

CDOT Newsletter # 1
Committee for the Development of Occupational Therapy
in Egypt
February 05

February 1st, 2005

Dear Supporters of CDOT,

After a very exciting visit in Egypt early this year Madeleine Corstens-Mignot and I returned back to Northern Europe and to our work places. We had the honor and pleasure to meet with many of you, all in all covering 26 appointments within two weeks in Cairo and Alexandria.

In order to make sure that we are all pulling in the same direction in establishing occupational therapy in Egypt, we decided to set up a newsletter which will be mailed out to all parties involved the first of every other month. The deadline for contributions will be two weeks before the distribution. This means that I am expecting your next news by March 15th at my usual email address.

Email: chmentrup@aol.com

We hope that all of you who celebrated the Eid Al-Adha feast had enjoyable holidays with family and friends.

Christiane Mentrup
2nd Vice President
World Federation of Occupational Therapists
(WFOT)

CDOT Members

Expansion of CDOT

Through the Information disseminated by the World Federation and the British Association of Occupational Therapy an occupational therapist, who used to work in Cairo showed interest in our project. Ms. Susannah Barnes, a Pediatric Occupational Therapist, who worked in Egypt for 17 years and helped to translate the "Protégé" programme for Caritas Egypt, contacted WFOT with the intention to support the "OT in Egypt Project". At this point Susannah is living in the United Kingdom. Email:

Welcome to our group, Susannah!

You find a complete list of our contact persons at the end of this list. If you meet any other OT working in Egypt, please, let us know.

Abbassia Hospital

25 Chairs for WARD 18

Professor Moneim Ashour is in the process of reorganising a ward for chronically mentally ill women at Abbassia Hospital. The intention is to offer some activities and (long term) occupational therapy for the 80 ladies on ward 18. Maha Helali became aware of the project and managed, through her connections, to raise funding for 25 chairs. The money came from true philanthropists whom were contacted by Maha and want to remain anonymous. The total cost came up to LE 2750 (470 US\$) after a 20% discount by Eng. Ali Helmi from "Al Shark Meuble" where Maha purchased the chairs. Eng. Helmi is a fellow Rotarian and an acquaintance of Prof. Moneim Ashour. Moneim made the connection between Maha and Eng. Helmi.

Well done Maha Helali and Engineer Helmi!

Rotary Club Cairo

Members of the Rotary Club Cairo were informed by Prof Ashour about the intention to introduce activities for the elderly ladies on ward 18 at Abbassia Hospital. Generously they donated app. 1400 US\$ for this purpose. It is planned to invest the money for a kitchen and a garden to provide some long-term activity options for the clients which are meaningful to them such as gardening, cooking and baking. Dr. Mohamed Ghanem, the head of Abbassia Hospital is supporting their efforts.

A big thank you to the Rotary Club Cairo! It will definitely improve the quality of life for the ladies on ward 18.

ADVANCE & LRC

Conference in Cairo

The 5th annual ADVANCE conference under the theme of "Embracing diversity" will be held at the British International School in Cairo from March 10th to 12th 2005. You will find some further information on the WFOT website www.wfot.org

ADVANCE is still looking for occupational therapists to present on the topic of sensory integration. **This is an important event to progress the development of services for children with special needs in Egypt.** Please, contact Maha, if you need any further information! (Email: mahaheleli@yahoo.com)

Dar El-Mona Center

Educational Institute for Occupational Therapy

The administration at the Dar El-Mona Center is very interested to establish occupational therapy practice and education within their facility. They are at the stage of looking into the details of setting up an OT education programme which includes the availability of teaching staff, teaching hours and the kind of certificate they might be able to offer. Their main target could be students with a degree in physical therapy. Sufficient rooms and some materials are already available. **Good luck to the Dar El-Mona initiatives!**

Ain Shams University

Letter of Intent

On January 9th, 2005 University President Prof. Saleh Hashem from Ain Shams University (ASU) and Christiane Mentrup, 2nd Vice President of the World Federation signed an agreement stating that the University of Ain Shams intends to launch a one year post-graduate certificate programme in occupational therapy. This is intended as a first stage in a three stage process of establish a full bachelor's or master's degree programme in OT. Now Ahmed El-Kahky and Ghada El-Dorry are in the process of designing a curriculum and recruiting local staff for the first course.

