

Life in the Fast Lane

by Lesley Dawson

The word “however” is like an imp coiled beneath your chair. It induces ink to form words you have not yet seen and lines to march across the page and overshoot the margin. There are no endings. If you think so, you are deceived as to their nature. there are only beginnings. Here is one.

I enjoyed working as a physiotherapist in Leeds. Why Leeds, you might ask? Well, I had done my training in the Physiotherapy School at the United Leeds Hospital and survived remarkably intact emotionally. The experience had not damaged me as I was later to learn that such experiences could. It happened to be my hometown, so it was familiar. At age twenty-one I was not yet as adventurous as I became later. No thoughts to work in another town, let alone another country. I was offered a job at a local hospital. That would do for me.

I started in outpatients and my first customer was a lady with a very complicated rheumatoid arthritis. As I ushered her into a cubicle and looked through her voluminous medical notes, I sighed deeply. How I wished that the, now welcome, bulk and voice of my supervisor would interrupt my thoughts to ask,

“Ah, Miss Dawson. How are you going to treat this patient?”

As a student, I had dreaded him asking that question. Now I would have given anything to have him there so I could get some help.

In those days we had six months’ experience in each specialty in the hospital. From outpatients I moved on to the Gym. Here not only did I have to deal with individual patients inside a cubicle where only we two were present. Here I had to deal with classes. There were knee classes, hip classes, ankle classes and hand classes. Each morning, we coped with male patients categorized in this way; ladies’ classes occurred in the afternoons.

The Men’s Knee Class was the most intimidating experience I had yet come across. Lying on mats on the floor were between 10 to 15 men of all ages who had previously fallen off motor bikes, injured themselves playing football and fallen off ladders. En masse they were terrifying until you got to know them. My job was to walk up and down instructing them on various exercises to strengthen their leg muscles. If they weren’t doing these exercises correctly, I had to demonstrate the correct way to do things and sometimes put my hands on them to correct movement. As you might expect, this caused great hilarity and jokes, mainly at my expense.

Moving on thankfully at the end of my time in the Gym, I was sent to the Chest Wards. At that time, any patient had to be shown pre-operative breathing exercises as it was assumed that they did not know how to breathe correctly and after surgery, pain and anaesthetic, it would be even more difficult for them to aerate their lungs and clear any secretions from their chest. To accomplish this, I had to place my hands on bare chests to feel if the chest was moving correctly, which would indicate air entering the lungs. This procedure was fraught with embarrassment for ladies with large bosoms, for young men who were mortified or excited by being touched by a young female physio, older men who thought it fair game to grab hold of you while you had both hands busy on their chests.

However terrifying this was, it was nothing compared to the male orthopaedic wards. Here you had to deal with a Nightingale ward full of bored, randy young men who had to stay in bed for twelve weeks with one leg up on traction. One of the most useful pieces of information passed from older to younger physios was,

“Don’t draw the curtains round the cubicle unless you absolutely must. If you do need to, make sure you keep one foot on the floor”.

Graduating from there to the Intensive Care Unit notched the fear levels up even more. We were dealing with patients who were not able to breathe for themselves and who were attached to respirators that automatically inflated their lungs regularly. Most of them also were hooked up to blood pressure monitors and heart machines. Nobody tells you that when you start to shake such a person’s chest and suck out secretions, this is going to change the heart rate and quite a lot of other things as well. When this happens, accompanied by all kinds of worrying noises you think you have killed the patient.

Having been through all the necessary “rotations” at this hospital, I assumed I would decide where I wanted to specialize in that place. No so. I must have passed muster on the Chest Wards and ICU as I was invited to apply for a more senior job at the local Chest Hospital. I was not now afraid of the work, the patients or the ward sisters but had to learn to find my way around a new place of work and get used to new colleagues. It was all starting again.