

PHYSIOTHERAPY

STUDENTS

MAGAZINE

1976

# PHYSIOTHERAPY STUDENTS MAGAZINE

1976,

## STUDENTS      ASSOCIATION

PRESIDENT.	Jane Hoggarth.
VICE - PRESIDENT.	Tricia Smith.
SECRETARY.	Marg Jamieson.
TREASURER.	Jane West - Watson.
SOCIAL REP.	Jo Wilson , Linsay Jago.
SPORTS REP.	Tony Snell , Katrina Milicich.
EDITOR & LIBRARIAN.	Sue-Ellen Hampton.
1st Yr. REP.	? ?

EDITORIAL

The year is fast drawing to a close and it is time for the annual rush to get our magazine to the printers in time. This year we have decided not to advertise in the magazine and to finance it from Student Association funds and raffles. (I hope you have been supporting both!)

This year has NOT been an easy one for any of us - so the less said the better.

There has been the usual social & sporting events, including the 2nd production of "Blu Revue", which looks like becoming an annual event. One of the highlights of the social activities was the ball, held at Northern Oaks. A great time was held by all - with plenty of wine (food) women and song.

Thank you to all contributors, especially those asked to write articles, and special thanks to Misses McLeod, Wood, Satterthwaite & Hayward for their articles. I hope these articles will be of interest to all who read them, especially the students.

I would also like to thank Marg Jamieson for all her help and the students association.

Just remember, It's a fine life if you don't weaken ( !? ) and best of luck for next year, have a good holiday ( You Need it!)

STUDENTS ASSOCIATION 1976.

We started this year off well by deciding to have weekly meetings of all the committee and if the need was felt for advice or guidance Ms. McLeod agreed to sit in on any meetings. This arrangement has worked well except for the fact that the first years representative doesn't seem to be keen to come to the meetings. We have not really felt the effects of being under the Otago Polytechnic at all except for : the up grading of facilities such as the library which now is under the control of a part time trained librarian who is helped out by members of the student body; and the fact that as students we have to pay material fees which for the 2nd year students has amounted to \$45. This money pays for paper and other supplies used by the tutors on our behalf and for the travelling expenses between the various parts of the Dunedin Hospital where we render our "Clinical Services" and gain practical experience. The first year students have only had to pay for their supplies and their grand total for the year has come to \$15.

We do however have two members on the Otago Polytechnic Student Association thus in a small way we have a say in decisions that indirectly or directly affect us.

As a second year I feel that the Polytechnic is only a distant but dominant factor in my training. The first years however have various lectures at the Poly Technic and therefore may see the Poly Technic in a different light.

Activities this year as per usual started off with The "Mother's / Father's ...Daughter's/ Son's" afternoon tea party it seemed to go off well and I hope that the gap between the Two years isn't as great as it has seemed in the past.

Early organisation of events this year was a bit haphazard due to the fact that both years started on the same day and the Second years like the first years were having trouble finding their Feet initially.

Next on the agenda was the Annual book sale which went off quite well, I might say at no profit what so ever to the association. Fees this year were again \$5. and have been used to fund things like a student cricket match; and the Girls against the Guys rugby match, which the girls naturally enough won. The match was ably refereed by Mr S.Kircher while his wife and children watched from the side line to ensure that no foul play encompassed the ref..

The Ball was run on Friday the 16th of July and was enjoyed by one and all. Students far out numbered the staff this year but those on the staff that were brave enough to go seemed to enjoy themselves and this is what a Ball is for, surely! The Polytechnic was represented by Mr & Mrs P.C.Haines..

We hope that the Ball will Break even this year but if this isn't the case student funds will help out.

This year Student Funds also have had to pay for the milk, tea and sugar used at morning and afternoon teas, something which we previously got "gratis" from the Hospital Board.

Other events at which Physio's have been seen are the various Hops and such, run by the Poly-Technic Student Association, not to mention the Annual Med-Physio Bash which this year wasn't as successful as previous years due to poor Musicianship exhibited by the bands which played. A planned Law-Physio Crick-et match unfortunately didn't come off due to lack of support from the law students - (Perhaps Physoi's had better upgrade their present image in the eyes of the General public and other faculties, inparticular)

Also in the pipe line for this year is a Skating Trip, and a Barbeque (when the weather is appropriate, and if student funds last out.) The Committee this year has consisted of:

PRESIDENT.	Jane Hoggarth;
VICE PRESIDENT	Tricia Smith;
SECRETARY	Marg Jamieson;
TREASURER	Jane West - Watson;
SOCIAL REPS	Joanna Wilson, Lindsay Jago;
SPORTS REPS	Tony Snell, Katrina Milicich;
Editore of the Magazine and Librarian	Sue- Ellen Hampton
FIRST YEAR REP	Noona.....

I would like to thank all the members of the committee for the support and enthusiasm they have put into this years activities. With special thanks to Lindsay, Marg, Sue- Ellen and Tony, plus students not on the student committee who have helped out in times of need.

Jane Hoggarth.

"More practical subjects are now being offered as degree courses in Britain. Among these are a B.A. degree in catering at Huddersfield Polytechnic, and a B.A. Honours course in fashion - including topics on knitwear, millinery, shoe design, embroidery and fashion illustration - at Bristol Polytechnic."

This was a short item published recently in Education News.

The practice of the award of degrees in areas of technology is neither new nor peculiar to Polytechnics. Both the diploma and degree courses at the School of Home Science, University of Otago have a very high technical content, relevant and valuable to the country's industry & commerce. Agricultural Colleges have also awarded degrees, diplomas & certificates for courses which contain a very necessary high degree of technical and technological expertise. The most recent developments in tertiary education in areas closely allied to the physiotherapy course are the awarding of degrees in physical education and education. The graduate in education will be no ivory tower academic but a well educated practical teacher.

As the years go by and other disciplines develop, health science personnel see all the arguments degree courses overcome and disregarded as the expedience for university courses is established or developed. Many of the earlier arguments were paralleled with practices and procedures in overseas courses. This, of course, is the basis for successful failure of any venture. There was little indigenous precedent and therefore a poverty of argument for new university courses of a vocational nature. The establishment of such courses within the technical education system as an alternative is a difficult one to refute since many courses traditionally established within the university system are highly vocationally oriented and would be better off in a more compatible and appropriate environment of technical education.

For physiotherapy the dye was cast when the Physiotherapy Board agreed to transfer physiotherapy education to regional technical institutes. The future education of physiotherapists had at last been entrusted to an educational discipline. Education however does not cease at the point in time when students receive their diploma, which guarantees a certain level of academic knowledge and clinical expertise. Some students will wish to develop their level of academic knowledge and may even digress to fields other than the realms of conventional

physiotherapy. Health, job opportunity or natural aptitude may dictate this. Advancement within their own profession will certainly demand a continuing academic education. For the clinician who wishes to research and develop a special field there is the same need for a continuing education system whether in clinically oriented studies or pre-clinical studies. To ensure an open ended continuing education system, the profession must analyse and define its needs for the future.

For the New Zealand physiotherapist to be ensured of a way out or a way up there must be compatibility in course structure and standards established with other tertiary institutions be they universities or polytechnics, be they local overseas institutions. Relative virtues which lie in a certificate course as opposed to a diploma course, a diploma course as opposed to a degree course, a degree course as opposed to an honours course is rather more an exercise in semantics which has been lost in the confusion of the inevitable status symbol, rather than a true indication of a standard achieved in a given time for a particular course of study. Traditionally though a certificate or a diploma has become an indication at either under or post graduate level of a dead end course devoid of any structure for further study or cross-crediting to other courses. All that can be studied within a particular discipline has been studied and the subject matter at that point in time exhausted whether at basic or post basic level.

The favoured child in any education system in any country is a degree course. This intimates that a level or standard of knowledge has been achieved but not exhausted. The very name 'degree' indicates a progression to higher steps of learning. The awarding of degrees was traditionally the prerogative of the universities but in recent years now conventionally the polytechnics as well. The first and greatest step then, has now been taken and that has been to entrust the education of physiotherapists to educational institutions. Existing course may be recognised by other educational institutions be they universities or polytechnics.

