



# Professionalization of Physiotherapy in Nigeria:

## Challenges, Threats and Opportunities

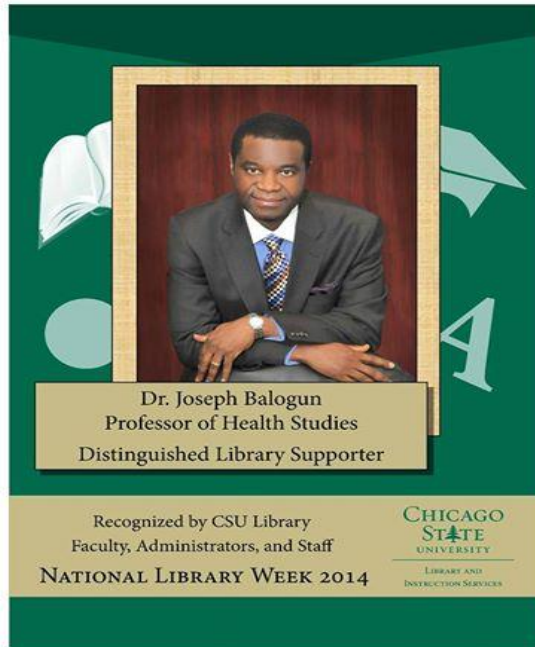


**A Presentation Delivered by Distinguished University Professor Joseph Balogun\* at the Scientific Session of the 55th Annual Conference of the Nigeria Society of Physiotherapy (NSP) held at Lokoja, Kogi State, Nigeria on October 28, 2015**



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### **Abstract**

Professionalism continues to be a subject of interest in physiotherapy. This is reflected by the number of publications in physiotherapy journals and presentations made by physiotherapists at professional and scientific conferences around the world. The origin of physiotherapy profession in Nigeria from inception in 1945 up till 1975 was partially chronicled by the doyen of our profession, Dr. Abayomi Oshin; but there has been no corroborating evidence of his account in the extant literature. This presentation provided an update on the history of physiotherapy profession in Nigeria; and critically examined the factors and groups that facilitated and/or impeded the rapid pace of development of physiotherapy. The lessons learned from the evaluation of the past challenges, emerging threats and opportunities can be used to further accelerate the professionalization of physiotherapy in Nigeria.

## **Background**

Mr. Chairman, please permit me to stand on the already established protocol. I am deeply appreciative of the invitation extended to me to address this Scientific Session of the 55th annual conference of the Nigeria Society of Physiotherapy (NSP) as a prelude to the key note speech that I will deliver tomorrow morning in recognition of our visionary leader, the late Chief Christopher A. Ajao. This lecture which is titled “Professionalization of Physiotherapy in Nigeria” is indeed a relevant topic worthy of discussion as our profession aspires to transition to the next level of excellence. We cannot realistically discuss professionalization of physiotherapy in Nigeria in isolation; it has to be examined globally, and within the context of the other professions in Nigeria.

Professionalism has over the years been a subject of interest to physiotherapists. This is reflected by the number of publications in physiotherapy journals and presentations made by physiotherapists at professional and scientific conferences around the world. When the term “professionalism” was entered in the Cumulative Index of Nursing and Allied Health Literature (CINAHL) data base, 6,171 “hits” emerged. When “physical therapy” was added as a “key word” to the search engine, 210 “hits” was generated. On the home turf, it was reported that a 2-day workshop on professionalism organized by the NSP in 2011 engendered great enthusiasm and attracted “unprecedented turnout.”<sup>1</sup>

## **Purpose of Presentation**

The origin of physiotherapy profession in Nigeria from inception in 1945 up till 1975 was partially chronicled by the doyen of our profession, Dr. Abayomi Oshin; but there has been no corroborating evidence of his account in our extant literature.<sup>2</sup> Obviously, a lot has happened in our profession that remains undocumented, particularly in the last four decades. We have witnessed some achievements, intractable challenges, missed opportunities and emerging threats which hitherto have not been reported in our professional literature.

