

# The Genesis of University-Based Physiotherapy Degree in Nigeria

## The experience and Challenges of the first graduate

Godwin Eni [Ret.]

### Introduction

At the request of the Nigeria Physiotherapy Network, I provide a synoptic narrative of the genesis, training, experience and challenges around the emergence of the first university-based degree certification at the University of Ibadan 45 years ago. It includes a brief response to some curiosity expressed in some quarters about my career path since then.

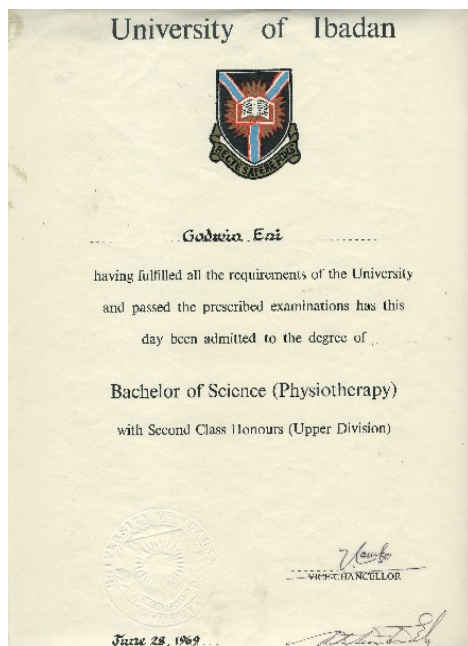


Figure 1: First Nigeria Physiotherapy University Degree Certificate 1969

I have been persuaded to discuss my experience for historical purposes given what I understand to be some uncertainty regarding the genesis of university-based-physiotherapy degree in Nigeria. A partial account of my experience is published in *National PhysioNews Volume 5, Number 1 of January–March 2008* based on an interview by Dr. Kayode Oke when I was NUC Visiting Professor at the University of Nigeria in 2007/08.

On one hand, it is not a significant accomplishment to be the first university certified Physiotherapist, trained and educated in Nigeria when viewed in the context of inevitable career development for any young man in those days. It will be arrogant and egotistic for me to consider a particular personal educational activity of great importance except for the associated unique circumstance. On the other hand, my experience laid the foundation for future development and acceptance of university-based physiotherapy education in Nigeria and perhaps in Africa.

Contrary to some attempt to re-write history, for the record, there is only one Physiotherapy graduate, not a class of graduates, as indicated in some publications, at the University of Ibadan in 1969.

There is also one graduate of the same degree the following year, 1970, Alani Egbedeyi, and three or four graduates in 1971, Benjamin Akinrolabu, Patrick Ajayi, E.M. Obasuyi and maybe one other.

A review of the archives at the University of Ibadan would be sufficient to ascertain historical facts. Because the program was University-based rather than hospital-based, from policy standpoint, Mr. [Dr.] Richards, a British orthopedic surgeon at the University College Hospital, was designated the academic head of the new Physiotherapy program. The first degree certificate issued by the University of Ibadan on June 28, 1969, signed by the Vice Chancellor Professor T. Adeoye Lambo is shown in Fig 1. The Physiotherapy degree program as constituted by faculty and staff from 1966 to 1969 is shown in fig 2.



*Figure 2 1968 Physiotherapy Students, University of Ibadan [L-R] Major Obasuyi 1<sup>st</sup> Yr.; Late Col Alani Egbedeyi 2<sup>nd</sup> Yr.; Dr. Richards Orthopedic Surgeon & Program Head; Prof. Godwin Eni, Final Year; Late Mr. Benjamin Akinrolabu and Mr. Patrick Ajayi 1<sup>st</sup> Yr.*

Professor Irvine, Professor Bashir, Professor Montefiore, Professor Grayson, Professor Desalu and many others. At some point, many of these personalities, especially Dr. Abayomi Oshin, played some role in getting me to stay and complete the studies during the ongoing Biafra war, otherwise Physiotherapy education in Nigeria at the university degree level would have been delayed for several years.

### **Admission to the Program**



*Figure 3:1969 (L-R) Vincent Nwuga and Gladys Nwuga at Godwin Eni's Graduation*

The admission process for the intended Physiotherapy program was somewhat unique and circuitous. I had completed my GCE Advanced level in sciences at the Nigerian College of Arts Science and Technology (Nigercoll) at Enugu Branch in 1961. At the time, the University College at Ibadan was the only fully functioning university in Nigeria. It granted the University of London degrees as a subsidiary University College and applicants were admitted via nation-wide examination or the possession of advanced level General Certificate of Education. My cohorts at Nigercoll were proceeding to the University College at Ibadan including some of my close acquaintances such as Jim Nwobodo and others.

I was admitted to the University earlier in 1962 to study chemistry but I was asked to leave the campus after one term for failure to pay tuition fees. I began to teach science subjects, first at Ngwa High School at Aba in Eastern Nigeria and later at Eko Boys High School in Lagos ostensibly to raise some funds somehow. Before leaving the university campus, Professor Irvin of the Chemistry Department encouraged me to apply for the Federal Government Scholarship. In 1965 I applied for the Federal Government Scholarship and at the same time took a leap of faith and applied for admission to study medicine at Ibadan. In response to my application I was informed that I had an opportunity to train in a new program known as Physiotherapy in the Faculty of Medicine. Up to that point, I had neither an idea what Physiotherapy meant nor could I spell it correctly. I thought Physiotherapy was a specialized branch of medicine and so did other applicants as I learned later on.