The health professions have been slow to catch a sympathetic ear and yet there is probably within the respective professions a higher attendance at post basic courses and a greater number of courses sponsored by the professional bodies than there would be in most other disciplines. While authorities may have been reluctant to admit to the need of continuous updating and expansion of knowledge and expertise to maintain a standard of proficiency. The outcome of this system regrettably has been the achievement of high levels of study and expertise without any formal education oriented recognition or accreditation.

Change has taken place; a new ball game is now in progress; the ball is now in our court. It behoves the members of our profession to endeavour to predict future needs rather than existing needs so that structural changes may be made in the course to accommodate appropriate cross-crediting with other course as well as accreditation for the pursuit of study at post basic levels.

#### QUOTATIONS

1. Mammoplasty Its an area I haven't delved into  
Mr Kircher.
  2. "The Anaesthetic Slows up the hairs on your chest"  
Pieta Valentine.
  3. Diuretics: "It just makes you wee more"  
Ms. Satterthuwaite
  4. Sex: "A natural hygienic sort of process"  
Mrs Robertson
  5. I'll just draw a crude diagram!"  
Mrs Mosely.
  6. Mr Kircher - self definition:  
"I'm a professional fool"
- " —
7. "You'll be schpending nexsut year in Dunedin if you don't sctop larfin at me!"  
Mish McLeod.

"Ahhh - Look at Billie!"

Miss Wood.

— " —



### THE ROLE OF THE PHYSIOTHERAPIST IN PAEDIATRICS

The physiotherapist in any field, whether treating adults or children is a teacher. She teaches the adult how to regain the abilities he has lost, how to perform various exercises which will strengthen weakened muscles, what to do for a home programme and how to become as independent as possible.

In paediatrics the role of the physiotherapist is, even more, one of teacher, advisor and confidant. It is impossible to treat children adequately without taking the family into consideration. The baby and young child are dependant upon their parents for every daily life - maintaining factor. For the baby to grow into a healthy normal happy child there must be a warm & loving relationship between him and his parents which will mature so that he can take his rightful place with his siblings in the family. As he matures he must learn to give as well as take and he must learn consideration for others. This is usually taught to him at a fairly early stage, particularly if he has older brothers and sisters. Learning is a traumatic experience and there will be many screams and squeals of rage as his brother or sister takes away the toy he wants at that particular moment.

So often the handicapped child, because of his increased dependance on his parents, is given a very special place within the family circle. He may be loved and spoiled, his every wish given in to and his siblings taught to run, fetch and carry out his slightest wish. He holds, therefore, an unnatural place within that family group. On the other hand his wants may be attended to, but an atmosphere of love and stimulation are wanting.

As the physiotherapist is often the only one in the medical team who spends much time with the parents and child, it often falls upon her to tactfully counsel and advise the parents to give the handicapped child a more normal place within the family circle. He should not be spoiled any more than the other siblings and he should learn, as he becomes older, to consider others.

A loving relationship with parents and siblings and a stimulating environment which will keep the child up to his developmental milestones both physically and intellectually should be the aim. It is often the physiotherapist who has to try and steer the family towards this goal.

As the parents are with the child twenty four hours a day, they must be shown and taught by the physiotherapist how to handle him to gain the required responses. It should be impressed upon them how important it is that this correct handling is used when bathing, feeding, dressing and playing with their baby.

Exercises should not be exercises as such but should be a game which the child enjoys. The physiotherapist has to be adaptable and ingenious in thinking of "fun" ways of gaining the correct response. In this way not only will the treatment be a play session, but it should also help to give the child a number of different experiences so that he can learn about the world around him. He learns by the sensation of movement and the experience of exploring his surroundings. It is necessary for the physiotherapist to have a very good knowledge of the nature of growth and development in the child so that the drive to complete the necessary milestone is not lost. For example the drive to stand erect toward the end of the first year may have been lost if he is left for two or three years before he is facilitated to take the erect position. In addition to this the knowledge of physical development from utero onwards is important. Children with respiratory conditions may not just have a single part of their lung affected, but it may prevent that part from expanding & growing into a much larger area. For instance at birth there are approximately twenty million alveoli present which expand with the onset of respiration. The baby is born long before the lungs have matured, for in adult life there are approximately three hundred million alveoli present. This shows how important it is for the physiotherapist to teach the parents accurate postural drainage and breathing exercises.

Paralysis of muscles causes a deterioration of circulation in the part affected and trophic changes in the adult, but it also affects growth in the child. He may grow with one leg shorter than the other if one leg has been paralysed. Imbalance of musculature can cause contractures in the adult, but it will not change his bony structure. In the child not only do contractures occur but also bony deformity. Therefore the physiotherapist must always look ahead to see what deformity could occur and take adequate steps to prevent it from happening.

In certain neurological and muscular conditions it is necessary to suggest aids to help maintain the child in the upright position to see the world around him.

These can be in the form of small chairs specially made to suit his requirements, or trolleys, wheelchairs and tricycles to enable him to be mobile. In this way new avenues of experience are opened for him and he has a better opportunity to complete with his peers.

To summarise the physiotherapist should never lose sight of the importance of her patient in the family unit. She should support and help the parents to see the child as a whole. In this way through her treatment he may gain both physical and intellectual experience to enable him to take an active part in society.

Patricia L. Wood, Dip. Phty., M.A.P.A., N.Z.R.P.

" ——— "

OTAGO - SOUTHLAND PHYSIOTHERAPY TRUST

The Trust was established in September 1974 by the Otago - Southland Branch of the New Zealand Society of Physiotherapy Inc.,  
The Trust aims To

a. Improve Physiotherapy knowledge and expertise by bringing to Dunedin each year a visiting Fellow who will conduct lectures and practical sessions for the benefit of staff and students of the School of Physiotherapy, Society members in Otago and Southland and other interested parties. It is intended that the Fellow be selected from a specialised area of Physiotherapy, or a related subject e.g. Medical / Educational.

b. Encourage and further the Physiotherapy Education Programme already in existence and to broaden the bases of activity.

It is proposed that the interest raised from the capital invested will finance the visiting fellow.

The Fund Raising Committee comprises of a Committee in Otago and a Sub Committee in Southland. The fund raising commenced in March 1975 and to date approximately \$118,500 has been raised. It is noteworthy that \$4,000 of this amount has been raised directly through the efforts of Physiotherapists in Otago and Southland and Students of the School of Physiotherapy.

Although it was planned that the fund raising would last only 1 year, at this stage the Committee is still short of its proposed minimal operating target of \$20,000 but are optimistic the deficit will be raised soon. It is pleasing to know that at this stage the Trust's Selection Committee is already well on the way to appointing the Trusts' first Visiting Fellow for 1977.

Miss Satterthwaite.

### SPRING OUT OF ACTION

The highlight of OUR Social year came at the party which terminated the Otago - Southland Physiotherapy trusts fund raising.

It was a dubious bunch of second years who entered the hall seeming out of place in their short skirts and embarrassed by their partners three "J" university uniform (jeans, jersey, jandals,) when confronted by ball gowns and three piece suits.

It turned out to be a typical case of appearances don't matter as we soon found out. As the wine flowed and the band warmed up so did the atmosphere. It was an exercise in diplomatic relations. As student - tutor barriers were broken - Eh Billie!

There would have been many red faces on Sunday bar the fact that no-one stood blameless. Put it down to having a good time.

Miss Wood had tears running down her face laughinf at Miss McLeods antics. Mrs Mouah was noted for singing and dancing (say no more!!!) Mrs Wilson complained of sore hip abductors and it is now believed her husband is a retired ballet dancer. Mrs Patterson is also hiding a husband of many talents as we were soon to discover - thanks to Graham Hill on the piano and Lesley Hibbs on the spoons.

