

PT Works With Volunteers to Provide C

By LORI J. BATCHELLER, MPT

Twenty-year-old Lorenzo lay on the ground for two hours, unable to move after he was run over by a tractor trailer truck. Finally, help arrived and he was brought to the hospital, where it was determined that he had fractured his pelvis. Five months later, he arrived at an American medical team volunteer clinic set up in Ciudad Mante, Mexico. Still on crutches and wearing a catheter, Lorenzo came to the clinic hoping something could be done for his medical condition.

Lorenzo is just one of hundreds of local residents who came seeking answers from the American medical team who traveled to Mexico this past November. As the only physical therapist on the trip, Julie Robichaud, PT, kept busy 10 hours a day during the week-

der about 20 years ago. Ms. Rodriguez is a member of the First Presbyterian Church and works as a language instructor in Boulder.

The strong love between this brother and sister and their desire to bring high-quality health care to the people of their native land was the driving factor for organizing the now-annual mission, the pair said. In 1990, the first group of 22 health providers traveled to Ciudad Mante to help many of the 200,000 citizens of the community.

This year, the team was comprised of 42 members including eight doctors, 12 nurses, an audiology team of eight people, one physical therapist, five evangelists and several "fix it" people such as an electrician and an architect.

For several months prior to the team's arrival, Dr. Rodriguez and other Mante physicians prescreened approxi-

mately 3,000 patients. Criteria for selection included severity of health problems, probability of improvement and financial need.

Most of the physical therapy referrals came from the family practice physician during their stay, but the audiologists, pediatric physician and speech therapist soon were

sending appropriate clients for physical therapy as well.

"By mid-week some patients came directly via word of mouth from friends," Ms. Robichaud said. Not all of the musculoskeletal injuries were referred to physical therapy, however, simply due to lack of sufficient time and manpower.

"Ciudad Mante is a relatively poor community," Ms. Robichaud explained.



During the stroke group at the Ciudad M and family members all join in.

"The average worker earns about \$50 per week, [which is] just enough to get by. The community is comprised of approximately 90-95 percent poor people and the rest are considered rich. There is no middle class as we know it, and the rich are comparable to the middle class in our culture."

Although the people are poor, they are not hungry or starving. The soil around Mante is rich and pigs and chick-

'I learned to be very efficient. You learn to be very efficient without the luxury of an hour to do an evaluation.'

ens can be seen running in the streets. People grow their own food, consisting of various fruits and vegetables, but are not knowledgeable in the subject of nutrition. This is one factor which accounts for the many children born with birth defects. Other factors include a high incidence of inbreeding and parasites, also leading to a high rate of deafness.



Julie Robichaud, PT, instructs a patient and family member on proper transfer techniques.

long volunteer mission sponsored by the First Presbyterian Church of Boulder, Colo.

This was the third year that a group of volunteers headed to Ciudad Mante, located two hours northwest of the East-Coast city of Tampico in the State of Tamaulipas. The mission was the long-standing dream of David Rodriguez, MD, a local physician whose sister, Elfa Rodriguez, moved to Boul-

Critical Medical Care for Mexican Citizens



Social Security Hospital, therapists, patients

Ms. Robichaud estimated that one child in each family is born with a defect. There is also a high death rate among the children, with an estimated four deaths from 11 births, she said. Poor prenatal care, inbreeding and general illness account for most of these deaths.

Most of the men work in agriculture, with sugar cane composing one of the community's major industries. Fruit farms and vegetable farms are also numerous, where mangos, oranges, bananas, tangerines, squash and several fruits unique to the area are grown and harvested.

The women commonly take on jobs doing housework for the upper class. Among the poor, clothes are washed by hand, for there are no washing machines. Running water, refrigerators and electricity are also absent from these homes.

These conditions lead to one of many frustrations encountered by Ms. Robichaud while working without modern facilities: When she wanted one of her patients to apply ice to a recent sprain, none was available. With no electricity or freezers, there also was

no access to ice for a home treatment program.

Several of the members of the upper class in Mante belonged to the Rotary Club, and many of these residents opened their homes to the missionary team. Ms. Robichaud and one of the team's nurses stayed with one of the wealthier families in the community. There the pair was served fresh orange juice each morning and ate tamales for breakfast.

One of her hosts, Rosina, was in her 40s and worked seven days a week in a plant store. She and her husband, Beto, had built their home on Rosina's mother's lot, as it was common to see families all residing close together, Ms. Robichaud said. Rosina and Beto only had two young children living at home.

In all, the family "really enjoyed life and had a healthy outlook," Ms. Robichaud said of her hosts.

The city of Mante has two hospitals: the Social Security Hospital, where people who have health insurance are treated, and the Civil Hospital for low-income patients. The latter location was where Ms. Robichaud spent most of her time. The nursing school there was transformed into an out-patient clinic, laboratory, audiology lab and pharmacy for the medical team.