Early in 1966 applicants were invited for interview to assess their suitability for training in Physiotherapy. The interview was rigorous and the panel comprised three persons one of whom was Mr. T.A. Oshin. I remember him because he seemed to take the lead in the interview process. After responding to some biology and general science questions, I was surprised when I was asked to stretch my hand and expose my palms facing upwards. One of the interviewers, I have forgotten which one among the three-person interview panel, proceeded to palpate my

This randomly composed narrative dwells on my experience as a class of one student and the challenges encountered as the first Nigeria trained physiotherapy degree graduate at the University of Ibadan. (Fig. 3) I understand that my tribute to my good friend, the late Professor Vincent Nwuga, published by the Nigeria Physiotherapy network, elicited some interest regarding my student days at Ibadan and associated training conditions.

By nature I do not crave the limelight or do I want to arrogate undue importance to my role as the first Nigeria trained graduate of the profession. Today there are many degree-granting Physiotherapy training institutions in Nigeria, thanks for the courage to overcome initial institutional challenges by Dr. T.A. Oshin, Dr. Richards, Professor Odeku, Professor Grillo,

palms to determine the extent of softness! They took turns doing so which left me puzzled. Later it was explained to me that a certain suppleness of the hands is required in order to carry out effective massage! I believe all applicants went through the same process at the time. Later I learned that competence in the application of massage in therapy was an important part of the training and education of Chattered Physiotherapists in the United Kingdom. Did I ever do a lot of practices in massage during my clinical training at the hospital, from kneading to percussion and effleurage techniques! I am not sure to what extent massage is a critical aspect of physiotherapy training in some Physiotherapy training institutions in Nigeria and elsewhere these days.

### Pre-Clinical Education



Figure 4 1968: Dr. (Mrs. Grillo -2<sup>nd</sup> from Left; Prof. Grillo -3rd from Left; Prof. & Mrs. Irvin - 4th & 5th from Left at Club 41 Swearing-in Event. Godwin Eni was Club President.

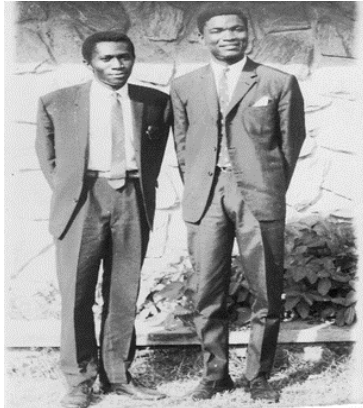


Figure 5 (L) Vincent Nwuga and (R) Godwin Eni - 1968

I do not remember how many applicants were invited for interview and considered Physiotherapy students during the pre-clinical training years. Nevertheless, all first year students in the Faculty of Medicine took the same courses. I had no contact with the clinical side of training during the first two years because we were all treated as medical students engaged in studies for the Pre-M.B. science subjects – Anatomy, Physiology, and Biochemistry among other requirements.

In the anatomy class we were paired for each cadaver. Professor Grillo, his wife Dr. [Mrs.] Grillo, and Dr. Desalu (Fig. 4) made sure we completed assigned dissection of different body parts of a cadaver. At the end of each week, we were examined on the dissections using Gray's Anatomy test book as reference. The weekly examination was known as "Viva" and we were all terrified because we didn't know which anatomy lecturer would undertake the weekly examination. Professor Adesanya Grillo was especially rigorous during the weekly tests. I think I did quite well as I was among the few students who were noticed and commended by the head of anatomy department, Professor Grillo. To my surprise, he did not know much about a planned Physiotherapy degree program. He thought I was a pre-medical student until I informed him about the intended program. He would ask me occasionally who were my Physiotherapy teachers and I would respond "I don't know Sir". We became very close as his interest grew in my progress.

Fortunately, during my clinical training year, Professor Grillo was designated Chairman of the Physiotherapy Program Committee by the University. From that position, he was instrumental in arranging some form of technical assistance for me through CIDA and the Canadian High Commission in Nigeria to undertake Proprioceptive Neuromuscular Facilitation (PNF) studies in Canada which was in vogue at the time for clinical physiotherapists. Later he undertook the same arrangement for Vincent and

Gladys Nwuga to undertake their physiotherapy degree studies at the University of Manitoba in Canada. Vincent Nwuga (Fig. 5) was a practicing Physiotherapist at the University College Hospital and a very close friend when I introduced him to Professor Grillo. Vincent was always talking to me about spinal manipulation and reading related orthopedic publications. We were just a year apart in age and I think he was the youngest among UCH Physiotherapy staff.

I was very concerned about the ongoing civil war, alternatively called "Biafra War". Many Ibo students and Professors at the University opted to go home before the Lagos to Onitsha road closed as some soldiers and civilians targeted Ibos in Lagos, Ibadan and primarily Northern Nigeria. I indicated to the University designated Physiotherapy program head Dr. Richard my intention to leave the University and return to Eastern Nigeria. There were too many incidents of civilian Ibos running and hiding in the bush and coming out when things quietened

down. Dr. Richards was very empathic and concerned about my safety. He cautioned me not to trust anyone, act normally and to keep my fears and apprehensions to myself. He told me that the University College Ibadan had

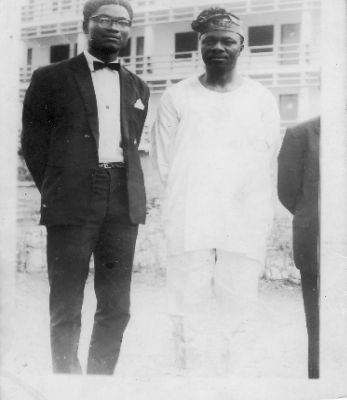


Figure 6 [L] Godwin Eni and [R] Mr. T. A. Oshin at Ibadan. 1969

received a grant from an international body, I presumed the United Nations, to train rehabilitation personnel during the civil war. Physiotherapy was identified as a key rehabilitation discipline as many severely injured soldiers and civilians were redirected to the University College Hospital at Ibadan. At the time, a handful of Physiotherapists at the University College Hospital were female Caucasians from the United Kingdom. The Nigerian U.K. trained Chartered Physiotherapists on staff at the hospital were Mr. Oshin, (Fig. 6), Mr. Obiri, Mrs. Nwuga (nee Osula), Mr. Nwuga and Mr. Kehinde. The Head of Physiotherapy Department was Mrs. Baker, and Mr. Oshin was her deputy. I had very little contact with the clinical side of things at the time. Later I realized that the University was committed to produce graduates in Physiotherapy in order to justify the financial grant. Dr. Richards saw me as some type of hope for the University to fulfill its training obligation in view of the grant funding and was continually congratulating me for being the only

successful student in the Physiotherapy stream following the pre-MB examination in spite of my personal safety concerns during the civil war.

