

Gone walkabout: tales of a travelling physio

When I first heard that the International Continence Society (ICS) Annual Meeting was going to be held in New Zealand in 2006, I thought, 'What a great time to go walkabout.' I'd always planned on doing some long-term travelling 'when the time was right'. Having worked in the National Health Service (NHS) for more years than I cared to remember, it certainly seemed that my time had come! I did quite a bit of planning and saving, finally leaving the UK with my round-the-world ticket in February 2006.

At the time of departure, I was a vice-president of the Chartered Society of Physiotherapy (CSP). Although this is an honorary role, it is one that requires the submission of a report to the CSP Council every 3 months, so I knew that my travels would have a physiotherapy bias. I was leaving a clinical role in Great Yarmouth and a lecturing role in Bradford. In fact, I left the first cohort of students on the University of Bradford Continence for Physiotherapists course at the start of their practice module – sorry, girls!

My first flight took me from London to Mumbai (Bombay), India, which was a huge culture shock. For the first few weeks, I was with a few other travellers. Wherever we went, we were welcomed with a mixture of curiosity and friendliness, but the contrasts of India never ceased to amaze me: the destitute living in the shadow of the wealthy; the pollution of the big cities and the clean air of the desert. I was able to maintain e-mail communication with the Bradford students, but response times weren't always brilliant – the back roads of rural Rajasthan, for instance, aren't known for their technology, and I'd often be in towns that had a power 'shut off' for a few hours in the middle of the day!

Whilst in India, I had two contacts with the health system. The first was a visit to a public hospital in the town of Jaisalmer, about 80 km from the Pakistan border. The staff in the physiotherapy department seemed to think it a bit odd that an English physiotherapist was interested in them, but the department looked much the same as a small treatment area in the UK, with parallel bars and walking aids – but

oddly no patients! My second contact was with a private health clinic, which seemed to be like a large UK general practice with X-ray facilities. By chance, my tent/room buddy was an occupational therapist, and when she fell and injured her wrist (whilst weakened because of a sickness that we later discovered was giardia), she trusted my X-ray analysis skills and insisted that I escort her. We were at the clinic for about half an hour, having seen the doctor twice, with an X-ray in between. I was confident that there was no fracture, and yes, I did tell her that I hadn't done orthopaedics for about 18 years!

The next country I visited was Nepal. The Nepalese king had sacked his government in 2005 because the recent elections hadn't got the results he wanted. Following this, the economic crisis had deepened, while guerrilla activity and protests had increased. The Foreign Office was advising against travel, but then a 2-week ceasefire was announced and I took my chances.

My first stop was a small village on the edge of a national park. In one of the shops, I came across a young woman sleeping on a straw mat. Not wanting to disturb her, I quietly left, but returned later to discover that the shop sold products made by a local women's cooperative group and that the woman was about 18 weeks pregnant. She struggled to speak my language, but not as much as I struggled with hers. I tried to help her to relieve her backache with some simple advice communicated in pigeon English, demonstration, and later, some interpretation by her husband. Even though she lives in a small rural village, she has access to the Internet and we still keep in touch by e-mail. I moved on to the capital, Kathmandu, but decided to leave a few days before the country ground to a halt under the confines of the general strike and extreme protests, despite a curfew enforced by the military.

I took a flight from Kathmandu back to Delhi (which gave me fantastic views of the Himalayas) and then onwards to Hong Kong. After a few days rest and recuperation, I flew on to Bangkok, which I used as a hub for 10 weeks travel in Thailand, Laos and Cambodia (Fig. 1). Although few people in these countries have



Figure 1. A luxury bathroom in Laos.

access to physiotherapy, there was great interest in the profession, and I was able to give advice to a number of people I met on the road. During my stay in northern Thailand, I was invited to meet with the head and several members of staff at the School of Physiotherapy, which is part of the Faculty of Associated Medical Sciences at Chiang Mai University. We talked about a number of general professional issues as well as the development of postgraduate programmes, in particular in women's health/continence rehabilitation. I was taken on a tour of the physiotherapy department, which is situated within the main hospital in Chiang Mai, and met with clinical staff. Whilst in Chiang Mai, I also completed a foundation course in Thai massage at a school that is recognized by the Thai Department of Health. I was joined on the course by physiotherapists from Australia, Brazil and France, which led to some interesting lunchtime discussions. I also felt the need to experience as many Thai (and later Cambodian) massages as I could afford!

In late May, my boyfriend arrived for a 2-week holiday, during which he proposed, I said 'yes', we bought our wedding clothes, organized the wedding (well, we sorted out when, where and who) and then he returned to the UK. In between ordering the wedding dress and the first fitting, I moved on to Cambodia. Knowing that the dress had to be finished before I left for Australia in 2 weeks, I headed straight for Siem Reap, famous for its temples (as used in the filming of *Tomb Raider*). Whilst there, I held several impromptu English lessons with employees at my hostel (in exchange for letting me watch them at work in the kitchen) and local children, who were selling postcards and books to tourists.

I also visited the Physical Rehabilitation Centre, whose main client group are people with amputated limbs. Most live in rural areas and have sustained injuries as a result of land-mine or road-traffic accidents. Land-mines are still a significant problem, even though it is many years since the civil war ended in Cambodia. I watched physiotherapy sessions and visited the prosthetic workshop. Rehabilitation is much more rigorous than in the UK – by necessity since the clients are often farmers and work usually involves crossing rough ground, jungle and rice paddies. I was amazed at the physical abilities of some of the clients, who attend the Centre on a residential basis before returning to their home environment, with outreach support.