The small treatment room which Ms. Robichaud shared with the pediatric doctor had an uneven floor, which made it difficult for many of the patients who came on crutches or were nonambulatory, Ms. Robichaud said. In addition, she was given only a chair

and a blanket the first day, but managed to obtain a stool and a cot by the third day. With Ms. Robichaud, the doctor and a translator present, the room's echo added a challenge to communication, she said.

None of the patients spoke English and although Ms. Robichaud had taken a Spanish class prior to her trip, a translator was necessary to understand more involved patient histories. The translator was only available about 50 percent of the time, however, so sign language and gestures became an important means of communicating, she said.

Work started at 8:30 a.m. and lasted until about 6:30 p.m., or until all the patients had been seen. Ms. Robichaud spent approximately 30 minutes to an hour with each patient.

"I learned to be very efficient," she said. "I would perform a brief evaluation with the patient fully clothed, trying to determine the source of the patient's complaint. You learn to be very efficient without the luxury of an hour to do an evaluation," she added.

Because the patients would only be seen once, Ms. Robichaud said she tried to teach them home exercises which would be easy enough to do

and with which she felt the patient would be encouraged to follow through.

"I tried to design a program which the patient could do at home or work that, with practice, would make a difference," she said.

Every patient left the clinic with a written home program. If a family member

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Lorenzo tries walking exercises with Ms. Robichaud after being hit by a truck.

Week-Long American Clinic Provides...

MEXICO

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was present, which usually was the case, Ms. Robichaud would have them write down the exercises to ensure that the instructions were understood.

Because most of the poor people were laborers either in the fields or in homes, overuse injuries were one of the more common problems treated.

"I'd ask myself, 'How can I make their work easier?'" Ms. Robichaud said. "I did a lot of education on posture and body mechanics and often recommended one-minute stretch breaks each hour."

Foot and knee pain was one of the more common complaints the patients voiced at the clinic. Ms. Robichaud saw a need for orthoses but since the people rarely had good shoes, orthotics would not be of help. In fact, many people had flat feet, were overweight, and had poor abdominal muscles, she said. Ms. Robichaud gave them a progressive exercise program, teaching them how to make weights or use items around the home for progression.

Lorenzo, mentioned earlier, arrived at the clinic with trace anterior tibial strength and weakness in both lower extremities. Ms. Robichaud spent half an hour showing him strengthening ex-

ercises and progressed to his using one crutch for ambulation. She recommended he return again to work on his foot drop.

At the end of the week, Lorenzo returned to the clinic with his mother and waited hours to see Ms. Robichaud again. Already, she could see a change in his walking, and more important, in his attitude.

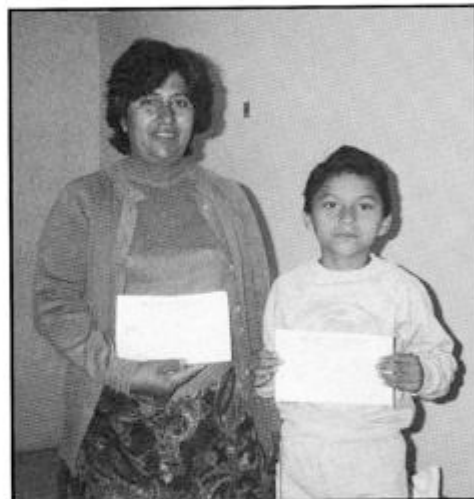
"He could tell that the therapy was helping him. It was a great feeling for me to know I had made a difference in his life," she said with a smile. "I feel like I brought him some hope."

In addition to his written home exercise program, she showed Lorenzo how to make a dorsiflexion assist with an ace bandage. Since Lorenzo has a brother living in Texas, she also recommended he send a shoe, or his shoe size, to his brother and ask him to try to get an AFO.

The patient whose condition made the biggest impression on Ms. Robichaud was a five-year-old boy with myelomeningocele, she said.

"His mother had been carrying him everywhere since he was born," she explained. The boy was paralyzed from the waist down and had developed approximately 85 degree flexion contractures in both knees and had little movement in his ankles. A scar which extended half the length of his spine also was vividly apparent, and he had a bad scoliosis and an abdominal hernia. He didn't speak at all during the treatment and his mother appeared very depressed and solemn, she said.

Ms. Robichaud worked on positioning and range of motion exercises, and



Two physical therapy patients display their home exercise programs.

asked the doctor when the child should get a catheter. She also gave instructions in arm exercises so that the boy could become strong enough to use a wheelchair.

"I hope to find someone who will donate a child's wheelchair which I can send to him or bring when I return next year," she said.