I was terrified after concluding my pre-clinical training when the Vice Chancellor Professor T.A. Lambo called me by name at a gathering on campus and congratulated me for getting through the pre-clinical phase of training. It was gratifying to see him again in 1975 at the University of Western Ontario where I was a clinical instructor and head of Physiotherapy department at the Children's Psychiatric Research Institute of the Government of Ontario. He was Deputy WHO Director on official visit from the World Health Organization. He remembered me and was quite complementary to me for overcoming the uncertainties around my Physiotherapy student years at Ibadan. I organized a Nigerian get-together for him and we kept in touch periodically until his retirement and passing.

Our biochemistry class was the most rigorous of all pre-clinical classes under Professor Bashir. He was an imposing man with intimidating demeanor. Professor Bashir spoke to students openly and loudly in the laboratory about individual missteps. A student must organize his or her workplace in a particular manner and one dared not break a test tube. The most fascinating activity in the lab was calculating the percentage of cholesterol in blood. Some of the blood samples came from sheep and goats. On one occasion, I calculated a very low percentage of cholesterol than expected in my sample which was significantly different from those of other students. Prof. Bashir bereted me in front of everyone for wrongly calculating the percentage of cholesterol in my sample while criticising me with a mixture of English and Yoruba languages. Not being able to speak Yoruba language, I misunderstood his request and he stared at me for the longest moment. Funny how certain events remain in one's subconscious mind even at 77 years of age because he ordered me to leave the class.

The following week, I was afraid to attend his laboratory class and waited at the corridor. After the class session, he came out, saw me and was surprised at my absence from his class. What a paradox! He took me to his office and told me to smarten up if I was ever going to complete my pre-MB training. No student who failed any of the subjects was allowed to proceed to clinical training. He enquired about my background and I informed him that I was one of the "special students" training for a Physiotherapy degree. He was shocked. He did not know what Physiotherapy was doing in his area of jurisdiction. He taught biochemistry to pre-medical students. Like me, he did not have a comprehensive understanding of Physiotherapy. He was a Doctor of Philosophy in Biochemistry and had never been a clinician. Over time he became quite sympathetic to my plight as he got to understand what I and other unexplained students were doing in his class. He became one of my mentors and gave me valuable advice on how to undertake certain aspects of laboratory work. On one occasion, I slept in his house on campus when there was some rumour regarding the impending killing of Ibos and I had to seek safety. My Physiology class



under Professor Grayson was the most relaxed and coolest because he did not bother students in challenging ways. Like me, he thought physiotherapy would be an integral part of medical training.

The Nigeria/Biafra war was raging. For safety reasons, many Ibo students and faculty members had departed for Eastern Nigeria. I was to join Professor Anene's convoy to Eastern Nigeria but it left Melamby Hall before I could get to it from my Teder Hall residence. In a sense I was stranded. Prior to that time, I had gone into the bush with a few Ibo students to hide whenever we heard rumours of military presence or killings in town. I missed a lot of classes on those occasions.

I met who I believe was a veterinary science student by the name Iloabachie when we were hiding in the bush along Oyo Road. We had a rumor that the Federal government has condemned the killing of Ibos and wanted it to stop. Ibadan was seemingly quiet. We came out of the bush at about six pm and were walking towards the university campus on Oyo road when a military jeep drove past and turned around. We immediately began to run back into the bush, a soldier fired a series of shots after us and I did not know that I had been hit below my armpit by a ricocheting shrapnel as I ran in a different direction. I later felt warmth under my armpit and some blood running down my left side. It did not matter then as I continued to run further into the bush until I came across some Ibo families hiding with their children. Even now, I have continued to wonder what happened to Iloabachie. Was he dead or alive? I did not see him again. I carried the bullet shrapnel under my armpit to Canada. It was removed in Saskatoon, Saskatchewan by Dr. Mead.

My two-year pre-clinical Physiotherapy training at Ibadan left indelible marks on my psyche even at this old age. This account of my training at Ibadan is not about the Biafra War. Rather I try to provide some context of ongoing events that created high levels of uncertainty for a pioneer student physiotherapist in those days. These and other events created fear and uncertainty for two anticipated outcomes of personal safety and academic success. I am eternally grateful to Professors Grillo, Odeku and Irvin for sheltering me periodically in their homes during the most dangerous and risky periods of my training in physiotherapy.

### **Clinical Training at UCH**

I was astonished to find that I was the only student who was successful in the examination among the cohort of students admitted to the Physiotherapy program after two years of pre-medical studies. The subjects were marked by individual departments and there was no way to determine who among pre-medical students was designated for physiotherapy studies. During our physiology class I got acquainted with a student who claimed to be pursuing Physiotherapy studies. Like me, Alani Egbedeyi was ignorant of the process and expected outcomes. Medical and non-medical students who failed the pre-M.B. science subjects were required to withdraw from the university. Alani Egbedeyi was one of the unsuccessful students. I am not sure how it happened, but he informed me after a few days that he has been granted permission to repeat the second year of pre-M.B. studies. Somehow we bonded although I was heading to UCH for clinical studies. In hindsight, it seemed to me the University did not want to create a gap in training years for student physiotherapists.

