

Flashbacks by Richelle Shem-Tov

"Granted, in daily speech, where we don't stop to consider every word, we all use phrases like "the ordinary world," "ordinary life," "the ordinary course of events"... But in the language of poetry, where every word is weighed, nothing is usual or normal. Not a single stone and not a single cloud above it. Not a single day and not a single night after it. And above all, not a single existence, not anyone's existence in this world."

(Wisława Szymborska, 1923-2012)

This quote brings me back to my own career as a physiotherapist, where no single person was ordinary. Day in and day out, every effort was made, physical and intellectual, to help each and every patient regain their maximum possible function.

I retired in January 2000 after working as a physiotherapist for nearly thirty years, most of them at Hasharon Hospital, a small general hospital in Petah Tivah. Here, physiotherapists were required to "specialize" in all the hospital departments. In the early years, I worked as a part-time junior staff member, later as a full-time senior staffer and clinical tutor. Eventually I became the hospital's superintendent physiotherapist. My workplace became my "other home," and the people I worked with – physiotherapists and multidisciplinary staff became my "other family."

In addition, I taught both students and postgraduate physiotherapists, I participated in many courses in Israel and abroad, and took part in a wide range of countrywide organizational activities. I developed professional relationships and wonderful friendships with many colleagues in Israel, Australia and England. My career was my "other life." My first life – my husband and four children, always remained my top priority, which, I believe was enriched by that "other life." I remained involved as a consultant and continued to teach and engage in organizational work for a number of years after retiring.

Working in a hospital means coming face to face with sickness, suffering and death. Handling this, without losing empathy for each individual patient demands tremendous emotional resources. Most often, but not always, it is possible. The fact that much of our work revolves around rehabilitation gives it a more optimistic aura and acts as an important emotional shield. In addition, the emphasis on one-on-one care, while challenging, can also be immensely gratifying.

Now that I have left all that behind, I feel a need to record some small part of that "other life."

I tell only a very few of the many tales told to me by people I met in the hospital world. I tell them from memory. They are true – as true as my memory and privacy considerations will allow. I have changed some of the names. I sometimes say "I" and sometimes "we." In the hospital set-up we were part of a team – of physiotherapists, doctors, nurses and other professional and non – professional staff. The stories I record here are personal anecdotes, not professional case studies.

Some of these stories are about staff members, others about patients. The in-patients were hospitalized in different departments – orthopaedic, neurological, general medical and surgical. Some were from the pediatric and neonatal wards. There was also an out-patient department, to which many patients were referred after discharge. And of course, quite a number of hospital employees made use of the services we provided.

Let me start off with a few fellow workers who were part of my daily life:

Aya: A small red-haired person with a red-head temperament. She was the superintendent physiotherapist, my boss, when I started working at Hasharon Hospital in 1974. I started working after a prolonged period of being a full-time mom. My experience was limited and my self- confidence even more so. I had the amazing good fortune of working alongside this dynamic and totally dedicated person. She was not only my boss but also my mentor, and she went on to become a life-long friend. Aya herself was a consummate professional with uncompromising values in her professional and personal relationships. A small woman only a little older than myself who had brought up two children on her own, she had a sharp brain and no less sharp sense of humour. She had a profound influence on me both as a person and a physiotherapist. It was largely through her that I came to love my vocation, achieved a high degree of professional competency and learnt much about life and the gift of giving. She was always there for me - through good times and through some of the most difficult periods in my adult life.

Luba: A new immigrant from Russia who arrived in Israel together with a million others who came in the early 1990s. She was employed by the contractor responsible for cleaning the hospital's service yard. Luba was a tall, blonde young woman: I hardly noticed her presence

until someone mentioned that back in Russia she had been a physiotherapist. I spoke with her, and in her broken immigrant's Hebrew she told me that her diploma was not acceptable in Israel. I spoke to the people in the Health Ministry, but there was nothing they could do. I then turned to the Head Nurse of the hospital. Together we worked out a plan where she would be hired by the hospital as a nursing aide in the geriatric department. Here she would also assist the physiotherapists. Luba turned out to be an outstanding nursing aide – totally therapy-minded. She would not just feed the patients but get them to feed themselves; she would walk them to the bathroom rather than wheelchair them. She was full of fun and good will, and thrilled with this change of role. In later years she studied to become a practical nurse and eventually passed her nursing exams to become fully qualified. I saw her from time to time at the hospital. She has remained a loyal friend.

Leonid: Like Luba, he came with the 1992 immigrant wave from the USSR. He was a small, partly bald man who worked in the kitchen. One day, we waited for the elevator together with a professor of surgery discussing some subject with a group of medical students. No one noticed this man going quietly about his work. Upon exiting the lift he told me that in Russia he had been a professor of philosophy. He had taught his own students. He yearned for those days in that other world.