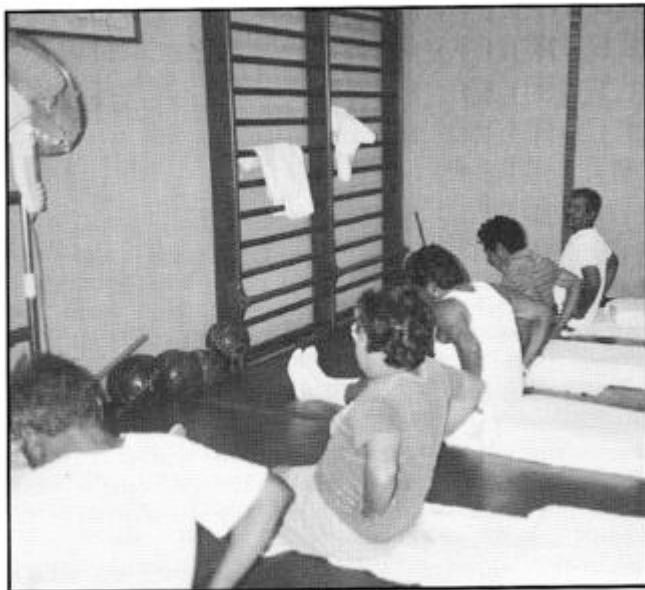
"There is a big need in Mante for assistive devices and wheelchairs," she added. "Many parents carry their children who are unable to walk. This results in back injuries to the parents." Ms. Robichaud even saw several people arrive at the clinic using sticks as canes.

One morning she went to help out at the Social Security Hospital. She described the clinic as much different from most she has seen in the United States.

"There were two physical therapists, one who had over 18 years of experience. Everyone got treated in a group; for example, all the arm patients came in at 11:00 a.m. and would do group exercise," she said.

Although Ms. Robichaud is accustomed to one-on-one treatment sessions, she said she recognized a benefit to the group means of treatment.

"Psychologically, I think it helps people to work in a group. They can motivate each other and realize they are not alone with their problems," she said.



Back patients perform a group exercise at the Social Security Hospital in Ciudad Mante.

...Free Care to Ciudad Mante's Citizens

In contrast to many physical therapy sessions in the United States, family members at the hospital in Mante always accompany the patients. Usually, they would get down on the floor or on the table and do the exercises with their spouses or children or serve as the one to assist with exercise, Ms. Robichaud said.

"Sometimes we [U.S. therapists] take over and don't get families involved enough," she added.

Another difference she noted was in the use of diathermy. The clinic had at least five diathermy machines in one large room, and almost every musculoskeletal injury received diathermy. For instance, the back group would come in, would all get their diathermy and ultrasound, and then would do a group exercise session, regardless of the specific injury, Ms. Robichaud said. When the hospital therapist showed her copies of the medical records of the back patients, all the prescriptions said "diathermy and exercise."

Despite the limitations of time and equipment, Ms. Robichaud believes she made a worthwhile impact on some of Mante's citizens.

"A lot of parents came to the clinic hoping for a miracle from the United



This home is typical of many in Ciudad Mante.

States that would fix their child," she said. Although there are limitations to what any health professional can do, this team of dedicated people brought knowledge, some answers and, perhaps just as important, hope to many of the residents of this Mexican community, she said.

Next year Ms. Robichaud and many of the other members of the medical

team plan to return to Ciudad Mante. Anyone wishing to make contributions for next year's mission in the form of equipment and supplies may contact the following address: First Presbyterian Church, 1820 15th Street, Boulder, Colo. 80302, or call (303) 442-3523.

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Wisconsin...

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hearing but has yet to be debated on the assembly floor. The Medical Examiners Board is opposing the bill, Ms. Flaherty said.

"Passage of this bill would give us accountability in our profession," she said. "The medical board is composed of nonmedical doctors, and sometimes they solicit the Physical Therapy Advisory Council's advice and sometimes they do not. On this particular bill, for example, the advisory council did not have the chance to offer its input.

"The PT board would have a consumer member, but the majority of it would be physical therapists who understand the profession, its rules and regulations, and the issues facing the practice of physical therapy. They

would have a blending of ethical and legal issues on top of that," she said.

In other legislative matters, an election held two weeks ago installed the Republican Party as the majority party in the Senate, which will alter the composition of the Senate's committees and "will bring uncertain changes to our efforts," Ms. Flaherty said.

"We're not sure if we're better or worse off yet," she said.

In addition to president, several other election results were announced, including the re-election of Kathy Shields, PT, as vice president, and the election of Otto Cordero, PT, as a member of the board of directors.

Adrienne Nelson, PT, was elected to serve as chairman of the chapter Disciplinary Committee, and Elaine Tripp, PT, Steve Nass, PT, and Dixie Hettinga, PT, all assumed seats on the Nominating Committee.

Chapter members also debated various proposals to encourage student attendance at state meetings, including a significantly reduced registration fee. This proposal died, however, when it was pointed out that the reduced fee would not cover meal costs, so the board of directors was charged with investigating several other ideas.

Several therapists were presented with certificates of appreciation during the chapter luncheon, including Teresa Steffen, PhD, PT, for "her work in getting us interested in listening to people doing research," Ms. Flaherty said.

Sara Ehlert, PT, was honored for her legislative initiatives, particularly in the effort for PTA supervision regulations; Marcia Linder, for implementation of a student scholarship and loan program; and Peg Roberts, PT, for her work in establishing the chapter's political action committee.