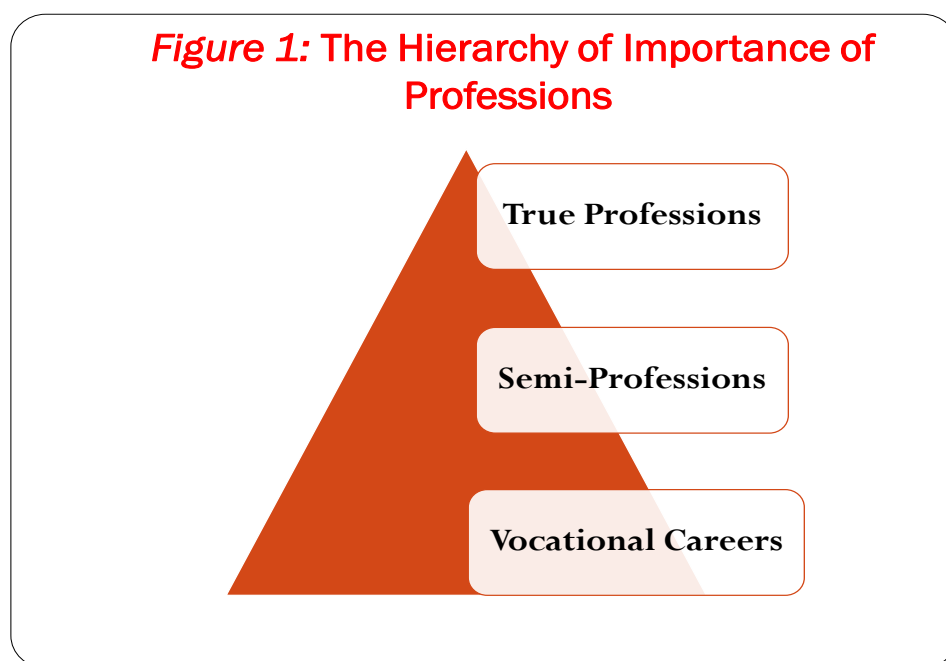
Two recent cross-sectional survey studies were conducted by Mbada and associates to determine physiotherapists’ professional identity as perceived by the general public; and to evaluate physiotherapists’ knowledge of the legislation guiding the practice of physiotherapy in Nigeria. Mbada and associates found that only 51% of the physiotherapists in Nigeria are aware of the reality that they are required by law to obtain a referral from a physician before they can treat their patients.<sup>3a</sup> Furthermore,

they found that only 16.8% of rural dwellers are aware of physiotherapy profession, and the majority (60%) of the study participants associated physiotherapy with masseurs, and 30.8% with physicians. Physiotherapy ranked 6th and 7th in social standing (prestige) and level of income when compared with eleven other professions.<sup>3b</sup>The findings from these studies are disconcerting and have serious implications for our profession. The findings underscore the need to create awareness about physiotherapy among the public at large; and the need to educate the NSP membership on basic professional ethos and identity.

The objectives of this presentation are to update the history of physiotherapy profession in Nigeria; and to critically examine the factors and groups that facilitated and/or impeded the rapid pace of development of physiotherapy. The lessons learned from the evaluation of the past challenges, emerging threats and opportunities can be used to further accelerate the professionalization of physiotherapy in Nigeria.

### **Hierarchy of Importance of Professions**

The word “profession” was derived from the Latin word “profession” which means “a public declaration with the force of promise.” In 1969, Etzioni<sup>4</sup> classified occupations into two broad categories: “Semi-Professions” and “Learned (or True) Professions”. I would like to add a third category: “Vocational Careers.” The hierarchy of importance of professions is presented in Figure 1.