I assumed there would be other Physiotherapy students from my pre-medical class at UCH until I arrived at the beginning of the term. I was assigned a room at the clinical students' hostel. There was no guidance with respect to curriculum, subjects, and course outline. Upon arriving at the physiotherapy department on my first day, I was very pleased to be welcomed by Mr. T.A. Oshin who was on my pre-admission interview panel. (Fig. 6). He had succeeded Mrs. Baker as department head and was very enthusiastic in orienting me to the department. I consider Mr. Oshin a first class gentleman, soft spoken, sensitive, knowledgeable, and accommodative with an imposing professional presence. He introduced me to Physiotherapy staff, Mr. Obiri, Mr. Kehinde, Mrs. Nwuga [nee Osula], Mrs. Ajao, Mrs. Dora Udoh, and Mr. Vincent Nwuga.

Mr. Oshin recommended two books, one on exercise therapy and the other on electrotherapy. He would assign some chapters to be read ahead of my class discussion with him. It was a one student class usually held in his office for about an hour per session. We would occasionally spend time discussing the contents of the books but he

preferred to engage me in hands-on learning and observation of the work of other physiotherapists. He was a wonderful teacher with the right temperament. He may also have been conscious of the possibility that I may depart voluntarily from the program and I almost did on several occasions during the civil war. I did my best to hide my fears and intention from everyone!

Because Mr. Oshin was on UCH staff officially, he was given an instructor designation by the University in order to fulfil faculty academic policy requirement for teaching staff – so I was informed by Dr. Richards who was not a Physiotherapist although program head. Mr. Oshin was the only Physiotherapist on UCH staff designated with the title “Instructor”, thus arrogating him a faculty position. Perhaps, for selfish reasons, I yearned for a department status for Physiotherapy in the University especially as more students were admitted to the program. It was not just me alone, we were four or five students spread over three years engaged in Physiotherapy studies.

During my student years, I could not help but listen sometimes to incessant comments, debates, argument and resentment among some staff regarding the utility of a university degree qualification in Physiotherapy. In those days, some physiotherapists dismissed my degree studies as irrelevant and looked down on the university’s insistence on establishing a degree program. One unnamed physiotherapist at UCH told me that I was wasting my time. All Nigerian Physiotherapists at the time were chattered or MCSP certificate holders from Great Britain. I wondered whether I was doing the right thing! Sometimes I felt isolated but I hid my disappointment and frustration. I could not leave Ibadan as the civil war intensified. Therefore I spent a lot of time discussing my options with Prof. Grillo and Dr. Richards, the official head of the university physiotherapy program who reports to the university senate, the Dean and the Vice Chancellor Professor Lambo. I informed Dr. Richards about criticisms regarding the idea of a degree certified physiotherapist and wanted him to sponsor an application to join the medical studies stream. He took me to his office and offered me part of his sandwich lunch. I had never had a sandwich before. He cut his lunch sandwich in half and I ate my half politely preferring to have some traditional Nigerian food. He noticed I was determined to change my academic direction. After keeping me at ease with small talk about some surgery he was about to undertake, Dr. Richards leaned forward and said something to the effect: “Godwin you must not think about leaving the Physiotherapy program or going somewhere else. The University is depending on you. I have confidence in you”. He said it so softly and smoothly that I became somewhat egotistic. How can the university be depending on me I wondered! He must have studied psychology because it worked. Over time, he tried to assuage my feelings by asking me to assist in his orthopedic surgery and clinic. My table was next to his at the orthopedic outpatients’ clinic whenever he was on duty. I had a little ego trip on those occasions as I interviewed patients and wrote their case histories before sending them to Dr. Richards. Fortunately, many detractors of the degree program became converts over time especially after I passed the clinical examination conducted by a foreign academic Physiotherapist from Canada with the rank of “Professor”.

My clinical training involved a lot of collaborative treatment and observation of patient treatments by physiotherapy staff, learning specialized techniques from Mr. Oshin, undertaking a lot of Plaster of Paris splinting for fractures, innovative construction of assistive devices, breathing exercises, and electrotherapy especially the application of short-wave diathermy, ultrasound and microwave technologies, hydrotherapy and exercise therapy. I also undertook a lot of treatment for poliomyelitis which was endemic in the country at the time. Sometimes in one morning, I had up to 10 children suffering from different phases of polio, from acute to chronic. I was taught how to provide oral polio vaccine which I did frequently. I carried out medicated bronchial dilation and suction with a machine and massage therapy. The most prevailing conditions at the time were drop foot following delivery, poliomyelitis, Kwashiorkor, and bone fracture. I considered myself an expert at constructing plaster of Paris splints for Erbs paralysis, carpal tunnel syndrome, drop foot, femoral and tibial fracture, and post-surgical bone repairs but I hated doing passive exercise movements which I considered mundane at the time.

My most important days were when Dr. Richards asked me to assist in his orthopedic surgery. I was fascinated when he peeled aside the fascia covering a bone and associated chiselling, cutting and alignment to correct a deficiency. He would ask me to wash my hands and dress up with surgical gown. Sometimes, the nurses thought I

was a medical student. At other times, nurses in the know just looked at me disdainfully and very dismissive of my presence in the theatre. Dr. Richards brought my anatomy class and cadaver dissections to life. Maybe I should have been an orthopedic surgeon! Those were the thoughts I entertained occasionally.

