

Editorial

IDENTIFYING WITH OUR KNOWLEDGE BASE

There is need for physiotherapists to identify with the science or the knowledge base of the profession – which is pathokinesiology. The NUC (1989) “Minimum Standards . . . for Training . . . of Physiotherapists . . .” simply defines **pathokinesiology** as **the science of physiotherapy**. A broader definition coins pathokinesiology as the kinesiology of the human body under pathological condition or the analytical and systematic study of human movement in disease or sequel to trauma. In other words, any abnormality of human movement is a concern for physiotherapeutic interventions. Such abnormality may be due to disease, trauma, congenital malformation or motor disorders.

If pathokinesiology (PK) is accepted as a science, it therefore calls for scientific enquiry. Such enquiry deals with variables that can be reliably quantified by measurement and subjected to analysis for discovery of facts and newer facts. In other words, in PK the emphasis is on the investigation and measurement of both normal and abnormal observation of movement disorders, with the objective of therapy, remediation or rehabilitation.

It is upon this premise that physiotherapy builds by way of research to:

- i. discover newer and more cost effective procedures in its intervention techniques.
- ii. ensure a higher degree of safety (physiotherapist-wise and patient-wise) in therapy procedures
- iii. support and expand its professional status.

Our clinical procedures as physiotherapists incorporate PK as the basis for assessment, clinical decisions and outcome measures. It is essential to know and label all types of disordered movements, and to rate, both qualitatively and quantitatively, dysfunctions that are impressed and subsequently diagnosed. Since dysfunctions may be due to pain, deformity, neuromuscular deficiency and articular disorders (in varying degrees of combination) instruments for assessing dysfunctions become a sine qua non in the armamentarium of the practicing physiotherapist. There are instruments for clinical procedures as well as for research and detailed diagnostic procedures. It therefore behoves us as practicing physiotherapists to equip ourselves, either personally or privately, or through the grace of our employing institution, with instruments for pathokinesiological assessment.

Instruments for pathokinesiological assessment may be as simple as pain rating scales, disability and functional assessment scales, conventional goniometer, mobility measurement equipments and fleximeters or as advanced as the electromyograph, polarized light goniometers, electrogoniometers and telemetry systems for ground foot force recording.

I hope pathokinesiological assessment will become popular and enhance our research activities and brighten our vision of confidence and competence in the practice of our noble profession. If you have any comments or suggestions on the contents of the Journal, please let us hear from you.

I wish you a happy reading and learning experience.

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