Mr Kircher was seen in earnest conversation with Marg Jamieson and the outcome of the lengthy discussion was the revelation that he is a "Professional Fool" (his own words)

Eminent surgeons joined in with the hilarity - I think I counted 3 glasses broken.

The students were not blameless in this atmosphere of gay abandon.

One girl was seen grovelling on all fours looking for her friend, underneath the pool table. (I wonder where she got to?) It was noted that the bar maids had a good Saturday night - a rotten Sunday morning.

Thanks must go to Pam Russel for pushing us into going, to the organizer and especially to everyone present because they made it The evening it was ! (wink,wink, nudge nudge, say no more!!)

" ——— "

FORGOTTEN WINTER

Hail falls on shoulders wakening to bear the day  
 And the blind lights fuzz the morning darkness  
 Work stream of cars speed through the green,  
 and hills white behind the city.  
 Signs of a Winter lost in hospital heat.

Radio news of highways closed and chains needed  
 Windows showing hail fall but distant  
 Bodies warm air cradled, eyes gaze sightless at the grey day  
 Minds understand briefly the theory of Winter and forget  
 Winter passing unnoticed in hospital heat.

Gail.

" ——— "

1. A friend is someone  
 Who knows all about you,  
 And still likes you.

Annon.

2. Watch the faces;  
 Hear the unspoken word.  
 You may bring a smile  
 To a lonely person.

Occupational Therapy - Wakari Hospital.

1976.

Occupational-therapy is a medically prescribed treatment, aimed at rehabilitation of the patient in all areas-physically, emotionally, and Socially.

We use activity as a treatment media.

Treatment Programme generally follows:-

- Assessment - Initial
- Progress
- Final.
- Treatment - 1. Establish relationship
- 2. Specific treatment - Maintenance.
- Rehabilitation.

Treatment Includes:-

1. Activities of Daily Living:

WE DO - Assess levels of independence and functional ability.

Bathing

Dressing

Feeding

Transferring

Domestic skills

Communication.

-Encourage independence by teaching new techniques and through practice.

2. Domiciliary:

WE DO - Assessment of home situation.

- Provide necessary aids(rails,ramps,raised toilet seats.)

-Help resettle the patient in home,job,community.

3. Perception:

WE DO - Assess for dysfunction.

-Retrain through activities, e.g. Body image - relearning dressing in front of a mirror.

- Teach the patient to compensate for permanent disability.

4. Remedial Activities:-

- WE DO -Increase range of movement.  
 -Increase muscle strength.  
 -Increase fatigue tolerance.  
 -Improve standing and sitting balance.  
 -Improve co-ordination.

By graded activity, e.g. improving finger manipulation by decreasing size of draught, or increasing resistance by increasing weight.

WE DO NOT - Overlap with physiotherapy treatment, but reinforce their treatment.

5. Psychological:

- WE DO-Establish and maintain patient relationship.  
 -Help alleviate anxiety at being hospitalised.  
 -Provide outlets for expression of feelings e.g.depression  
 -Provide opportunity for developing insight.  
 -Provide emotional support.

WE DO NOT-Meddle in this area but we have specific training in psychiatry and its application.

## 6. WE DO USE activity to fullfil treatment aims.

e.g. To increase range of movement and muscle strength of upper limb - standing in a sling support.

WE DO NOT- Give patients something to do ' when they are bored ! but encourage relatives to do this.

\* Occupy patients but we are active in rehabilitation.

## NOTE:

I consider it of vital importance to the recovery and rehabilitation of a patient that the medical staff work as a team. In this respect I think it is important that physiotherapy & Occupational Therapy work together more. Up till now I think this has been prevented, in some cases, by a lack of understanding and a sense of competition between the two professions. But with a bit of luck and co-operation from both sides the situation should improve.

- Editor.

THE Vera Hayward Clinic Dunedin Public Hospital

- Miss V. Hayward.

Near the Children's outpatient department is a bowling green and pavilion, now the property of the Otago Hospital Board. The green is a play area, and the Board's staff with great skill and imagination have transformed the ground floor of the pavilion into a most delightful and attractive children's clinic.

It was opened in December 1974, under the direction of the paediatric and physiotherapy departments and owes its existence to the foresight, co-operation and drive of Dr. Patricia Brickfield, paediatrician, Miss Pat Wood, physiotherapist, and Mrs Shirley Hollaway play therapist. Visitors to the clinic are at once impressed with the bright colourful surroundings and the happy informal atmosphere. There are attractive toys, storybooks, and all kinds of equipment designed for the children's enjoyment, but also for their physical and mental development. Much of this equipment has been kindly given by service clubs, and the Lions also helped vary generously in the establishment of the clinic. This caters for children under three - older if they are receiving physiotherapy and are referred by other hospital departments, paediatric, physiotherapy, neurosurgery etc.

There are three play groups, meeting three times weekly. Twenty children are attending at the present time - children handicapped physically and mentally and deprived children coming from difficult homes. The mothers of this group are encouraged to participate in their children's activities, and thus are helped with child care and better understanding of their child's difficulties.

The diagnostic service is very valuable in advising parents as to the real step for their children - whether they proceed to an ordinary kindergarten, or to the crippled children kindergarten or to pre school for the intellectually handicapped. How fortunate we are to have a team of such dedicated people working here for these children.

N.B. Miss Hayward is a patron of our student's association. Throughout the year she sends us a general invitation to Sunday Tea. Those that have been will know and appreciate the home cooking, friendly chat and warm fire.  
Thank - you from us all.

-Editor.



WAKARI REPORT

Wakari Nurses Home recorded its best day for 1976 when 17 bright-eyed physio students arrived at its doorstep ..... Well SO WE THOUGHT!!

After a brief guide around "The Home" we were left to get to know who we were going to live with - or near - for the rest of the year - & to see if we were going to like the place - or not.- Obviously it didn't appeal to some - eh Jane?!! (she left) Rumour has it, it was the food - NOT US.

Julie's was the first birthday we celebrated "Wakari Style" - it was a ..... say no more!

Soon became apparent that the food there was different, but you can survive on toast, or toast, or may be even toast.

The canteen also provided a good excuse for "Stop Work" meetings & the gym was a good place to work off what we put on during the day. - and to practise Bloo-Review items cracker raids and ? bathing became routine (as were private interviews with the matron)

We got to know the home supervisors well, by causally asking for the master key, as rooms mysteriously locked after a silent gust of wind. clothes disappeared, while showering ..... Wheelchair races along the corridor, beds being put in baths, strange! cups of coffee - and numerous other activities were all part of life "Wakari Style"

Transport is never any Trouble - especially if you have a recurrent problem with thumb extension. Those with "straight" thumbs - walk. Taxi drivers are among the most willing to give us rides, but as Shirley found out - its not just out of the goodness of their hearts.

Some of us started off with motor bikes but with numerous parking tickets, and reluctance to go up hills, it took a while to become tuned to the Dunedin traffic conditions - and topography. A wee mini hit town soon after the May holidays and this proved to be a very useful means of transport. Especially for a quick get away after nightie raids on Big Daddies.

The Wakari physio students this year have entered into several sportin

teams and "activities" involving the physios, among these being, Netball, Indoor Basketball and Hockey teams and our appearances at the polytechnique Bar-B-Que to Taiari Mouth, the swimming sports, the rugby and cricket games and the Bloo Review - were - (we thought) muchly appreciated???

We had our shares of thrills and spills. The snow provided both, quite successfully. We joined the neighbourhood youngsters with bed pans and plastic bags, to go flying down the slopes behind Wakari, & building snow women (no males are allowed near the nurses home) Two of the more ambitious of us - attempted to slide down to physio - uphill was rather difficult.

To add our bit to hospital staff relations we helped OT's (Occupational Therapists) and nurses to make beds. (after teaching them our special method of apple pieing) We did however have a good time the night we descended on a local hotel to dinner - to farewell the OT's who were fleeing back to the off shore island - (Wellington).

By tradition Wakari entered into the "Bloo Review" with their presentation of the "Wakari Wombles" and did a special contribution to "Beetle Mania Week" - with our version of "It's been a long Term".