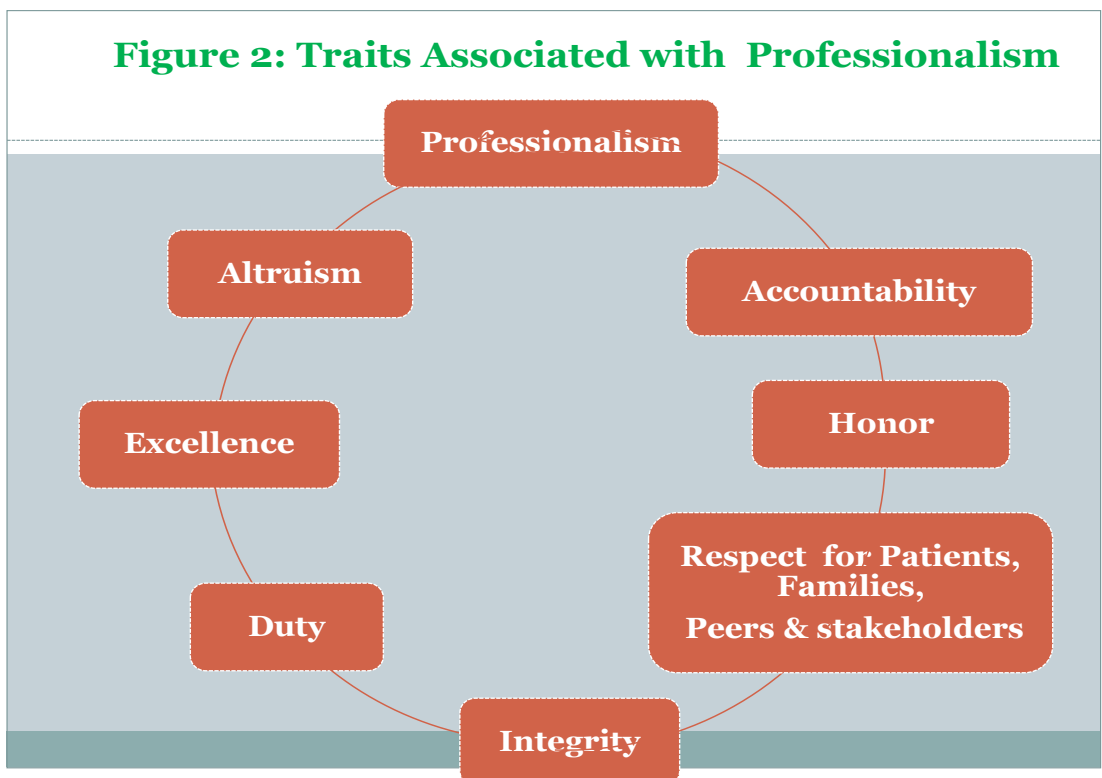


True-professions are at the top of the pyramid, semi-professions at the middle and vocational careers at the bottom of the pyramid. Professions are generally rated by the *power and prestige* they command within the society at large. True professions have high esteem and political power. Semi-Professions have less autonomy in decision making and generally lack wide societal acceptance. On the other hand, vocational careers have technical skills, but they are associated with limited education and no distinct body of knowledge.

### What is Professionalism?

Without the knowledge of what professionalism is, a discussion of the topic for this lecture (professionalization of physiotherapy in Nigeria) will be meaningless. Because physiotherapy is a profession and physiotherapists are professionals, it is important to have a clear understanding of the term "professionalism".

Professionalism is a multi-dimensional construct with no simple and universally accepted definition. It is easy to recognize professionalism but it is a difficult construct to measure because it is kaleidoscopic in nature. Professionalism is often associated with traits such as: *altruism, accountability, excellence, duty, honor and integrity*, and *respect for patients and their families, peers and stakeholders*<sup>5</sup> (Figure 2).



*Professionalism* is the internalized conceptualization of expected professional obligations, attributes, interactions, attitudes, values, and role behaviors in relation to the individual clients and society as a whole. Professionalism may be collective (practiced by the profession as a whole) or individual.<sup>6, 7</sup> Individual professionalism refers to the internalized beliefs of an individual member of a profession regarding professional obligations, attributes, interactions, attitudes, values, and role behaviors. Individual professionalism is also called “professional role concept (Figure 3).”

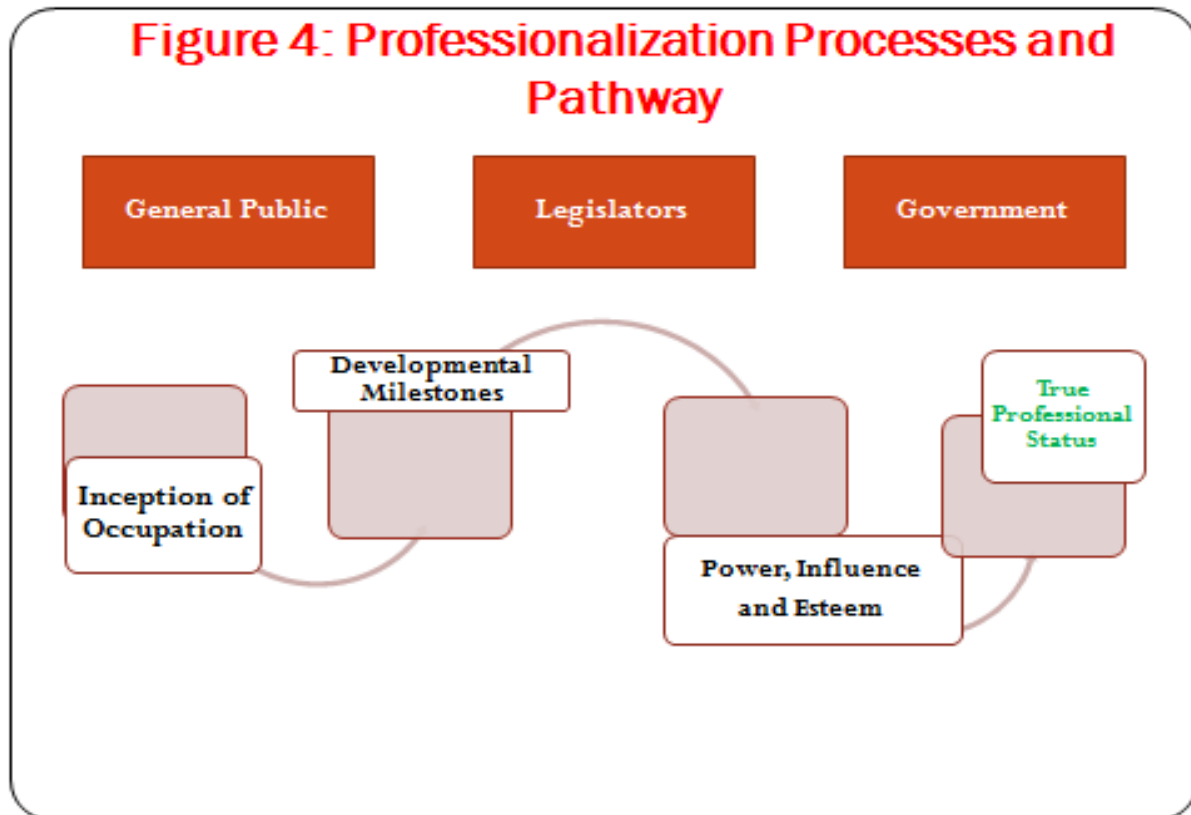
**Figure 3: Individual Vs. Collective Professionalism**