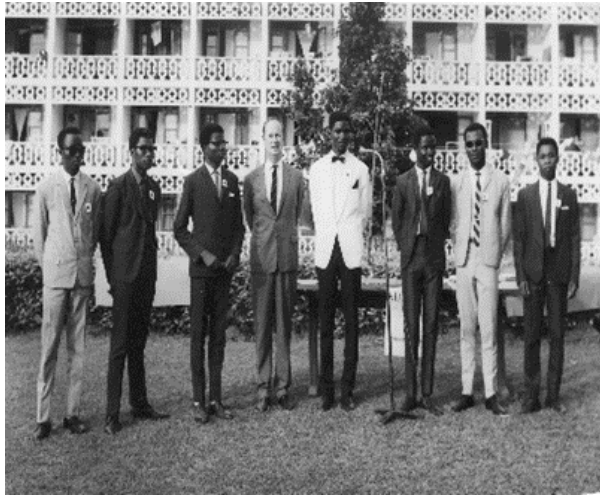
I was 28 years old when I began physiotherapy studies at Ibadan in October 1966. I was also an Ibo caught in the midst of a brutal civil war at a time when being an Ibo was detested by many non-Ibo Nigerians because of the military coup led by Ibo officers and the killing of non-Ibo political leaders. I spoke neither Hausa nor Yoruba languages. I saw a lot of brutality and loss of familiar lives. I owe my teacher and mentor Professor Grillo and the Dean of medicine, Professor Odeku, a wealth of gratitude for my safety during the most contentious years of my training. The details of many happenings which I hid from Mr. Oshin and Physiotherapy colleagues will remain indelible memories including the enormous protection offered by my best friend the late Dr. Kayode Omotunde, who was my student neighbour at the clinical students' hostel, and a police woman Bamidele Adeniran whose uniformed presence gave me much confidence for my safety. I met her through Kayode's police woman girlfriend by the name Doyin. I did everything possible to conform to cultural and expected norms to survive my anxiety and achieve safe environment.

I was considered somewhat a "celebrity" at the clinical students' hostel because I was studying and esoteric discipline. Many of my medical student classmates during the pre-clinical years genuinely wondered how I became the only student who survived the physiotherapy stream. The University invited Professor Marjorie Spence from the Bachelor of Medical Rehabilitation degree program at the University of Manitoba in Canada as the external examiner for my final exams. I was scared because of my apprehension about possible inadequate training given the meagre resources available at Ibadan compared to Canada. Although I was confident of passing the clinical examination, however I was uncertain about the application of Canadian standard to Nigerian environment. It was big news among students at the clinical students' hostel that I was to be subjected to Canadian standards, true or false. I had bonded with Mr. Vincent Nwuga who was close to my age, one year younger, and a very good friend. In his cool characteristic manner, Vincent somehow instilled some confidence in me. I saw myself as a sacrificial lamb about to be tortured academically and mentally during my clinical examination.

My clinical examination seemed to have lasted several hours as patients at different stages and variety of medical and surgical conditions were wheeled from the wards to the department of Physiotherapy in succession for my examination and treatment. I was subjected to questions about diagnosis, physical examination, physical conditions, stages of disease and presentation, history taking, initial approach to treatment, type and justification for choice of treatment, available treatment options, manner of communication with patient, and every possible aspect of ongoing rehabilitation. Mr. Oshin was standing by and I would occasionally glance at him in search of feedback by his looks or demeanor. One thing I was taught repeatedly was how to make the bed with bed sheets for a patient before and after treatment. I hated it but learned well. I understood it was a requirement in the MCSP training. I goofed during the conclusion of the clinical examination by neglecting to tuck-in the last patient properly under the sheet. For me, it was an egregious error and fortunately it did not factor very much in my rating.

A few days following the clinical examination and subsequent senate meeting I was informed that I passed thus making me a legitimate physiotherapist. At last the University has fulfilled its funding obligation. I stood outside the Senate building as they met to validate successful students in 1969. My external examiner Professor Spence saw me when she exited the building and came to congratulate me. However I was disappointed when she told me that I had been awarded a Second Class Upper division category. I was expecting a first class designation. She commented that it was the first time the University was graduating someone in the discipline otherwise I would have achieved a first class level. I will never know. Regardless, I virtually ran to the clinical students' hostel at UCH with the good news but the news got there before me. As I opened the gate to the hostel, some medical students in residence who knew about my ordeal rushed towards me and congratulated me enthusiastically. That evening, I had double helping in the dining room as students wanted to know the nature of my examination, the questions

asked and many other things. It was very gratifying to have successfully met the challenges and sacrifices over the years.



*Figure 7: Club 41 Execs. Univ. of Ibadan 1968. Godwin Eni ( White coat President), Alani Egbedeyi (Physiotherapy student 1<sup>st</sup> from left); Kayode Omotunde ( Medical Student & Friend 2<sup>nd</sup> from left)*

There were other developments. In the second year of my basic medical science studies. I was elected President of Club 41 at the University, a position I continued to hold during my clinical training year at UCH (Fig. 7). When the political situation at Ibadan was stabilized, Club 41 held public swearing-in ceremonies and parties at the university campus. The club was considered a rival to sigma club which was the dominant student association. I persuaded the only Physiotherapy student I knew, Alani Egbedeyi, to join the club. Subsequently the few Physiotherapy students at various years of study came together to form the first Physiotherapy Students' Association at the University or anywhere else in Nigeria. (Fig. 2) As a result, Physiotherapy students were able to gain some footing in the medical faculty. I understand the Physiotherapy Students Association at the University of Ibadan is a well-established vibrant organization today.