We had a good time at Wakari - those up there this year were: -

Sue Booth  
 M.J. Botting  
 Morag Colston  
 Cheryl Graham  
 Robyn Grant  
 Paula Wild  
 Kathy Thompson  
 Liz Stanich  
 Nick Hodgins  
 Shirley Hyde  
 Helen Moss  
 Robyn Laytham  
 Lesley Schon  
 Julie Smith  
 Jane Stone

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## UNICOL REPORT

When Unicol finally opened for the earliest Varsity Students 10 physios, who had been scattered around Dunedin for a week settled into their home for the year. After initial shock of having to climb stairs (Jane & Julie excluded being landed on the ground floor) We were able to become slowly initiated to Unicol life as it gradually dulled up.

At this stage of the year just before August Holidays) the Physios are once again holding the fort, as varsity has done a mass exodus. At least we're getting our monies worth if that's possible in Unicol. The daily clearing of rubbish tins for swot notes is rather unnecessary but the food wrappings would probably get rather smelly.

The food - yes well. Perhaps reconstituted protein or demineralised fibre, but not food. Several find toast in the common room easier to face than prunes, porridge & spaghetti About 12.30 you'll usually find a group of girls wrestled over the toaster & again at about 9.30. So I left tea out? The editor wouldn't publish the description.

Unicollers probably find parts of the year very dampening. It's a very clean place really - water in the lifts, water over the balconies, water down the corridors, water across the showers, water down the stairwells (particularly pleasant when on a toll call) and they put very cold water in the baths. However, it can also be a very untidy place. The big thrill in coming back from a ball is to find your bed upside down, drawers out and wardrobe door off. Or to wake up in the morning to the loos all locked, shower rose gone and shaving cream all over the mirrors. One afternoon the kitchen staff found no scrap buckets to empty, I wonder why?

Don't think the Physios took it lying down. Gail the 2nd year came in quite handy with her accumulated wisdom. She hung out on 3rd floor with the mad basketballer (R...) the girl with a ring on her left hand. (Nikki) & an incurable knitter (Jane) Directly above lived 4 first years - Di Vick - the social butterfly, me (no comment) Rachael remembered for her hop-a-long act & Di H whom I only see when she uses my scales. Well up to the heavens on 6th floor are Jenny & Sue who spend more time in hell - on mens 6th.

Unicollers, although probably the closest to Physio managed to build a reputation for being late. (probable indigestion) In fact it's a struggle not to pick up the habits of our varsity & T Coll floor males who slumber sweatily while we rush round madly in the morning.

Certainly can see how the other half lives.

The 20's Ball & Formal Ball were 2 highlights with a champagne breakfast for the fitter members of the tribe. Somehow the physios managed to get at least one representative to just about every Ball going through the year. Just had to get adapted to sneaking a bunch of people into Unicol 2,00 a.m. past Fred. The rule of no alcohol in the towers was easy to cope with. Funny how he didn't bother to associate crates with bottles.

You've probably been put off ever coming even to visit those 2 grey forboding towers from this. Don't worry we know were a weird bunch - you'd have to be, to be doing Physio and live in Unicol.

404.

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CONTINUED QUOTATIONS

1. Mrs Mosely " ... most of the women in your ante-natal classes are pregnant....."
2. Miss Satterthwaite "...place your patients tummy on your tummy!"
3. Mrs Mosely "everytime I do physiology I get pregnant anyway."
4. Mrs Wilson "You can get them(Ulcers) in places where you're not supposed to scratch in public"
5. Mrs Wilson "Now would everyone like to look at my legs..."
6. Miss Satterthwaite "Ive got Mr 'Snell on the brain".
7. Mrs Wilson "We're in a hurry to get to the point where we're going to have the baby!"

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"Boo - Boood"

Student "Miss Wood?"

- background laughter .....

Student "Oh Sorry,.....Miss McLeod?"

Miss McLeod: Ha Ha..... Miss wood's got the grey hair NOT ME!"

"HOME THOUGHTS FROM DUNEDIN"

The pressure is on. Man feels the need to succeed, and to do so must feel socially acceptable at work and in his own circle. Increased pace, modern techniques, electrical devices, continual turn over, new products, constant decisions. Nothing seems to last any more. Nothing is thought of families splitting up to live all over the world, millions of people change cities and friends every year. Drugs are used to induce sleep, nearly as many are used to stimulate activity. The pressure is on.

There is increased pace at work, to learn new methods, remember the old, increase the output and gain. New experiences, overseas travel, newspapers, television, new art, modern thinking, - they all appear to make up a more ideal, self content concept of life.

How many of us often travel 500 miles at weekends, to spend a few hours, revisiting old friends, or by a mountainside lake? We all talk about the pressure, but do we really want a more peaceful, slower life, or do we need the hectic rush because it doesn't allow time for thinking about why we should hurry.

Personally, I like my few old friends at home but the instinctive challenge and social pressure of finding a "good" job and experiencing new activities won't allow me to stay behind. Perhaps if I had, I would have had more time to think about my friends feelings and their problems.

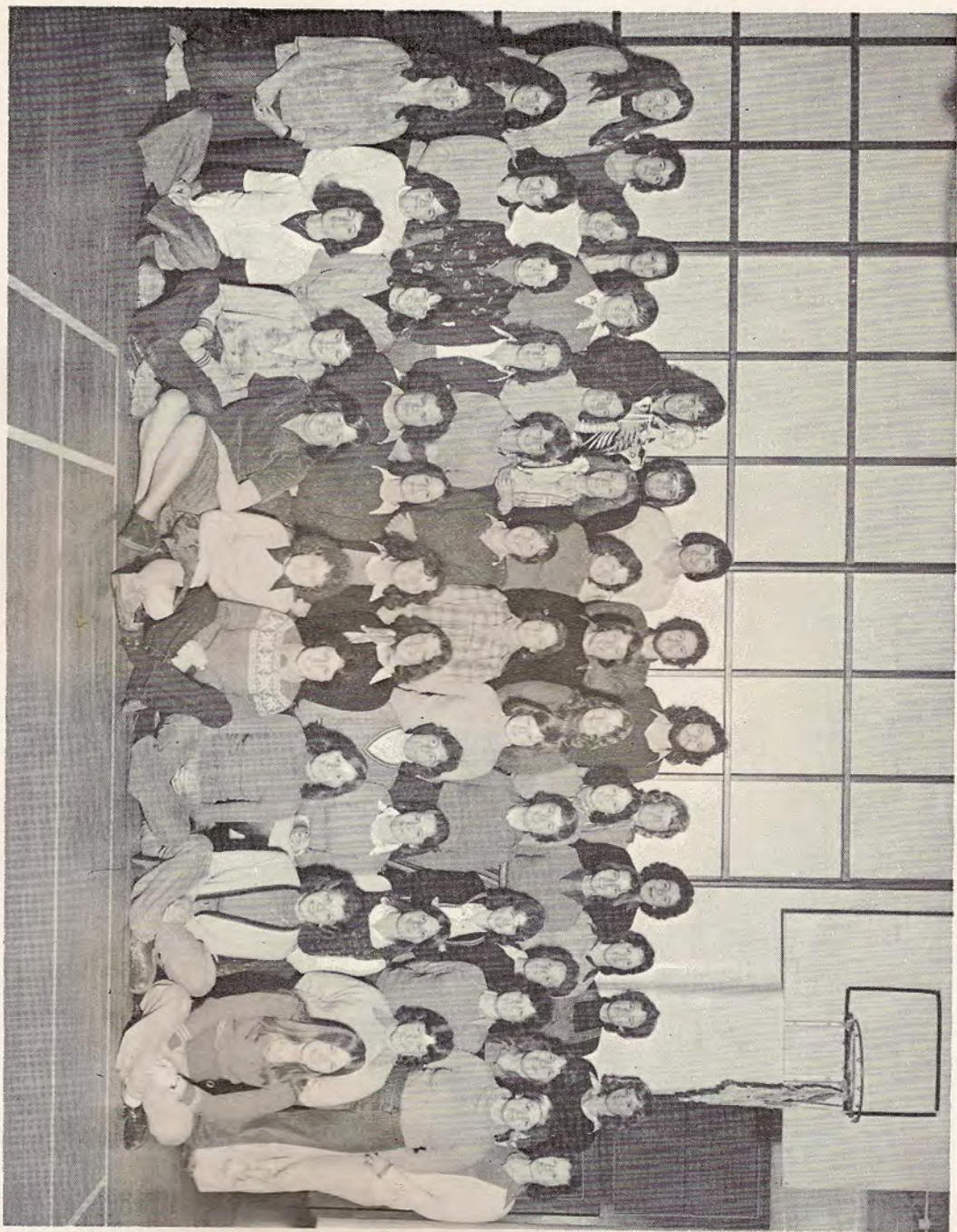
Is this pressure and change going to be characteristic of the rest of our lives?