### **Professionalization Defined**

I consider professionalization as the social processes and evolutionary path through which occupations attempting to obtain the status and power of a true profession transcend (Figure 4). Of course, there is a plethora of other points-of-views about professionalization. Forsyth and Danisiewicz posited that “*professionalization has to do with the ability of an occupation to convince legislators and the public of the importance of its work, rather than the intrinsic knowledge and value of that work.*”<sup>8</sup>

Carr-Saunders defined professionalization “*as a process along a line of inevitable progress, working towards the acquisition of a number of defining characteristics, namely codes of ethics, professional associations, specialized skills and governance.*”<sup>9</sup>

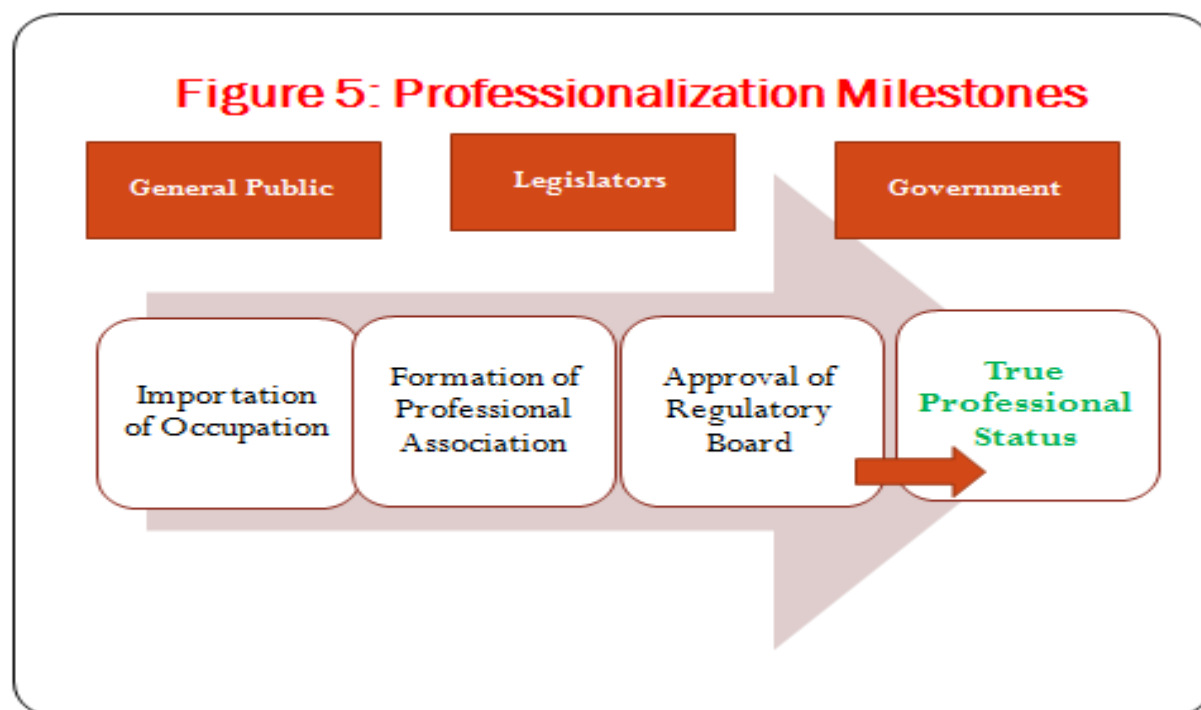


Wilensky emphasized the developmental aspect of professionalization, suggesting that occupations transcend four sequential stages/functions during the professionalization process: 1) creation of a full-time occupation, 2) the formation of training schools, 3) creation of professional associations, and 4) the development and creation of code of ethics.<sup>10</sup> Central to this perspective is the recognition that an occupation can enhance its autonomy and professional status through social and political actions.<sup>8; 11-13</sup> The extent to which professionalism is imbibed or internalized within an occupational group is a valid barometer for judging the transition to true professional status.<sup>14</sup>

Critics argue that the professionalization process for physiotherapy was pusillanimous when compared to the other occupations that were imported into Nigeria during the pre-and-post colonial era. The obvious questions to ask are: Are we satisfied with the pace of our professionalization? Have we convinced enough legislators in the National Assembly and the public-at-large about the importance of our work/trade? Do we have enough people who can vouch that we are a true profession?