### **Becoming Staff Physiotherapist**

Upon graduation I was immediately hired as a staff Physiotherapist at the University College Hospital, Ibadan. I remember being questioned by the Personnel Director Mr. Cole why I did not undergo the prescribed hiring interview and process. I simply filled and submitted the employment. I was surprised when I received a letter of appointment and expected salary which was high by the standard of those days because I had a degree. In those days, university degree holders were paid differentially at a higher salary scale compared to non-degree holders. One can be employed in any position ranging from school principal, agriculture supervisor and so on as long as you have a degree. That was post-colonial Nigeria.

Having trained and worked at UCH as a student, I had no difficulty fitting in with the staff. The quiet and reverent Mr. Obiri was my favourite therapist. He always cracked a joke with me. Occasionally we had Physiotherapists from the United Kingdom some of whom refused to accept gifts from mothers of polio children they were treating such as potatoes, chickens, and egg baskets. There were always a chicken, an egg basket or a container of potatoes in the staff room. Ward assignment was rotated among the therapists but I was happiest when I constructed plaster of Paris splints. The outpatient department was very busy. I had my own in-patient and out-patient work-load as a Physiotherapist.

Mr. Oshin was a well-organized manager and head of department. But for Mr. Oshin, the university and I could not have overcome the many challenges of the period. He is rightfully the key "doyen" of Physiotherapy in Nigeria. I was exceedingly proud of him when he took steps to complete a degree. He was my most ardent supporter at the University during my student years. In fact, those who gave me the most encouragement, Mr. Oshin and Mr. Vincent Nwuga not only obtained undergraduate university degrees in Physiotherapy later-on, they also contributed enormously to the progress and development of University-based Physiotherapy training program in Nigeria. Many of their students are professors, academics and innovators today at home and abroad. What a history and what happenstance!





Figure 8: Godwin Eni delivering post-graduation talk on Role of Physiotherapy in Health Care at USAID Library Nov. 1969

Soon after graduating and taking up a position at the University College Hospital, the Dean Professor Odeku and my mentor Professor Grillo insisted that I should give a public presentation on the role of Physiotherapy in Health Care. (Fig. 8) I tried to avoid doing so when I learned that the venue will be the USAID public library and that the audience would include some Canadian and U.S. dignitaries from Lagos as well as representatives from the University of Ibadan. Little did I know that I will fortuitously be making the same presentation on same topic 38 years later as NUC Visiting Professor to the University of Nigeria in 2008. At the time, I had very limited knowledge of the health care arena. I thought the University of Ibadan was trying to show me off as the product of a grant funding. I sought advice from Dr. Richards who advised me to stick to what Physiotherapists do because audience members are not experts on the subject. I did but I also



Figure 9: Prof. Eni & Colleague, Faculty of Medicine, University of British Columbia, Canada

made a controversial assertion that riled physicians and physiotherapists who heard about it. The gist of my assertion was that since Physiotherapy is not taught to physicians during their training, therefore they should not be responsible for recommending physiotherapy treatment and Physiotherapists should not work under doctors' orders or approval. I said a lot of things in support of my assertion. MCSP certified Physiotherapists were socialized into the mentality of medical dependence and I was unhappy with it. Why can't Physiotherapists practice independently? Fortunately, the audience comprised a majority of diplomats, bureaucrats and interested persons who were in no position to hang me! But things have changed for the better today than 45 years ago.

Before departing to Canada for PNF studies, Mr. Ordia and I had a chat about introducing a Physiotherapy degree program at the University of Lagos. Earlier Mr. Ajao had entertained the same idea for the University of Ife, now Obafemi Awolowo University. Mr. Ordia was curious about my experience as the first graduate but was leaning towards a diploma certification for the Lagos program. Gradually the resistance and resentment of degree certification waned and I was happy to learn from him during his visit to Vancouver, Canada in early 80's that the Lagos program has germinated and thriving very well as a degree program. At the time I was the Head of Rehabilitation Services at the University Hospital responsible for all associated health disciplines: Physiotherapy, Speech & Audiology Services, Occupational Therapy, Respiratory Therapy, Music Therapy, Long Term Care and Extended care.

## Notes

I have been asked quite often why I did not take up a Physiotherapy-related academic position in Nigeria all these years and what I have been doing since graduating as the first Nigeria University trained Physiotherapist. My response to the first curiosity has always been that expertise in Physiotherapy should not be confined to that discipline alone. Physicians have not limited their knowledge and skill to medical practice hence the development and expansion of their knowledge and skill in other areas of specialization within and outside medicine. My interest in Epidemiology, Public Health, and Health Administration necessitated the expansion of my knowledge



Figure 10: Prof. Eni congratulating a Nigerian Medical Graduate, Univ. of British Columbia, Canada, 2002.

along those lines in order to contribute meaningfully in international health settings. For many years, I taught international health and comparative health systems at the Universities of British Columbia and Colorado. (Fig. 9 & Fig. 10.)

My training in Physiotherapy provided me with credible foundation for my understanding of patient care, clinical care and the development of public health strategies in international health settings. Regardless, after 25 years of clinical and administrative work in Physiotherapy, I had the opportunity to expand into other disciplines. Some of my colleagues in international health are Physiotherapists who developed knowledge and skill in public health, health program evaluation, and epidemiology. As a Visiting Professor at the University of Colorado in the early 90's, two graduate students in my international health class were

Physiotherapists. One of them is currently the head of community health programs for an international health organization and a WHO consultant. A recent Vice Chancellor of the University of British Columbia, Dr. Martha Piper, is a Physiotherapist and epidemiologist. I am glad that many Nigerian Physiotherapists who have expanded their knowledge and skills through research especially in the United States, are contributing to the governance of academic institutions.

Physiotherapy is my core discipline as I have continued to be involved in medical rehabilitation in many countries. My physiotherapy background gives me unassailable credibility as an advisor to governments and international agencies in over 20 countries. I hope many Physiotherapists would expanded their interests in order to make significant contributions in other areas of health care including academic settings in Nigeria. I think this is beginning to happen.