Congratulations to Prof. Saleh Hashem and his team! This is an important step ahead.

Workshop on Occupational Therapy

In order to support what is happening at ASU Laura Efinger, an American trained occupational therapist currently working at the LRC will conduct a workshop at the Higher Institute for Childhood Studies at Ain Shams University. Laura is one of the few OTs currently working in Egypt and she will be very busy supporting our CDOT work. **Laura, we count on you!**

Alexandria University

Article

Dr. Tarek Shafshak published the article "Rehabilitation Services in Egypt" in the Internet.

You might find this to be a useful tool for your arguments of establishing occupational therapy. (see last page)

Current developments

At the Alexandria University Dr. Tarek Shafshak and his team intend to establish a Higher institute for Occupational Therapy, offering a bachelor's degree for OT at the Faculty of medicine. The course language will initially be English and OT subjects will be taught by foreign teachers until they can provide local faculty. Rather than educating many occupational therapists they like to have a few but very good ones. **We are curious to hear more from Alex University.**

World Federation of Mental Health

Congress in Cairo

The World Federation of Mental Health will have their next international congress in Cairo from Sept. 4th to 8th, 2005. CDOT members and occupational therapists all over the world are encouraged to present OT at the congress and to stress the need for the profession in Egypt. Please, contact Prof. Ashour if you are interested in a joint presentation. Email: amashour2002@yahoo.com

Israel Occupational Therapy Association (IOTA)

Translated Documents

Occupational therapy colleagues in Israel committed lots of time and energy into translating relevant WFOT documents into the Arabic language. These documents will soon be published on the WFOT website. **A big "Thank You" to the WFOT Delegate Orna Sarfaty and her team!**

WFOT

Visit Report Egypt

By the middle of February you will find the report of the WFOT visit (by Madeleine and Christiane) at the WFOT website.

REHABILITATION SERVICES IN EGYPT

Tarek S. Shafshak, MD

Professor of Physical Medicine & Rehabilitation, Faculty of Medicine,
Alexandria University, Alexandria, Egypt.

Introduction and general description:

Physical medicine and rehabilitation (PMR) have been practiced in Egypt since the 1940's. Currently, there are at least 195 hospitals belonging to the Ministry of Health and about 18 university affiliated hospitals that have special departments for PMR (these departments may also be named rheumatology and rehabilitation, or physical medicine, rheumatology and rehabilitation in some hospitals). They are distributed all over the country, but mainly in large cities. In addition, there are departments for physical and/or rehabilitation medicine at the internal security hospitals in Cairo and in some military hospitals. The biggest rehabilitation center in Egypt is the Armed Forces Center for PMR at El-Agouza, Cairo. There are also several private PMR centers (which may be a separate center or a separate department in a private general hospital) in most of the Egyptian cities.

Generally speaking, the departments of PMR are supervised and managed by specialists of PMR (i.e. physiatrists). Many physiatrists, physiotherapists and trained nurses work together in these departments as one team. They offer rehabilitation services mainly for neurological, orthopedic and rheumatic patients. These services usually include medical treatment, rehabilitation nursing and physiotherapy, in addition to prescribing assisted devices (e.g. walking aids, orthoses and/or prostheses) and train patients how to use it. Also, they offer general medical services for many rheumatologic disorders; and sometimes rehabilitation services for some pulmonary and cardiac patients. Usually, physiatrists work in collaboration with speech therapists, psychologists, psychiatrists, social workers, vocational therapists and/or other medical specialists (that are usually not available at the departments of PMR) to provide the necessary service for each patient. Some governmental hospitals provide the rehabilitation service free of charge, or at low economic prices. The national medical insurance, and other medical insurance companies, usually covers the expenses of rehabilitation services (including the assistive devices, orthoses and prostheses) for insured people. The cost of rehabilitation services is also reasonable in the private sector.