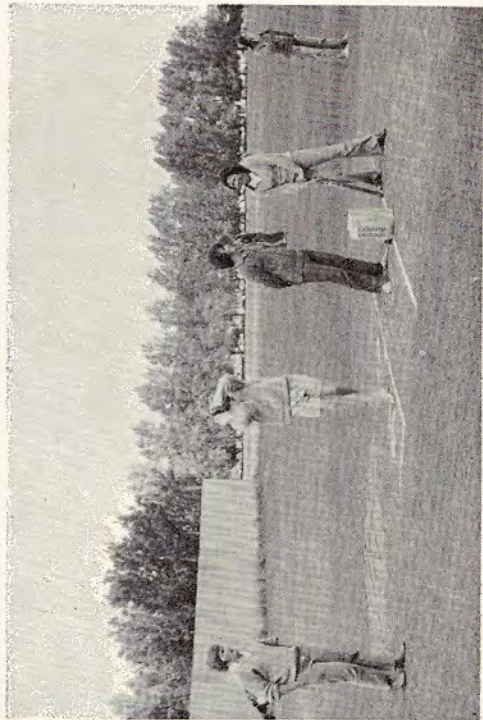
As I sit in this lecture, I think how nice it would be to lie on a beach in the sun and the wind, and tell the world to do it's own rushing and worrying.

-Anon.

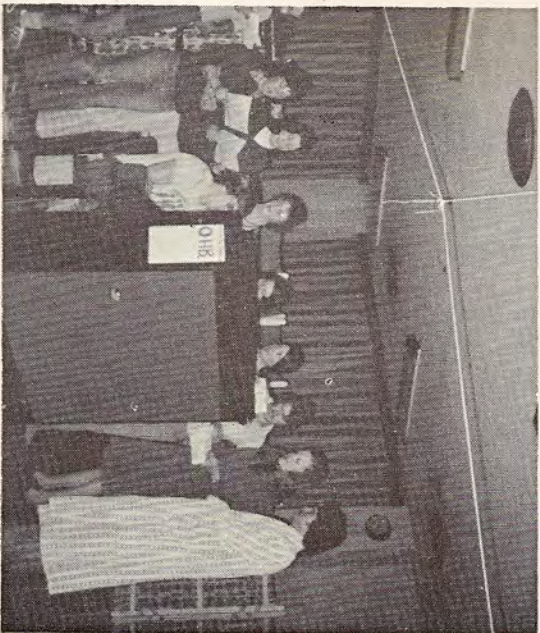
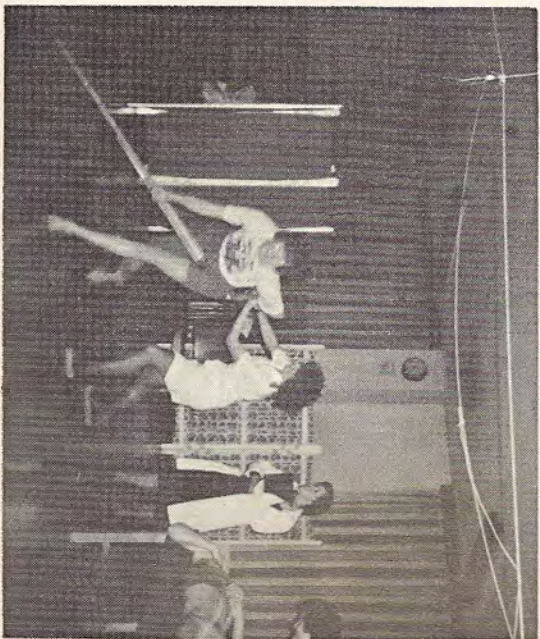


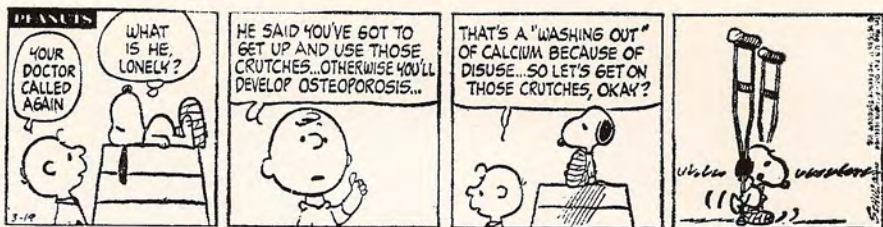
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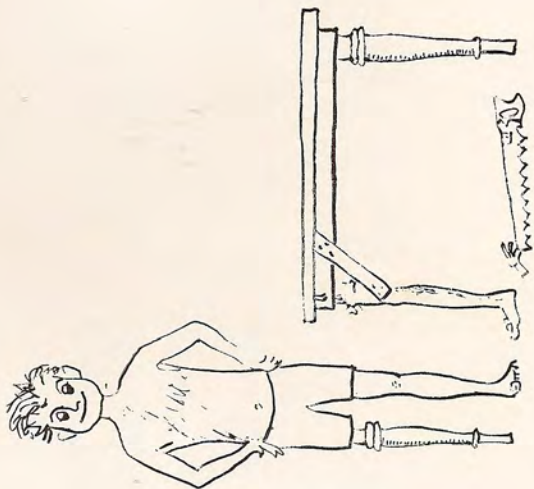












REPORT AUCKLAND PHYSIOTHERAPY SCHOOLAdministration:

We are a department of the Auckland Technical Institute (A.T.I.) & are situated in the Grafton branch.

Timetable:

Year 1. Hours: - 9a.m. - 1p.m.  
 1.30p.m. - 3.30p.m.  
 Total 6hrs - a mixture of theory & practical sessions using the schools facilities & the Auckland Medical School.

Year 2. Hours. 8 a.m. - 12noon.  
 Clinical Science theory  
 Anatomys & Physiology in first term only.

1.30 - 4.30p.m. Clinical Practice  
 1 month runs covering major hospitals in -  
 Middlemore Hospital ortherpaedics  
 Greenlane " respiratory  
 Auckland " neurology  
 North Shore "  
 Wilson Home "  
 Otara Rehabilitation Centre

Exams: November 2 theory papers Clinical Science  
 1½ hrs practical exam  
 1 theory paper in Psychology & Sociology.

Anatomy & Physiology finish at end of a first term.

Year 3: -

Hours: - 8a.m. - 12 noon Clinical practice at a number of institutions around Auckland - on 2,-3,or 4 week blocks.

1. North Shore Hospital - Out Patients and Geriatrics.
2. Wilson Home - Crippled childrens home.
3. Lady Allum - Geriatric Home
4. Cerebral Palsy School
5. Ward 10 - Psychiatric Unit Auckland Hospital
6. National Womens - Obstetrics & Gynaecology.
7. A private Physio
8. Otara Rehabilitation Centre

9. The Mater Private Hospital
10. The Auckland Limb Centre
11. The three main hospitals: - Auckland  
Greenlane  
Middlemore

At these three hospitals we combine all fields of clinical practice & work in the specialised units for short periods. e.g. Cardiac & Thoracic Surgery Greenlane .