From the outpatient department:

Sarah: A small and gentle middle-aged lady, who I think was being treated after fracturing her wrist. She had survived the Holocaust. We spoke of many things. She told me that at the age of fourteen, she worked as a slave labourer in a Nazi camp somewhere in Europe. While marching in the icy winter to some work destination she began to slow down and limp. She almost fell; she had a festering wound on her shin (the scar was still visible). A Nazi guard stood beside her and said quietly: "Keep walking or you may be shot". She got through that day. The following day he came to her again, giving her a small tin with antiseptic ointment and a bandage which she applied at the first opportunity. She never saw him again. But she never forgot him, and she never hated again. That small deed saved the German people from the hate of this single individual and saved her from the burden of hatred.

Mohammed: I remember this 2-year old Bedouin boy. I can still picture him with his dark skin and huge blue eyes – a beautiful child- highly intelligent, playful and lovable. His 17-year old

mother in her Bedouin garb was also beautiful, she herself still a child. She was the second wife. The first wife had many children. This boy was her first and only child – her whole world. They lived in caves near Hebron (I believe those families have since been evicted). The boy was hospitalized in the paediatric ward with polio – yes, polio in this day and age when we thought it had disappeared from our world. I think he had not been inoculated. I first treated him in the ward and later continued his rehab in our department. The paralysis had affected his left leg. He would be disabled and need ongoing rehabilitation, operations and orthotics. There was, of course, no money, no health insurance and no family support - only a very determined mother and a captivating child. I took them to a big hospital – Asaf Harofe, for consultation with physiotherapists and orthopedic pediatric specialists. Later they were able to accept the boy into their rehabilitation programme. I believe he was eventually released with an orthotic support which enabled him to walk. However, he never came back, and they were never able to find him or his mother. We never learned what became of him.

Boris: A sturdy, ruddy-faced middle-aged man who had undergone knee replacement surgery and came to us for rehab. He was heavy-set, with joints stiff and sore. We spent many hours, working, pondering, analyzing, trying different techniques. With lots of manual mobilization, exercise and functional training, he did well. Boris came from Russia, lived on a moshav and actually worked the land. His face was red from the sun, or perhaps from vodka. He would fascinate us, the physios, and the other patients in the department, with tales of Russia. He had served in the Red Army. He enlisted at the age of seventeen and had participated in the Battle of Warsaw during the Second World War. As he and his comrades stood on the outskirts of the burning city, they were terrified. When told to march forward they stood rooted to the spot. The officer handed round vodka. It warmed their frozen bodies and pushed courage, or oblivion, through their veins. They marched forward into the flaming hellish city to the accompaniment of proud Red Army songs to defeat the Germans. They eventually reached Berlin. When Boris returned home, he was no longer a child. Many of his comrades did not come back. He told us that he had never liked Stalin, neither did he like the "New Russia." He did, however, admire Brezhnev, and in fact rather looked like him.

Frieda: She looked like a porcelain doll - petite, immaculately dressed, fair-haired and blue eyed. She was one of our "regulars." We would treat her many aches and pains on different occasions, as we did for many elderly people (we used to call it the "pa'am poh" syndrome -

Hebrew for "now here, now there"). Today I myself know that syndrome all too well. Frieda came from Warsaw, Poland. The Nazis moved her family to the ghetto. She tells how her mother hastily took her blue-eyed child to the neighbours, who took care of her for the rest of the war. This despite the suffering, lack of supplies and considerable danger to themselves. She never again saw her own family.

The Hajj – Ibrahim: He was about sixty; the “*Qadi*” of a large Arab town. He had made the pilgrimage to Mecca and was a much respected person. He was small, gentle, well-educated and a most charming man. He was in our care for many months, coming several times a week all the way from his village. In the course of long hours of treatment we became friends, as is often the case with physiotherapists and their patients. We had long discussions on many issues – I learned much. He had undertaken complicated knee surgery to enable him to go down onto his knees as is required in Muslim ritual. Our goal was clear – it took a long time and effort but we got there.

Professor N.F.: He had been the head of the surgical department – a skilled and esteemed surgeon, accustomed to being looked up to. It was before my time. I knew him as an old man who came for treatment after a stroke. His speech was slurred, with posture and gait typical of his condition. He used a cane and could not drive his car. He was angry and bitter, feeling he deserved better. While exercising on balls, plinths and steps to improve his balance, function, posture and self-esteem he told me many a story of his days in the sun - in the ward and the operating theatre. He would make some small progress and his eyes would light up. Sometimes there would be a wicked glitter in his eyes and he would tell me of the gossip and the goings on behind the scenes amongst the staff, many of whom I knew. I was sworn to secrecy.

From the wards:

Victor: A foreign worker from Bulgaria. He was employed in the building trade- a powerful fellow in his early forties and, needless to say, a heavy smoker. One Saturday, the physiotherapist on duty phoned me. She had been called to the orthopaedic ward to treat a man who had fallen from a height and fractured his pelvis. His condition showed rapid deterioration. She was new and inexperienced. I went to help her. His pain was intense and he could not breathe. He was moved to the ICU (intensive care unit). One of his lungs had

completely collapsed, and he was put on ventilation. That night and the next day we worked together with the ICU staff to help open up the lung and clear his secretions. Because of the fractured pelvis and pain, we could not turn him. The next day his tests showed improvement: the lung had opened up. He was taken off the ventilator and we did everything we knew to keep that lung open and functioning. Within a day or two we started to work on his general function. It took time. I no longer remember how long, but he eventually returned to the orthopaedic ward. Later he was sat up and took a few steps. We had to move fast, as his insurance did not cover further care in a rehab centre. He had his youth, his physical strength and the motivation of necessity on his side. He recovered. Although he spoke only a little broken English, he talked about his wife and children back in Bulgaria, and showed us pictures. Soon after leaving the hospital, he returned to his homeland.

