained ankles require immobilisation for a few days, but for the majority, active movement is encouraged from the start. Ultrasonic therapy can be most beneficial. A complete tear of the lateral ligament of the ankle is rare, and requires surgical intervention. Hydrocortisone has been injected into sprains of the ankle, but the results generally are disappointing.

One of the difficult aspects of being a school doctor is having to hold back the very keen boy from returning too quickly to his chosen activity. Again and again, I am persuaded to allow a boy to play, against my better judgement, and nearly always he is injured again, often a new injury caused by attempts to protect his earlier lesion. Equally often one gets the non-participant who tries to prolong his period of disability, so a thorough knowledge of ones patients is a first essential. The boy has constantly to be considered as a person, to see that he makes the best of his physical abilities and interests, so that we turn out what has been described as "well rounded personalities".