My next stop was Australia (complete with the trusty backpack and new suitcase, required to carry the wedding dress!). Although I arrived into a Tasmanian winter, it was great to catch up with friends, live in a real home, machine-wash my clothes and drink good coffee! I had lots of contact with physiotherapists and Health Service managers, but no work, all pleasure! After another 4 weeks, I moved on to New Zealand.

Having been registered with the New Zealand Physiotherapy Board since 2003, I originally planned to spend about 3 months working as a women's health physiotherapist, but enquiries prior to arrival had drawn a blank. Whilst in Australia, I found out about Willing Workers on Organic Farms (WWOOF) and this sounded like a very interesting alternative. The WWOOF scheme is a 'cultural exchange' between hosts and volunteers. The host provides food, accommodation and the opportunity to learn about organic lifestyles in exchange for work from the volunteer. The scheme operates in many countries and I would highly recommend it – for more information, go to <www.wwoof.org>. My own experiences included working in a market garden, a garlic farm, a paua (a type of shellfish) farm and a small-holding that bred rare pigs. I learned many new skills (I never thought this non-meat-eater would go to market to sell 'tasty' Lincolnshire sausages or learn how to 'dress' a goose, for that matter) and increased my knowledge about alternative living, amongst other things.

I discovered that one of the WWOOF hosts advertised in the New Zealand scheme was actually based on Niue. Now, I'd never heard of the place, but it was in the 'Pacific Island' section, so that was good enough for me. I got the map out and found that it was a tiny, solitary dot in the

middle of the ocean – it was looking better all the time! I contacted the host, who was very excited because I was to be their first WWOOF-er. My host (an ex-Niuean government minister) was keen to get other islanders involved in the scheme and used me as a WWOOF ambassador – I was even interviewed for national TV news (although that was not quite as glamorous as it sounds since the island only has a population of 1700). Between the times when I performed my role ‘flying the flag’ for WWOOF, I was to be found mostly in the vanilla plot – pruning, weeding, planting and training the plants.

Whilst I was on Niue, I visited the physiotherapy department at the island hospital. The hospital provides both inpatient and outpatient services, and is a modern replacement for the old building, which was completely destroyed by a cyclone in 2004. Many patients with serious injuries/illnesses are sent to New Zealand for treatment, a 3-h flight away; however, primary care services, elderly care, some paediatric care and respiratory care are provided at the hospital. I met half the physio team – the other physio was off sick that day! Having qualified from Fiji in 2005, she was keen to develop both her skills and the physiotherapy services provided on the island. We had a chat about women’s health physiotherapy, particularly the development of an antenatal service because pregnant women on Niue currently receive no antenatal education.

The island itself is really very isolated. There is only one scheduled flight each week and Niue is very dependent on New Zealand. During my stay, we had a burst water pipe, which caused a power cut for of half the island, including the main residential area, the telephone exchange, bank and television/radio centre. Local engineers were trying to fix the problem, but after 2 days, the flight arrived and on it was a Kiwi engineer. After another couple of days, the problem was fixed, but the engineer had to wait another 5 days before he could fly home.

Back in New Zealand, I did get involved in physiotherapy activities between WWOOF-ing commitments. I facilitated some training within the women’s health physiotherapy team at Auckland Hospital, and at the request of the New Zealand equivalent of the ACPWH, taught an advanced-level study day/workshop for physiotherapists involved in continence rehabilitation. I also attended a meeting organized by Women Against Violence on the topic of domestic violence within Asian communities and countries.



Figure 2. (Left to right) Julia Herbert, Ruth Jones, Jeanette Haslam and Teresa Cook enjoying themselves at the 36th Annual Meeting of the International Continence Society in Christchurch, New Zealand.

It was great to catch up with friends from the UK, Australia and New Zealand who were at the Annual Meeting of the ICS in November (Fig. 2). Reports of the meeting appeared in the last issue of the Journal (Number 101, Autumn 2007, pp. 78–82), so I’ll not add anything more.

Then it was time to move on again just after Christmas – next stop: Chile. More overland travel followed in a southerly direction through the rough terrain of Patagonia. The scenery was amazing – glaciers, mountains, volcanoes, pure blue water and unusual animals. I picked up enough Castellano (South American Spanish) to get by and eventually found myself at the ‘bottom of the world’, in Ushuaia, Tierra del Fuego, Argentina. There was only one way to go after that – north to Buenos Aires where, after a few days of sun and city living, I used the last part of my round-the-world ticket and arrived back in the UK in February 2007.

My ‘gap year’ was truly amazing – it might have been a long time coming, but it was worth the wait. It seems odd now to go into a restaurant by myself and not ask another solitary diner, ‘Do you mind if I sit with you?’ The best bits about travelling are the people you meet, the sharing of culture, the learning of new skills and the taking of opportunities as they present themselves. I won’t pretend that there weren’t dodgy moments and you do have to be aware of what’s going on around you, but if I had the time again, I wouldn’t change anything.

‘So what happened next?’ I hear you shout. Well, I went back to my NHS job in March, got married in May, the second cohort of continence students started at Bradford in September and

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I'm currently planning my next trip – so watch this space!

If you want to know more, are thinking about taking a career break yourself or know someone who wants advice, then e-mail me at the address below.

Teresa Cook

Honorary visiting lecturer

University of Bradford

Bradford

ACPWH workshop tutor

*Formerly team leader of
women's health physiotherapy*

James Paget University Hospitals

NHS Foundation Trust

Norfolk

E-mail: tcook1@bradford.ac.uk