- Intensive Care units at all hospitals
- Paediatrics
- Also attending many specialised clinics.

Psychology & Sociology is in all three years of the course. The ATI sets compulsory "Communications" lectures for two hours per week for electives associated with physio (in first & second year)

Participation at A.T.I.:-

There is a lack of participation by physio students in A.T.I. activities; possibly due to the distance of the Grafton branch from the main Institute. We therefore organize our own physio social & sporting activities.

Intake/Output.

Intake is approx 60 per year

As there has only been on year of graduates there is no average output as yet.

Communication

There is good communication between tutors and students. There is a good general feeling between the students in the school. However due to the size of Auckland and the number of students living at home, social interaction usually only occurs in small groups except when specific physio functions are organised in association with other student medical staff. There is a nursing school at the Grafton Branch but the timetables prevent any interaction with them. We rarely have any contact with medical students, although we occasionally work more closely with O.T. students. There are no combined lectures.

\*\*\*\*\*

3rd Year Students Report From - Dunedin

We could have begun by saying that 1976 was a year of change, but what an understatement.

The hospital board/polytech change over was NOT a bed of roses, and we the finalists appeared to be in the centre of what was a petty conflict, where common sense should have pre-vailed.

Some registered staff did NOT appear to recognise us as being fellow -associates. This hampered the treatment of patients due to unavailability of machines. However, the practice gained with the OLDER machines is sure to be invaluable at places such as Ekatanuna General Public!

Oh, to be treated as equals, perhaps NOT having as many skills as others, but to be acknowledged as being specialists in our own field. This applies to physiotherapists too!

As per usual, the normal apathy of the students prevented intergration between the 3 classes, Staff inter-relations could have been improved had the barrier between "upstairs and Downstairs" tea rooms been lifted.

Our first class dinner was a ripper and set the pace for things to come. Two engagements were the highlights of the year and others in the melting pot, may soon come to boil. Overall if our social life at physio could be compared to a horse, it would have been shot years ago!

The visit to the spinal unit in Christchurch, once again proved helpful, although more time in the unit would have been beneficial.

Our thanks to Miss Billie McLeod who proved to be a 'Conciliator Extrordinaire' - P.S. The wigs a Cracker!

Finally, saving the best to last, our heart felt appreciation to Mrs Billinghamurst for all her work and worries. It Has NOT been easy for her to be landed in the middle of the Quandary with us, and her efforts we hope will NOT be in Vain.

\*\*\*\*\*

3rd Year Students Report From - Hamilton

1. Gibb  
"It's a shit job being a physio student"
2. Jane  
"When you get married you don't spend so much time in the bedroom?? (Speaking from experience).
3. Jo  
"Have you just had a naughty??  
(To Jane as she walks in late, red and flushed)
4. Lesley  
"I'm going to have to get really drunk one day"  
Clare - I don't advise it. I did and look what happened  
I married him."
5. Miss Gorrick  
"Mothers DO worry about bowels"  
- Here a bowel  
- There a bowel  
Everywhere a bowel wow.
6. Mrs Dawson.  
"This hospital is getting ridiculous"  
"Friday afternoon's are becoming disasterous"  
"Maybe she's treating the patient or something stupid."  
(Jane was late to class)
7. "Fran has been studying Grant's Anatomy"
8. Lesley  
"Who's presenting their patient today?"  
Answer: You are!  
Reply: "Oh!"  
(Usual absent-mindedness)

\*\*\*\*\*

The Father, The Son, The Holy Ghost & The Disciples

1. Mrs Dawson has had a difficult task,  
Repeatedly being put to the test by the multitudes  
And even her disciples have her walking on air.  
At the start of our career  
We were presented before the Holy Father.  
Where we were advised and directed on the right path  
- Our Judgement came later!
  
2. And now, each morning  
WE begin with Daily Worship & Confessions.  
To the Father, Bless Miss Garick.  
Christ often accompanies us  
During our daily work,  
and gifts us with the power of healing:  
A bit of oil, massage, ultrasound & hospital spirits  
Does magreat wonders!  
and with the touch of Mary Magdelines love  
The patients are cheered and healed.
  
3. Early on in the year,  
We has the gathering of the multitudes at the physio conference,  
But Shirley's apple unfortunately did not go far.  
Margaret, Gibby, Fran & Jo were baptised early  
at the hospital swimming sports.  
And we all leave time for regular prayer meetings at Glenview  
Second best to Temple View  
Berta has already denied Christ 3 times.



Once with a cold 2nd with an infected wisdom tooth  
& third and finally with glandular fever.

4. And now, the last supper is drawing near.  
When old Billy arrives after exams  
We'll eat the bread & drink the wine  
and with the body of Christ broken for us  
and the blood of Christ shared for us  
we are in unity.

How carefully we try and abide  
The Guidance of the Father, Son & Holy Ghost  
So now we earnestly advocate:  
"Suffer little patients to come unto us".

Fran

Mrs Magoo Franny  
Our dilly Nanny  
Growing old fast:  
Diminished freight  
Faded hair  
No hope for any repair,  
Screws rusting  
Needs dusting  
'No I should be fair.  
Shes really a little dear!

Lesley  
\$200 worth!



Mrs Dawson (while demonstrating  
spinal mobilization).  
Has someone seen Mr Weeden doing  
this one!"  
(Physio leaning over a patient to  
do spinal mobilizations"

(Patient sitting on a plinth )

(get the picture!?)

\*\*\*\*\*

POLYTECH PICNIC

Our first function with the Polytechnic was a picnic out past Taieri Mouth. The trudge up the hill gave us our first hernia of the year, followed by an enjoyable bus trip out.

Our first claim to fame come when one of our Tug -o - war teams made up of brawny first years won the competition. They annihilated the delicate second years and the other Polytechnic teams.

Moved onto the drinking competition (anyone for milk!!!) everyones drinking habits come to light, but the well trained Polytechnic males won.

The copious amount of liquid didn't deminish our appetites and the smell of food brought everyone towards the Bar -B-Q- it was now our eating habits which came to the fore.

After a short break it was back to the exercises in the form of soccer (or something) but the prize must go to the second year who, after running her hand expertly up and down the injured player's leg (any excuse) pronounced "no damage" said player was seen the next day outside A + E with a below knee pop and crutches.

Better luck next time!!!

It was a tired and satisfied group of travellers that sing their way back to Dunedin after a most enjoyable outing.

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Sporting EventsCricket:

On a typical British summer afternoon a group of enthusiastic sportsmen strode onto the cricket pitch to show their hidden talents. An absolutely top hole game ensured.

The game was characterized by brilliant sweep shots, punishing boundaries and a stunning leg glance when the wind caught Wendy Wason's

skirt. The spectators bathed in glorious sunshine, were right there when drinks were taken at 2.00; 2.30; 2.45; 3.00; 3.10; 3.15; (with a few inbetween!)

The captain of the male team declared (for reasons of public decency we can't say what he declared!) He followed on with more of the same, so we all pitched in to see if we could stump him, but by that stage he had run out.

This is just padding, but nothing to get bailed up about. The male players were somewhat defenceless because they forgot their boxes; the females with typical fore-sight brought theirs with them.

The highlight of the match was when ??? lost her virginity to a particular fast risingball from the males fast attack. I've heard of a rolled pitch but not being rolled on the pitch!!!!!!

### Rugby

It was a great day for Physiotherapists when they discovered you don't need leather balls to play rugby with.

The female team out-passed, out kicked, out-tackled, and out rucked the male team which wasn't much fun because it takes two to Tango

Marg Jamieson assures us it is fun to scrum and managed to keep abreast of the ball all game.

The prize must go to Iron Pants West-Watson who maintained her composure as well as her pants against all odds (we've got your name buster!!)

The score of 16 - 14 to the females was hardly indicative of the run of play with the females camping on the males goal-line (not to mention the dressing sheds!) for the best part of the game.

The old fashioned rugby mall turned into a rugby grope which opens up a whole new field in competitive sport.