Figure 11: Prof. Eni (centre) visiting Physiotherapy Dept. at UNILAG in 2004. Prof. Owoeye 2<sup>nd</sup> from left.

I have also been interested in how Physiotherapy as a profession is gaining strength in Nigeria. Whenever I am home, I visit a nearby Physiotherapy institution to learn about ongoing progress. I had a good visit with Professor Isaac Owoeye in Lagos in 2004. (Fig. 11) He updated me on the progress and future plans for the Lagos University program and introduced me to his staff.

Earlier in 1989 I visited the Ibadan program where Dr. Oshin updated me on the enormous progress accomplished since my pioneer days at the university. In other words, Nigerian Physiotherapists have taken giant steps to elicit and implement credible professional programs in many parts of the country. During my visiting professorship at the University of Nigeria in 2008, I gave made a presentation on "Issues for Consideration in Health care and Rehabilitation" at the induction ceremony of graduating students. (Fig. 12) In my speech I called attention to

future opportunities available for Physiotherapists to enhance their knowledge and skill in global health care beyond clinical practice. I am surprised that I have continued to receive enquiries from some graduates of that University regarding avenues for further contributions in health care. I was surprised when the final year Physiotherapy students organized a reception for me and presented me with a gift a few days before my return to Canada. (Fig. 13 & Fig 14) I had taught them research methods, ethics in administration, and evidence-based



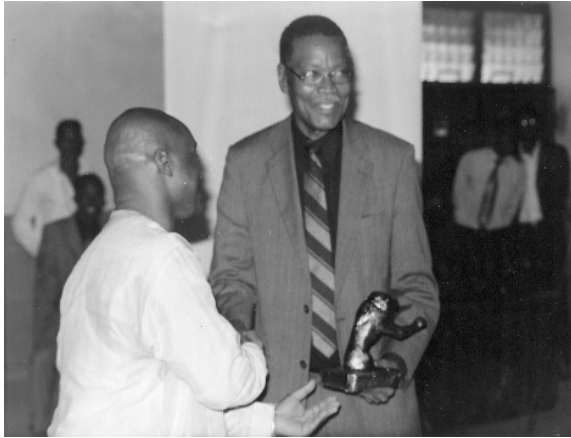


Figure 12: Prof. Eni receiving an award at UNN Med. Rehab. Induction Ceremony, June 2008



Figure 13: Prof. Eni receiving a gift from Final Year Med Rehab Students at their reception in 2008



Figure 14: Professor Eni and Final Year Medical Rehabilitation Students, UNN 2008

clinical practice as well as participated in their clinical examination. While at UNN, I also functioned as a university examiner for a doctoral student. In putting this narrative together, I came across a piece written and delivered at the reception by the class representative Mr. Ifeanyi Kalu Oti quote: "Prof. Eni had made an impact in our collective lives in the course of his lectures and helped to redirect, motivate, instruct, counsel and give us a new sense of direction not just in physiotherapy but life in general".

More recently, a retired academic from Nigeria interested in the things I have done since graduating from Ibadan was surprised to see me at a conference and remembered my pioneer years at the University of Ibadan. I am not someone who craves adulation, titles or someone with a penchant for recognition. I prefer simple and open-minded mindset, a belief in yourself, honesty and overall humility. For me the issue is getting the job done rather than the pedestal from which it is done. For anyone interested in what I have done since my days at Ibadan, I provide a brief synopsis of my activities. A more detailed account is available through the Nigeria Physiotherapy Network or Nigeria Physiotherapy Association. At the risk of self-promotion, I am doing so to clarify some uncertainty expressed by a few people.

Briefly, over the years I worked as a physiotherapist, headed departments in a research institute and a teaching hospital and expanded my interests to medical sociology, epidemiology and health administration which enabled me to contribute my skill and knowledge in over 20 countries – from Ukraine, India, Sri Lanka, Bangladesh and Malaysia to South Africa, Australia, Malawi, Burkina Faso, Cote' d'Ivoire, and Ghana among other countries. My responsibilities were fulfilled either as an academic in highly rated universities or as a consultant and/or advisor to governments and international organizations such as the Commonwealth Secretariat among others. My contributions have been located primarily in public health, community health, policy and program development, structural reforms, and primary health care.

I worked as a physiotherapist and department head for 15 years and spent 10 years as director of the Graduate program in Health Services Planning and Administration at the University of British Columbia and four years as Visiting Professor at a sister program at the University of Colorado, Denver, USA. Over the years I have supervised over 40 masters and doctoral degree students as well as functioning as an external examiner for a doctoral students in Canadian and other universities. I have also participated in civil society and the development and governance of community organizations. I have received

recognitions from governments, international organizations and communities. I chaired a Canadian Commission of Accreditation for a health care profession four years during which my Physiotherapy background provided a solid anchor in the fulfilment of my role. Nevertheless. My



Figure 15: 1 Professor Eni [Centre] in Ukraine as Advisor to the Ministry of Health following the breakup of the Soviet Union. 1993

unique position as the first Nigeria trained Physiotherapist is a tiny if not insignificant step in the ongoing progress of the profession world-wide.