To provide answer to the first question, my colleague and I designed a study to investigate the pace of professionalization of physiotherapy and eleven other major occupations imported into Nigeria by Europeans.<sup>15</sup> The findings that emanated from this study was presented this morning during the Scientific Session. We determined the timeline when each occupation: 1) was imported into the country, 2) established a professional association, and 3) obtained legislative mandate from the federal government to establish a regulatory board (Figure 5).



The findings from our study revealed that physiotherapy ranked seventh out of the twelve major occupations to be imported into Nigeria, and the second occupation to quickly develop a professional association after importation into the country. Unfortunately, it took physiotherapy longer time (33 years) to obtain a legislative mandate to establish the Medical Rehabilitation Therapists' Board (MRTB); physiotherapy also ranked seventh among the twelve occupations to obtain approval from the federal government to establish a regulatory body.<sup>15</sup> The factors responsible for the slow pace of development of physiotherapy will be discussed later in this lecture.

## **Contextualization of our History**

The history of a profession in any country cannot be discussed in solitariness, because it will potentially be influenced by events in the other parts of the world. It was during the Middle Ages or Medieval period, which lasted from the 5th to the 15th century that occupations evolved. During that era, only divinity, medicine, and law were recognized as “learned” professions.<sup>16</sup>

In the USA, the discipline of surveying was the first to attain true professional status; and it was followed by medicine, actuarial science, law, dentistry, civil engineering, architecture and accounting. It is worthy to note that several American Presidents such as George Washington, Thomas Jefferson, and Abraham Lincoln all worked as land surveyors before they became politicians. With the advent of technology and the enhanced advocacy for specialization in the 19th century, several disciplines such as pharmacy, veterinary medicine, optometry and psychology have transitioned to true professional status in the USA.<sup>16, 17</sup>

By using hydrotherapy, massage and manual therapy techniques to treat ailments as far back as 460 BC, Hippocrates, the great Greek physician and philosopher, was the first documented practitioner of physiotherapy. Globally, physiotherapy is relatively a young profession when compared to occupations that evolved during the medieval period. Physiotherapy became a bona fide occupation in 1894 when midwives and nurses in UK took action to protect their practice of medical massage and formed the Chartered Society of Physiotherapy.<sup>18</sup>

In the USA, physiotherapy was initiated in 1921 with the formation of the American Women’s Physical Therapeutic Association. The demand for physiotherapy services increased during the 1940s and 1950s in response to the need to provide rehabilitation services for soldiers of World War II and a nationwide poliomyelitis epidemic.<sup>19</sup> From inception, physiotherapy was dominated by allopathic medicine and more recently also controlled by state or federal governments.

Although UK was the first nation in 1894, followed by the USA in 1921, to form professional associations in physiotherapy, the pace of professionalization of

physiotherapy in UK was slow when compared to the USA which continues to provide progressive reforms in physiotherapy education and clinical practice.<sup>19</sup>

The importation of occupations into Nigeria is relatively recent. Medicine was the first occupation to be introduced into the region that later became Nigeria by Portuguese allopathic physicians in 1472. Subsequently, Roman Catholic Mission opened a hospital at St. Thomas Island off the Bight of Benin in 1504. During the later part of the 1800, several other occupations were imported into Nigeria by Europeans (Danish, Dutch and British). Law was introduced in 1862, followed by pharmacy in 1867, surveying in 1863, and engineering in 1896. The 1900 witnessed the importation of veterinary medicine in 1932, physiotherapy in 1945, librarianship in 1948, and accountancy in 1950.<sup>15</sup>

Like all occupations imported into Nigeria, the professionalization milestones of physiotherapy was influenced by several internal and external factors. Our journey as a profession began in 1945 when physiotherapy was imported to Nigeria by two British chartered physiotherapists; Miss Manfield and Mr. Williams. Their primary role was to treat wounded and disabled Nigerians soldiers who returned home from Burma and other countries during World War II.<sup>2, 20</sup> Our profession has made incremental gains since 1945, but the pace of development has been a subject of concern to many NSP members for some years now.

### **Generation Schism**

At this seminal moment in our history, it is important to look back to identify the individuals or groups that contributed to the development of our profession. During the 56 years history of the NSP, there are four generation of practitioners that have contributed to the development of our profession. Each group has disparate educational and career experiences with divergent social philosophies and interests.

Many of the first generation practitioners received their physiotherapy education from the UK in the 1950s. After receiving the MCSP credential many of them returned to Nigeria to contribute their quota towards national development. Another cohort of first generation practitioners were homebred physiotherapist aides trained at Igbobi. After several years of on-the-job experience, the physiotherapy aides were grandfathered into the profession as physiotherapists. Prior to 1980, the preponderance of the NSP membership was the first generation practitioners. They formed the NSP and developed

degree and diploma programs in physiotherapy. In addition, they secured the initial recognition of the NSP by the federal government, developed the NSP constitution and produced the initial professional code of ethics for the profession.<sup>10</sup> Today is a golden opportunity to salute our founding fathers and mothers for their hard work and the visionary leadership that they provided.