From the “*Pagia*” (Neonatal or ‘Preemie’ ward):

Physiotherapy for premature infants is little known to the general public. It is part of paediatric physiotherapy and includes both respiratory and developmental therapy. These babies are very high risk patients. Excessive handling can be harmful but when given appropriately the treatment can be extremely beneficial and even life-saving. In our small hospital, we were determined to gain the necessary expertise for this work and made it our business to achieve the know-how.

When first called to treat a preemie in respiratory distress I was petrified. My knowledge and experience were limited, but I knew enough to know that under-treatment was useless and aggressive treatment could do great harm to these most fragile of patients. Some were so little they could fit into the palm of my hand. They would grimace and whimper silently.

But I bonded with these strange ET-like creatures. The desire to provide safe and effective care sent me to every article and study on the subject that I could lay hands on. I read at five in the morning before my children woke up and before heading to work; I phoned colleagues at other hospitals, visiting them to learn their methods; I enrolled in a course in pediatric intensive care at Great Ormand Street Hospital in London and made the rounds of hospitals there. I brought home this knowledge and shared it with all the medical and nursing staff in our unit. I put together a rigorous training program for our physiotherapists, who had to

attend after regular work hours. Some of my colleagues followed in my footsteps and became completely engrossed in this special field.

Vered was one. We worked hand in hand and head to head to treat our tiny but immensely challenging patients. Later, she and I produced a booklet of guidelines for physiotherapists on the respiratory care of preemies (subsequently updated at the request of the Ministry of Health). We brought in experts from England and Australia to train physios from all over the country and eventually organized courses of our own. I loved it.

Babies Cohen 1 and 2; Babies Taha 1, 2 and 3; Baby Epstein, Baby Abed, and so on and so on. Their names, at that stage only surnames, were thus inscribed on the incubators. So many tiny infants, some weighing up to 1.500 Kg and some no more than 500 grams. Working in the *Pagia* was without doubt the highlight of my career. I was passionate about it. We were mainly involved with respiratory therapy but also with developmental care as the preemies gained weight and stabilized.

The Taha twin girls: After six weeks in the *Pagia*, they were going home to their village. Hanaan, a mother of eight boys in her early fifties had been told that it was most unlikely she would have more children. Soon after, to everyone's surprise, she found herself pregnant with twin baby girls. "A gift from Allah," she said. To celebrate the home-going of their long-awaited girls, the parents, together with their eight sons, threw a *hafla* (party), plying us with all sorts of delicacies, including trays of delicious baklava and other Arab goodies.

A nameless newborn: An elderly couple taking an afternoon stroll found this baby girl wrapped in newspaper on a sidewalk outside the hospital. They brought her in. For several months, this child became the department's baby. She was somewhat small and slow at first, but with developmental therapy and loving care, she grew into a lovable and happy baby who was eventually adopted by a staff member. Her grown children, who had already left home, now had a new and beloved baby sister.

Baby Moalim, whose dramatic recovery provided me with one of the most memorable moments in my career: A baby girl weighing about 900 grams, three weeks old and had been taken off the ventilator. At about three in the afternoon, as we were getting ready to go home, at the end of a working day, were summoned to the *Pagia*. *Patient status:* total right lung

collapse; condition critical; artificial ventilation to clear the airways of secretions and open that lung. Vered and I went up to the department and found an infant in severe respiratory distress. The monitor readings were frightening. We tried all our standard techniques to no avail. Then we got the doctor's permission to try a technique we had only recently learned. I had seen it used in England. It was an intense few minutes, but it worked. The child turned from blue to pink, her breathing relaxed, her pulse came down, her oxygen values went up and up. The X-ray confirmed: Lung open!

All the doctors and nurses who stood round in tense anticipation, cheered openly; my young colleague wept. I can no way describe this great moment. We subsequently used this technique in many similar cases and taught it to our colleagues throughout the country. I later presented it at a physiotherapy conference. I met up with this child again when she was about eighteen months – a delightful healthy toddler. For years, her mother would bring us jelly doughnuts every Hanukah and keep us updated on the progress of her little girl.

In 1992, when the *Pagia* was transferred to a large pediatric hospital, I felt as if they had taken my "baby" from me. However, there were always other challenges ahead to keep me busy and happy. For a few years, even after my retirement, I continued teaching in the field and have never lost my love for it.

During my years as a practicing physiotherapist, a great number of people crossed my path, each with a story to tell. Enough to fill a book, but this will suffice for now.

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Flashbacks from the Life of a Physiotherapist

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