Following the break-up of the Soviet Union, I was sent to Ukraine in 1993/94 by the Canadian Ministry of Foreign Affairs to assist in restructuring the health system. (Fig 15] From that time, I have been involved internationally in over 20 countries in Africa and South-East Asia with respect to health policy development, child immunization, infrastructure reform, health service development, infrastructural reform, system planning and community health development. (Figs 16, 17, 18,19)

I hope this narrative will satisfy enquiries about what happened to the first Nigeria University trained physiotherapist. I hope my narrative does not detract from the enormous contribution of others who played significant roles in seeing the program through many challenges. In particular, Dr. T. A. Oshin should be held in the highest regard whenever Nigeria Physiotherapy is

Figure 17: Prof. Eni (microphone) in Sierra Leone as Adviser on Primary Health Care, Government of Sierra Leone 2012



Figure 16: 1 Prof. Eni (microphone) in Sierra Leone as Adviser to Ministry of Health & Sanitation 2010 -2012.

discussed. I studied and worked with him at a time a physiotherapy degree was unwanted. I made a special effort to visit the Ibadan program in 1989 when I was in Lagos at the invitation of the Late Professor Ransome-Kuti. Both Dr. Oshin and I were over-joyed to see each other. He pointed to my photograph on the library wall and said, “You remember that person?” and introduced me to several students as the first graduate. I could see the satisfaction he has in the fact that we both succeeded when few people wanted us to succeed. I doubt if my photograph is still there given the dynamics of Nigerian way of doing things.

At 77 years of age and retired, I am beginning to consider my own mortality. My best friend and colleague during my student years, the Late Professor Vincent Nwuga provided me with supportive companionship during my lone student years. I hope he is accorded his rightful place in the annals of Physiotherapy in Nigeria. I am happy at the growth and development of Physiotherapy in Nigeria.



Figure 17: 1 Prof. Eni (centre) consulting on rural community health & child immunization in Malawi

In the two public lectures I gave at UNN in 2008/09 titled “Issues for Consideration in Health Care and Rehabilitation”

and “The Role of Physiotherapy in Health Care”, I pleaded for mutual support and collaboration among



Physiotherapy educational programs in Nigeria and alluded to inequitable academic strength and resource availability between programs. I suggested that programs may minimise deficiencies through cross- academic appointments as visiting lecturers and professors also by providing cross-clinical appointments to practitioners and



Figure 18: 1Dr. Eni consulting on community health in Bangladesh on behalf of the Commonwealth Secretariat.

lecturers in hospitals and university programs. On my part I donated some books to the UNN Physiotherapy library which should encourage donations from academics living abroad. Overall, the development of Nigeria Physiotherapy as a professional discipline over the past 45 years is admirable and current and past leaders should be commended for their vision and progressive contributions.

I have also been very active in civil society in Canada from helping to establish Nigerian communities and immigrant settlement to advocacy for changes in public policy. Since 1970, many Nigerians have come to work or study in Canada. As a result they face unique challenges with respect to adaptation, family dynamics and issues affecting their health. Some of them lived with my family until they successfully navigate the environment. I am happy to have contributed to some of their settlement challenges when I lived in Saskatoon, London, Ontario, Toronto and Vancouver, British Columbia. I supervised some of their graduate degrees and provided career guidance as requested. Recently, a newly graduated Nigerian DPA Physiotherapist from the United States requested my guidance as he settled for a career in Canada.



Figure 19: Participating in Civil Society

Canada is the birthplace of multiculturalism policy. When I arrived in Canada in 1970, the social and political contexts were skewed to the disadvantage of minorities. Over time, I engaged in the governance of civic society organizations which led to small contributions in an aspect of public policy. (Fig. 19) Through leadership in governance, some of us, including my friend Dr. Femi Agbeyewa, teamed up with other leaders to improve the lives of black Canadians. These contributions were undertaken quietly without fanfare and I am pleased that recent arrivals from Nigeria have a better social environment in which to thrive.

I have gone to this lengthy narrative to clear the mystery over my career and activities since graduating from the University of Ibadan in 1969 as the first Nigeria trained Physiotherapist with a degree. I have not sought prominence or recognition which is against my basic principle. Once in a while someone calls my attention to a writing that indicates inaccuracies especially regarding my challenges as the first Physiotherapy graduate. I did not bother to respond as these inaccuracies are marginal in the larger order of life and living. I still would not have responded until a request for me to clarify the record.





Figure 20: Prof. Eni at the University of British Columbia



Figure 21: Prof. Eni at Faculty of Medicine Graduation ceremony, UBC

Let me take this opportunity to appreciate all past and present Nigerian Physiotherapists who have contributed to the emergence and growth of the Profession. We all owe special gratitude to Dr. Oshin, Professor Ordia, Professor Okeke and Chief Ajao and to our foundational Nigerian Physiotherapists who brought the profession to light in Nigeria, the late Pa Obiri, Mr. Kehinde, Mrs. Nwuga, my friend the late Professor Nwuga, and Mrs. Dora Udo. It is through their effort and perseverance that the challenge of resistance to university-educated Physiotherapists was overcome.



Figure 22: Dr. Godwin Eni [Ret]

Nowadays Nigerian Physiotherapists are functioning at the highest level of academic and university governance in Nigeria, the United States, Canada and elsewhere. I understand the Nigeria Physiotherapy Network based in the United States emerged through the vision of one Physiotherapist. The network provides a valuable data-base for Nigerian Physiotherapists and visitors. I was also able to access the Nigeria Physiotherapy Journal which is a high quality, peer-reviewed journal. I am told about some intention to organize Nigeria Physiotherapy chapters in various places. Today we have many Physiotherapy Professors, Lecturers, and Department Heads in institutions around the world. These are worthwhile achievements and please keep up the good works.

Finally, I personally recognize the enormous effort contributed by Professor Grillo, Professor Odeku, Professor Irvin, and Dr. Richards towards the establishment of a university-based Physiotherapy

education in Nigeria. In some way, they are also pioneers. As I look back in retirement and my own mortality, I feel enormous joy and pride in what Nigerian Physiotherapists have accomplished in 45 years. Please keep up the good works in cooperation and good will.