Physiatrists in Egypt are medical doctors who have a diploma, master or doctoral degree (MD) in PMR. They should have at least 2 years of training, and pass a written, oral and a clinical examination to get the diploma or master degree in PMR. Those with a master degree are eligible to be enrolled in the doctoral degree program, in which they prepare a doctoral thesis in PMR (for at least 2 years), then they have to undergo an advanced written, oral and clinical examination in PMR including the management (clinical diagnosis, electrodiagnosis, physical treatment and medical treatment) and the rehabilitation of all musculoskeletal and locomotory disorders in addition to other disabilities. Physiotherapists or who practice physiotherapy in Egypt should have a bachelor degree in physiotherapy. However, trained nurses who are trained in physical rehabilitation and had a diploma in physical rehabilitation (or massage and electrotherapy) also practice physiotherapy (and sometimes they practice in addition occupational therapy) under physiatrist supervision, and most of them are doing a great job.

There are also many orthotic and prosthetic centers. Some of these centers belong to the Ministry of Health (e.g. the largest center is in the Institute for Poliomyelitis in Cairo besides smaller centers in Alexandria, Minoufia, Giza and Baniswief governorates), while few are affiliated to military hospitals (e.g. the Armed Forces Center for PMR in Cairo). Also, other centers (sometimes called plants) are affiliated to either the Ministry of Social Affairs or some charities. The most important of these are Alwafaa Wa-alamal in Cairo, the rehabilitation center at Moharam-Beck in Alexandria and the center for PMR, Masjid Sidi-Gaber Charity, at Semouha, Alexandria). In addition, there are many other small private centers. In general, they assemble or manufacture orthoses and prostheses from Egyptian-made or imported materials. The imported materials are mainly the hydraulic, safety or polycentric knee components. Sometimes however, other components i.e. the foot component are also imported. If the orthoses and prostheses are made totally from Egyptian materials, their price would be reasonable. However, if they are made of imported materials, this makes the cost expensive.

Furthermore, there are about 60 physiotherapy and rehabilitation centers affiliated to the Ministry of Social Affairs. They are distributed in most governorates. Few are now available in some rural areas. Each center has a doctor (a physiatrist, neurologist, orthopedic surgeon or a general practitioner depending mainly on the availability) and at least one physiotherapist in addition to few nurses. They provide general medical services, physiotherapy and limited rehabilitation services (prescribing some assisted devices, and offering gait training).

Several physiotherapy centers, mostly private (but some are separate departments in few hospitals affiliated to

either a university or the Ministry of Health) are now available all over the country, but mainly in big cities. They are supposed to receive patients referred by a physician for physiotherapy. In this way, they might participate in providing a part of the rehabilitation program for those patients.

Elderly homes appeared in Egypt in the early twentieth century. However, they are still few, and are available mainly in Cairo and Alexandria cities. Most of them are affiliated to charities (e.g. Egyptian Red Crescent, Alwafaa Wa-alamal, Greek Charity, Al-Hadaya Charity, some churches and others). Most of them are well furnished and equipped. They help elderly people (who needs assistance for the activity of daily living, which is not available at their homes) to live a comfortable life, and to cover their basic needs. Limited rehabilitation services (e.g. exercise therapy, rehabilitation nursing, hydrotherapy,...) became available in some of these elderly homes during the past 2 decades. Unfortunately, most of the available places are on a charge bases. The cost is equivalent to 10-150 dollars/month, according to the accommodation standard and the offered service.

Spa therapy (warm mineral water and/or mud) has been in practice in Egypt for several years. They provide rehabilitation services for chronic painful arthritic or non-malignant musculoskeletal pains. The most important places are at Helwan (near Cairo), the Suez Gulf region, Safaga on the red sea, some parts of upper Egypt, Sewa oasis, and at Elwady Aljadid governorate (in the western desert).