The second generation practitioners, obtained their BS degree or diploma in physiotherapy from the Universities of Ibadan and Lagos, respectively. In the late 1970s and early 1980s, many of the second generation practitioners proceeded to North America to earn their Master's and doctoral degrees. This generation of practitioners brought pizzazz and zip that raised the profile of physiotherapy in the academy and within the society at large. In 1988, they secured from the federal government the legislation governing the practice of physiotherapy, and guided the subsequent establishment of the MRTB in 1992.

The third generation practitioners are individuals who earned their physiotherapy education (BS, Master's and doctoral degrees) in the early 1990s from the Nigerian Universities. A few third generation practitioners obtained their physiotherapy education outside the country. They continue to build on the achievements of the second generation practitioners.

The fourth generation practitioners are the Millennial or Generation Y members of the NSP; they are primarily undergraduate physiotherapy students and recent graduates. It is anticipated that the fourth generation practitioners will carry the mantle of our profession in the years to come.

Ladies and gentlemen, there is no doubt that our profession has a virtuous history and our forbearers laid a strong foundation for our development, but a lot of work remains to be done before the house is fully built.

### **Early Years of Physiotherapy in Nigeria: Heroes, Foes and Allies**

The framework that I used to examine the professionalization of physiotherapy in Nigeria was anchored on the relationship between the *past, present and future*. The relationship among the three phases of life was succinctly elucidated by William Wordsworth, the British romantic poet who co-authored the Lyrical Ballads. He stated that:

*“Life is divided into three terms: that which was, which is, and which will be. Let us learn from the past to profit by the present, and from the present, to live better in the future.”<sup>21</sup>*

Bob Marley, reggae maestro, also recognized the relationship between the past and the future when he sang:

*“In this bright future you can’t forget your past.”<sup>22</sup>*

Yes, we dire not forget our past. It was Patrick Henry, two terms post-colonial Governor of Virginia who stated that he:

*“Know of no way of judging the future but by the past.”<sup>23</sup>*

The heroes, foes and allies of our profession in the early years deserve mentioning in this presentation. The Polio Research Fund in England was a strong supporter of our profession. This international organization in 1963 provided a £20,000 seed money to establish a “School of Physiotherapy” at the University of Ibadan. The fund, according to Dr. Oshin, was “earmarked for building and equipment.”<sup>24</sup> Indeed, the physiotherapy program at the University took off as planned in 1966, but the proposed building at the University never materialized until today.

The Canadian International Development Agency was another ally of our profession. The agency in 1972 provided a postgraduate scholarship award to the first graduate of the University of Ibadan physiotherapy program (Mr. Godwin Eni now retired Professor living in Canada) to study at the University of Manitoba in Canada.<sup>25</sup> The Canadian University Services Organization (CUSO) deployed several physiotherapists to Oyo state to serve within the community physiotherapy scheme that was launched by Chief Ajao.

In the early years, the World Health Organization (WHO) was a foe of our profession. In the late 1970s, the WHO espoused policies that were incompatible with the mission and vision of the NSP. The WHO was of the opinion that because of the great demand for rehabilitation services, hospital-based, short duration cross-training of medical rehabilitation personnel is the panacea for addressing the acute shortage of rehabilitation workers in developing countries. The WHO aggressively promoted the training of “*multi-purpose rehabilitation therapist*” instead of the training of physiotherapist. Our forbearers must be commended for fighting both tooth and nail

against the WHO's proposal to develop "*multi-purpose rehabilitation therapist*" educational program in Nigeria.

Physiotherapy education in Nigeria started awkwardly, and was besieged with severe teething problems for several decades. Due to time constraints, the early years of physiotherapy education in Nigeria will not be discussed today. This issue will be presented next year at the 9th annual conference of the Ife Physical Therapy Alumni Association holding in Washington DC, USA.

I would, however, like to reminisce on the important role that students at the University of Ibadan, in the mid-1970s, played in bolstering the image of our profession by bringing physiotherapy to the consciousness of the Nigerian people. Physiotherapy education at the degree level started rather timidly. The number of students admitted to the physiotherapy educational programs at the Universities of Ibadan and Lagos is usually 1 to 4 students per year. In 1974, this trend changed with the admission of 12 students at the University of Ibadan. The enrollment in 1975 increased to 20 students.

These cohorts of students at the University of Ibadan formed *The Association of Undergraduate Physiotherapy Students* and used the platform as a vehicle to promote physiotherapy profession in private homes, churches and market settings. In 1977, the students organized the first *Physiotherapy Week* initiative which featured health education activities, scientific symposia and a banquet. The events implemented were well publicized by local and national radio/TV stations, and print media. The students also established a publication called *PhysioMag*; the magazine was effectively used to educate the general public on topical issues in medical rehabilitation.