Nothing escaped the refs eyes - at every infringement he would stride purposefully up; point acussingly at the offender & easy say "I kirch yah that time!

A lack of oranges at half time was a little disappointing, but beer was an admirable substitute.

The game was enjoyed by all, and as one male said it was a hard, rousing game."

\*\*\*\*\*

### Physio Hockey Club

For the second year we the Physio team hit the Logan Park Mud with a flourish. Amazing our opponents with dazzling team work and racey techniques, we managed to win as many games as we lost. Our second claim to fame was our ability to recruit meds, Nurses & Varsity students at very short notice. Our thanks go to Deb Thorton, Margaret Fairhurst, Ludo Glover & Roseanne Levis & others who helped out occassionally. Can't forget the physios Nough! Jane Scoular, Anne McChesrey, Lig Stanich, Robyn Ulrich, Karen Baeryty, Karen Wilson, Kirsty Gardiner, Mar Jane Botting, Diana Haldare, Jenny Finch, Linda Becker. We would also like to thank our coach Hans Geersen and congratulate Robyn Ulrich for her selection into the Otago senior reserve Team.

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### BLOO REVIEW, REVIEW.

We saw the 2nd term end in great style, this year, with the Bloo Review being just as much a success as last year. Many thanks to the organisers Ms 'Satterthwaite & Russel. The "all - round" versatility of "The Physio" was again displayed. As seen by the Variety of items put forward by both staff and students.

Among the line-up were demonstrations of facilitating co-contraction of vocal chords; the lastest in mobility refines (with Womble over-tones); pathology brought to life (as seen through the eyes of the staff), and healthy competition demonstrating the notorious skills of the 1st years: The 2nd years', however weren't to be outdone in showing their ability to "take-hold' of ANY situation - even that so

hectic as a kinesiology exam. Who will forget it? Anyone willing to bet that Jenny will be the wackiest Kineezee tutor sometime in the future, that this school has ever had?

All items were subjected to the discerning eyes of Renee and Frank, who planted themselves (un be known to the rest of us) near the back of the room. Their task was, as one can appreciate, a difficult one. However Billies words of wisdom and Mrs. Morrah's outstanding display of musical ability (among other things), came home ahead of the field, to win the section for "Pupils", in a skit displaying a few hilarious insights into the night of the Association Ball.

Jan Skinner showed us that the talents of physio's are not to be found within the walls of the gym alone. Perhaps we can look forward to seeing your face on T.V.1 in the near future Jan?

The evening, as most will remember, wound up on a good note down at the local "Vic Tavern", with Hunter at the keyboard and the Vienna Choir (in very good good disguise) providing background harmony (eat your heart out Liberache!).

There's a 101 things;  
we'd like to recall;  
But with LIMITED PAPER;  
We can't write them all!

#####

QUOTATIONS.

Who was it who referred to her elderly chest patients as a  
"Naughty wee squirt"?????????????????

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OTAGO POLYTECHNIC.SCHOOL OF PHYSIOTHERAPYADDRESS LIST.FIRST YEAR STUDENTS 1976

Armfelt, Miss N.R.	14 Wallace Street, Dunedin.
Baeyertz, Miss K.E.	237 Grey Street. Hamilton.
Barnsdale, Miss T.J.	122 Lewis St. Invercargill
Barton Miss W.G.	16 Westburn Tce. Christchurch.
Bell, Miss A.C.	404 Muritai Road Eastbourne.
Bell, Miss L.M.	10 Seaview Road, Brighton, Dunedin.
Botting, Miss M.J.K.	16 Beverley St. Christchurch.
Booth Miss S.M.	249 Memorial Ave. Christchurch.
Brown, Miss N.J.	27 Gothic Place. Christchurch.
Childs, Miss B.M.	6 Richards Ave. Christchurch.
Clack, Miss M.L.	8 Brunswick Street. Timaru/
Colston, Miss N.M.	13 Fairburn St. J'Ville Wellington.
Cooke, Miss J.C.	35 Stanley Street, Queenstown.
Coynane Miss H.E.	48 McMaster St. Invercargill.
Culy, Miss H.E.	17 Nikau St. Lower Hutt.
David Miss P.R.	175 Shetland St. Dunedin.
Davidson, Mr. R.G.	P.O.Box 4120 Kamo Whangarei
Dornan, Miss R.M.	51 William St, Richmond Nelson.
Fletcher, Mrs M.C.	29 Northumberland ST. Dunedin.
Garard, Mr. A.N.	Ngatarahanga Gladstone Masterton.
Gardiner, Miss K.E.	123 North Road. Kaiapoi North Canterbury.
Gower, Miss R.S.	4 Golf Road. Te Awamutu.
Graham, Miss C.A.	69 Buller Street, New Plymouth.
Grant, Miss C.M.	Conlands No. 2RD Ashburton
Haldane, Miss D.	34 Gillies Avenue, Taupo.
Hamer, Mr. G.E.	R.D.2 Matamata.
Hamilton, Miss S.E.	91 Wansbeck Street Oamaru.
Hodgins, Miss N.J.	138 Avonhead Road, Christchurch 4.
Hooker, Mr. R.D.	Norfolk Road, Rd Carterton.

Gray Miss C.M.	62 Kuratwhiti Street. Greytown.
Hunt, Mr. P.D.	10 Glassey Drive Ashburton.
Hyde, Miss S.A.	Benmore Cheviot RD 2 N.Canterbury
Laytham, Miss R.A.	3 Main Road. Owaka South Otago.
Lennan, Mr. G.R.	316 Kamord Whangarei.
Mc. Chesney, Miss A.J.	8 Alison Cres, Belleknowes, Dunedin.
McPherson, Miss E.R.	27 Howard St. Macandrew Bay.
Main, Mr R.I.	c/o P.O. Box Ngunguru Via Whangarei.
Mehrtens, Miss L.F.	87 Hansens Lane, Christchurch.
Miller, Miss F.E.	3A Crofton Road, Ngaio Wellington.
Moss, Miss H.B.	7 Gayhurst Road, Dallington Christchurch 6.
Schon, Miss L.A.	15 Maher Street, Upper Hutt.
Shapcott, Miss C.A.	P.O.Box 57 Kaitaia.
Shearer Miss J.M.	146 Perth Street, Oamaru.
Smith, Miss J.C.	17 Harriet Place, New Plymouth.
Stanich, Miss E.J.	P.O.Box 103 Huntly.
Stephoe, Mr. D.M.	20a Mantell Street, Wellington.
Stone, Miss E.J. Scargill	No. 3R.D. Kimberley.
Sullivan, Miss C.R.	P.O.Box 11 Ohaupo Waikato.
Templeton, Miss J.	59 Bolton Street, Wellington 1.
Thompson, Mr. M.P.	204 Onewa Rd. Birkenhead
Trotter, Miss L.M.	Glenart 2 R.D. Dunedin
Tyler, Miss N.A.	1 Springfield Rd. Rotorua
Ulrich, Miss R.P.	The Rock Farm, Cave, Sth Cant.
Vickery, Miss D.J.	Wendon Valley, 3 R.D., Gore
Wild, Miss P.E.	44 Whitby St., ChCh. 5
Williams, Miss J.	Box 387, Palmerston North
Williams, Miss J.A.	"Bryn-y-Mar R.D. 12 Hawera, N.I.
Wright, Miss L.W.	68A Durie Vale Rd., Wanganui
Thompson Miss K.	8 Charlcott Street Christchurch 5.
Scoular, Miss J.A.	239 Levers Road, Tauranga