The rehabilitation practice problems:

The practice of PMR in Egypt might be considered accepted if compared to the practice of this specialty in many African and Arab countries. However, we hope at improving it to avoid a big gap between its practice in Egypt and its practice in the developed countries (e.g. USA, Canada, European Union,..). Also, we are trying to follow the great progress that was made in the USA as regard to this specialty. The author has tried to summarize the problems that we are facing now in the following items:

1. The number of physiatrists is still low compared to the size of the Egyptian population and our hopes for the future.
2. Some physiatrists need regular training programs to improve their knowledge regarding the rapidly progressing recent advances in PMR.
3. Only a few physiatrists have the experience of managing spasticity using phenol neurolysis (which is a cheap method for controlling localized spasticity).
4. The cost of botulinum toxin injection which has been recently used in managing localized spasticity is high compared to the standard of living in Egypt.
5. Occupational therapists are not generally available in Egypt. Therefore, some physiatrists (especially, the university staff), usually train some nurses to work as occupational therapists.
6. The well trained orthotists and prosthetists are still few compared to the population needs.
7. The number of social workers, vocational therapists and speech therapists who are experienced to work in the field of rehabilitation medicine is still not satisfactory.
8. The cost of the proper prostheses and orthoses (that are made of imported materials) is high compared to the standard of living of many Egyptian patients.
9. The cost of the recent computerized and/or motorized equipment that might be used in the patient's environment for his proper rehabilitation is expensive.
10. The price of the physiotherapy equipment is rising.
11. The newly used equipment in the patient's evaluation procedures is expensive (e.g. those used in gait analysis and for electrophysiological assessment of the neuromuscular system).
12. The financial support for most of the PMR centers is limited.
13. The social and/or financial support for the increasing number of patients enrolled in a rehabilitation program is limited.
14. The number of elderly homes is still limited compared to the population size, especially the centers that are ready to admit disabled and handicapped persons. Also, they are still not available for any one unless he is able to afford it.
15. Some physiotherapists refuse working under the supervision of trained physiatrists. This might interfere with quality control.
16. Many of the spa therapy places need development.
17. There are only a few PMR centers or departments that are equipped and ready to admit patients for a long term in-patients rehabilitation program. The available places are reserved for special or selected patients.

Hopes, dreams and plans for the future:

Our hopes and plans for the future according to the author's view point could be summarized in the following:

1. Increasing the financial support for the departments of PMR to cover the expenses of the recent equipment used for the patient evaluation and treatment, and that needed for the continuous training of physiatrists and all workers in the field of rehabilitation medicine.
2. Increasing the number of physiatrists.
3. Creating a special institute for occupational therapy to graduate professional occupational therapists (a paramedical institution).
4. Increasing the number of trained orthotists and prosthetists by establishing modern schools for graduating them.
5. Training many social workers and speech therapist to work in the field of rehabilitation medicine and increasing the number of trained vocational therapists.
6. Increasing financial support for disabled subjects and those enrolled in a rehabilitation program.
7. The number of rehabilitation centers should increase to cover all areas of the country not covered now. Also, the size of each rehabilitation center and the number of the available physiotherapy and training equipment should increase to deal with the increasing number of referred patients. This would also suggest increasing the number of the available trained physiotherapists in each center. Also, the number of trained physiatrists should increase so that at least one physiatrist will be available in each rehabilitation center to ensure proper planning and supervision of the rehabilitation program.
8. Establishing new rehabilitation centers that have all facilities for a long term in-patient rehabilitation program.
9. The number of elderly homes should increase and cover all parts of the country. Also, there should be a better chance for patients that could be admitted to these homes free of charge and at the same time having a good service.
10. Finally, it is our hope or dream to establish a special PMR educational and training institute that provide all rehabilitation facilities available now in the USA for our patients at a reasonable cost, and at the same time will be a training center for junior physiatrists, physiotherapists and all other rehabilitation personnel.

According to the author's opinion, the above mentioned hopes and dreams for the future necessitate, however, a great financial and technical support that might only be attained by the international

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