One of the unsavory moments in the history of our profession was in 1975 when physiotherapists were downgraded and placed on salary Grade 7; a level lower than what university graduates with degrees in humanities, social and natural sciences were placed. The salary disparities and inequities arose because of the wrong perception by federal government bureaucrats that physiotherapy education was at certificate and diploma levels. *The Association of Undergraduate Physiotherapy Students* from Ibadan took this issue head-on by advocating improvement in the conditions of service for physiotherapists. The students found a way to appear before the Udoji Salary

Regulation Panel created by the federal government in 1976 to harmonize salaries of civil servants throughout the country.

The students brought to the attention of the arbitration panel, the best kept secret at the time; the fact that physiotherapy education was being offered at the bachelor's degree level at the University of Ibadan. The effective presentation by the President of the *Association of Undergraduate Physiotherapy Students* (Mr. Bayo Sedenu, Now Dr.) before the Udoji panel eventually led to improved condition of service for physiotherapists nationwide.

The student heroes of that era who deserves special mention in the annals of our profession were: Bayo Sedenu (President 1974-76), Ololade Aibana (Secretary 1974-76); Late Dapo Adefihan (President, 1976/77), Muoyo Okome (Treasurer 1976/77; Chair, Conference Organizing Committee), Chukuka Enwemeka (President 1978/79), Oyinkan Sodipo (Treasurer 1978/79), Longinus Nwachukwu (PRO, 1978/79) and Victor Obajuluwa (Editor-in-Chief, *PhysioMag*),

Globally, the medical profession is a domineering occupation that makes no pretense about their modus operandi, and arrogated to their profession the designation of “leader” of the health care team.<sup>26</sup> Paradoxically, the health care system is the only pluralistic establishment that I know where a “leader” is assumed in perpetuity and not democratically elected. But things are gradually changing as the functioning of the health care system is becoming more interdisciplinary in practice. In a progressive interdisciplinary practice setting, the “leader” of the team in charge of each patient varies from time to time depending on the treatment plan. For example, a dentist may be a “leader” of an interdisciplinary team managing a patient with temporomandibular joint pain. In the same vein, a physiotherapist may be the “leader” of an interdisciplinary team managing a patient with autism.

At the inception of our profession, physicians in Nigeria routinely “prescribe” physiotherapy by specifying the type and dosage of treatment to be administered, instead of the constructive consultation relationship that exists today between referring physicians and physiotherapists. In the 1970s and beyond, it is common to receive from a physiatrist or an orthopedic surgeon a referral that reads: “Diagnosis: OA right knee; Treatment: Shortwave diathermy, wattage/pulse set at level 3 for 20 minutes; three times a week; isometric and active exercise please.” Today, this level of specificity of

treatment modalities and dosage from a physician will be considered ridiculous and an insult on the acumen of the physiotherapist. Indeed, physiotherapy profession has come a long way, but the battle is not yet won without professional autonomy.

In Nigeria, the medical profession exerts dominance and authority over the health care delivery system. The medical profession has full professional autonomy, yet the Nigerian Medical Association leadership worked very hard behind the scene to ensure that physiotherapists do not have direct access to their patients. The medical profession in Nigeria has not been a reliable ally of our profession. I will give three examples to support my thesis.

Example #1: In the mid-1980s, it is herculean task for physiotherapist educators to be appointed consultant in the university teaching hospitals. A physician is automatically appointed a consultant following successful completion of their fellowship and on joining the faculty at the rank of Lecturer I. During that era, a physiotherapist with a Ph.D. must be a senior lecturer before being considered for appointment as a consultant; and the appointment is not automatic. Furthermore, there was a wide inequity between the stipend for a consultant physician and a consultant physiotherapist. The differences in rank and pay for physicians and physiotherapists exist because employment decisions were made by the university teaching hospital board; a cartel that is traditionally headed and fully controlled by physicians.

Example #2: In 2001, the medical profession initially opposed a proposal that granted call duty allowance to physiotherapists while at same time negotiating for their own package. After the government granted physicians a 4% increase in their basic salary (per unit) call duty allowance, the Nigerian Medical Association leadership worked behind the scene with physician bureaucrats in the Federal Ministry of Health to ensure that physiotherapists received only 1.7% increase in their basic salary. To add insult to injury, other health professions (pharmacy and medical laboratory technologists) subsequently received 2% increase.<sup>1</sup>

Example #3: Historically, the positions of dean and vice-dean in the Medical Schools in Nigeria were considered the birthright of physician (“medics”) on the faculty. In 1990, during a faculty meeting at an institution that I was employed, the dean of the College of Health Sciences called for nomination for the vacant positions of dean and vice-dean. He concluded his announcement with an off-the-cuff remark that “only medics need



apply for dean and vice-dean positions.” I challenged the dogma held by many physicians within the College, including the dean, that they are the only profession that is qualified to assume leadership position in a College that educates different health professions. After the meeting, I launched a campaign to contest for the position of vice-dean of the College. I won the election and served my tenure, with distinction, until December 1991 when I departed Nigeria for the USA. The off-the-cuff remark made by the dean revealed the arrogance and level of contempt that some physicians in position of authority have for other health professionals. The dean who made this insensitive and pompous remark passed away two years ago, and his name, in infamy, will remain unmentioned today.