OTAGO POLYTECHNICSCHOOL OF PHYSIOTHERAPYADDRESS LISTSECOND YEAR STUDENTS 1976

Anderson, Miss B.T.	Main Road Waiuru.
Becker, Miss L.A.	Oturehua Otago Central.
Brandford, Miss J.F.	63 Heriot Street, Invercargill.
Brons, Miss M.J.	Anzio Road Reporoa No. 1 R.D.
Brown Mr. L.R.T.	18 Kaimata Street, New Plymouth.
Curtis, Miss J.J.	71 Sophia Street, Rotorua.
DeLaney, Miss L.	2 Percy Cameron Street, Little Hutt.
DeLautour, Miss S.E.	33 Pitt Street, Dunedin.
Derrett, Miss N.A.	79 Beachville Road.
Dineen, Miss E.J.	103 Forth Street, Dunedin.
Dobbie, Miss P.M.	45 Kiriwar Road, Paramata.
Drain, Miss S.M.	Tympany's Road No. 5R.D.
Field, Miss M.M.	P.O.Box 6029 Dunedin North.
Finch, Miss J.	10 Anaru Place Palmerston North.
Fitzgerald, Mr. R.J.	63A Arthur St., Dunedin.
Free, Miss L.B.	Shirlings Street Meirivale.
Glasgow, Miss J.M.	4 Ryde Place Christchurch 4.
Grant, Miss S.L.	6 Galland Place Hamilton.
Hampton, Miss S.E.S.	Bryson Road. Otatara. Invercargill.
Harper, Miss J.S.	9 Amornane Terrace, Hamilton.
Haslam, Miss J.E.	11 Pollock Street. Dunedin.
Herron, Miss P.M.	22 Mechanic Street. N.E.V.
Hewetson, Miss C.A.	Waeren gao - Kurr Gisborne.
Hibbs, Miss L.C.	30 James Street, Riverton.
Hoggarth, Miss J.A.	20 Maitai Street, Dobson West Coast.
Hoogveld, Miss N.M.	198 Knowles Street, Christchurch 5.
Inder, Miss J.M.	118 Cavell Street.
Jago, Mr. L.B.	12 Frankleigh Street, Christchurch.
Jamieson, Miss M.M.	176 Gloucester Street, Toradale.
Jones, Miss L.V.	67 Jenifer Street, Christchurch 5.
Kelleher, Miss A.M.	210 Rutland Street, Christchurch 5.

Lees, Miss C.H.	104 Vernan Terrace Christchurch 2.
Livingston, Miss M.A.	75 R.D. Te Awanutu.
MacDonald, Miss E.H.	Oreti No. 1 R.d Winton.
McDougall, Miss T.M.	Otatara No. 9 R.D Invercargill.
McMillan Miss B.M.	"Lochaber" Irwell No. 3 R.D. Christchurch.
Milicich, Miss K.A.	88 Nile Road, Auckland 9.
Murie, Miss R.K.	24 Gilmore Street, Dunedin.
O'Neill, Mr. N.	12 Taipukupaku Road.
Parsons, Miss K.E.	3 Albert Street.
Pieters, Miss H.L.M.	26 Carters Road Christchurch 6.
Robinson, Miss R.Q.	No. 3 Rd. Rangiora.
Rodger, Miss B.M.	243 Cocksley Avenue, Christchurch 6.
Rowe, Miss J.L.	66 Teesdale Street, Christchurch.
Smith, Miss C.G.	9A Kingsley Nelson.
Smith, Miss P.A.	47 Reissell Street, Nelson.
Snell, Mr B.A.	56 Cargill Street., Dunedin.
Speight, Miss S.E.	14 Burn Street, Wellington.
Stewart, Miss J.A.	19 Arran Street, Mosgiel.
Stowell, Miss S.A.	331 Burwood Road Christchurch 6.
Thomsen, Miss J.E.	92 Forth Street, Dunedin.
Tibbe, Miss J.F.	43 Rutherford Street, Christchurch 3.
Tozer, Miss J.F.	14 Picquet Street, Te Awameti.
Tunnage, Miss V.L.	14 Takaha Terrace, St.Leonards.
Valentine, Miss P.D.	49 Huatoki Street New Plymouth .
Wake, Miss J.N.	13 Kelly Place Hamilton.
Waldron, Miss N.A.	96 Morten Avenue Christchurch 2.
Wason, Miss W.A.	P.O.Box 2 Dussandel, Canterbury.
West-Watson, Miss J.M.	Flat 2. 2A Medbury Terrace Christchurch 4.
Wilson, Miss J.F.B.	44 Bryson Street, Cambridge.
Wilson, Miss K.M.	66 Russell Street, Invercargill.
Wilson, Miss P.J.	26 Riverview Street, Christchurch 2.

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1976 INDOOR BASKETBALL REPORT

Physio Indoor got off to a great start this year. We entered three teams in the O.W.B.A. COMPETITION -- NONE of which, unfortunately did quite as well as we would have liked (Although team I must have come close to winning the Booby - prize) Teams II & III also to put up a great show for our side, Team III in particular coming close to winning their grade.

Many thanks to "Hunter" for his help in getting the teams underway. We had great intentions of holding weekly practises, but due to circumstances beyond our control, these "fizzled out" when exams and a tight schedule made an appearance on the scene. This certainly didn't prevent us from making fun out on the court - on the contrary - for alot of us, it provided ample opportunity to let off a little excess energy, and a break from the books. A quick word in the ears of those lucky enough to run the "P.I.T."

(Physio Indoor Teams (tarmak) next year - with good brakes, over drive, a couple of spare tyres (?????????) and loads of luck, you may have a good chance in leading the rest of the field to the finish line. - Here's drinkin' to you!

TEAM III - Angela Bell  
 Di. Vickery  
 Leslie Wright  
 Jenny Cooke  
 Trudy Barnsdale  
 Rachael Gower  
 Jane Williams

TEAM II - Julie Smith  
 Paula Wild  
 Nicki Hodgins  
 Shirley Hyde  
 Pam Eason  
 Kathy Thompson  
 Cheryl Graham  
 Robyn Gay  
 Helene Moss  
 Raylene Bell

TEAM 1. - Leslie Hibbs  
 Jane Hoggarth  
 Margaret Waldron  
 Karen Wilson  
 Sue Grant  
 Nicky Derrett  
 Louise DeLaney

- Thanks to help and support from Ally Fitzgerald throughout the season (Mr. Fitzzy's better ½ )

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Magazine

1976 PHYSIOTHERAPY NETBALL REPORT

This year 2 teams played in the 2nd grade round of games. We began the year with 14 regular players and 3 reserves. Unfortunately, through the year 3 girls were unable to continue playing and so we were very thankful for our reserves, and others, faithfully 'filling in the gaps.' The lure of Coronet Peak or Mount Hutt proved too great for some of us and so we had to enlist the skills of other students to give us 7 players each on several Saturdays - I would like to say a big thankyou to them.

Our physio A team included Maree Clack (G.S.) Philippa Dobbie (W.D.) Stephanie Harper (C), Chris Lees (G.K.) Liz McPherson (G.D.), Ingrid Tubbe (G.A.) and Wendy Wason (W.A.) Karen Austin, our reserve was much appreciated; playing almost every Saturday. Unfortunately, early on in the season Ingrid injured her knee & so was unable to continue playing. The team was not brilliantly succesful in their section, losing most games - however we had an enjoyable time playing most Saturday's.

The Physio B Team included Wendy Barton (W.D.) Sue Drain (G.K.) Debbie Graham (W.A.) Cheryl Grya (G.A.) Lucy Mertens (G.D.) Christine Sullivan (G.S.) and Evelyn Tulloch (C).

Debbie left Dunedin half way through the season and so the team was short of a regular wing attack. However the team did well in their section winning almost all their games.

Practises were theoretically Wednesday lunchtimes - very theoretically! In practise, they were poorly attended and eventually non-existent. However, we had a good time playing a moderately succesful season of social netball.

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APPLE MONTH SWIMMING CARNIVAL, MOANA POOL.

A team of somewhat dubiously talented fish was netted to enter this carnival. Tony - 'Can you swim? Good, you're in the team! And a mad dash to a backyard swimming pool netted the last member. Anyway the sum of it was -we were second in a field of two. Rather second in the large field. We patted each other on the back and sauntered with our opponents, down the hill to a nearby refreshment hole.

Fish participating - Bev Anderson, Louise Delaney, Jo Wilson and Maxine Field.