It is not my intention to imply that every physician in Nigeria was in opposition to physiotherapy. There were several noble physicians who are respectful and supportive of our profession. The late Professor T. Grillo at the University of Ife (now OAU) comes to mind as a strong ally and supporter of our profession. He was a protégée to the late physiotherapist icon, Professor Vincent Nwuga. In the mid-1970, Professor Grillo recruited Vincent Nwuga (late emeritus professor) and Godwin Eni (the first University of Ibadan physiotherapy graduate; now a retired professor of physiotherapy living in Canada), to join the faculty of a new College of Health Sciences at the University of Ife. Professor Grillo in his position as the pioneering dean of the College provided Mr. Vincent Nwuga and Mr. Godwin Eni the opportunity to earn their postgraduate degrees from North America at a time when none of the physiotherapist educators in Nigeria has a Master’s degree. Professor Grillo later mentored Mr. Nwuga and supervised his doctoral dissertation. Professor Grillo deserves our recognition as a hero in the forefront of the struggle for equality for physiotherapist.

My point here is that as a group, physicians make no pretense about their interests; and desire to dominate and control other health professions. The stated examples, and more that I cannot discuss today due to time constraint, implies that physicians know how to make rules to benefit their own profession. The medical profession does not mind to leave their bride (any other profession) at the altar and walk away with grace.

As a profession, physiotherapy must never hamstring any other health profession, as the medical profession overbore our profession in the early years. I cannot confirm if the medical profession’s opposition to our profession is still ongoing, since I have not resided in the country in the last three decades. However, I must caution the NSP

leadership to keep their eyes widely open when they are in the room with the opposition. Our leadership must always be professional in carrying out their duties and negotiate in good faith but must meticulously verify the facts presented to them before signing the dotted line or before committing to an agenda that may affect the future of our profession.

### **Present Challenges and Opportunities**

A critical issue that should keep all physiotherapists in Nigeria up at night is the lack of autonomy to practice our profession. Physiotherapy profession was recognized by the federal government in the early 1960s. Sadly, the long awaited legislation by the physiotherapy communities in Nigeria and in Diaspora did not provide the autonomy that our profession needed to transition to true professional status.<sup>27</sup> The 2014 revised MRTB legislation poignantly stated that:

*“Physiotherapists are not allowed to see any patient, without a doctor’s order, even if the patient were an excellent candidate for physiotherapy.”<sup>28</sup>*

It is important to note that the initial legislation on the creation of the MRTB occurred during the tenure of the late Professor Olikoye Ransome Kuti, a pediatrician at the University of Lagos, as the Honorable Minister of Health. It is a well known truism that the medical profession had formidable administrative and strong network powers within the federal government, at hospital level, and over the nation’s health service system. Given this situation, it can easily be inferred that physicians at the corridor of power in the Federal Ministry of Health, where the legislation that created the MRTB was initiated, were not particularly helpful in ensuring that physiotherapy is accorded professional autonomy.

Physiotherapy profession in Nigeria currently faces internal challenges that have the potential to derail our aspiration to attain true professional status. We have within our ranks, certain individuals who have spent valuable time and resources, taking physiotherapy profession in the wrong direction by forming alliances with vocational careers; and destroying the organization foundation and administrative structure conceptualized by our forbearers. In the same vein, there are other physiotherapists who have hijacked our profession for personal aggrandizement and career enhancement to the detriment of our collective struggle towards professional emancipation. How we can effectively reconcile and harness the disparate points of view of the four generations of

practitioners within our profession is a conundrum that should be of concern to all and sundry.

Despite our internal squabbles, I submit that this moment is an opportune time for all physiotherapists in the country to begin the journey that will transform our profession to a true professional status. The task ahead in achieving this goal is daunting and will require the commitment of the entire NSP membership. In addition, our profession desperately needs a core group of men and women of good will, blessed with Solomon's wisdom to shepherd our journey to the Promise Land.

As we embark on this journey, the NSP leadership must tap the energy and special innovative talents of our students and the Millennial or Generation Y members. The effectiveness of the marketing strategies employed by students at the University of Ibadan in the 1970s convinced me that we collectively can move mountains if the current NSP members and students in the seven universities currently offering physiotherapy educational program are fully mobilized to be equal partners in our struggle for professional emancipation.

### **Future Threats**

The Nigerian health care system has over the years been underfunded. It is an abomination to observe that successive Nigeria governments spends only 3.9% of the nation's gross domestic product on health services; compared to 17.1% in the USA, 9.1% in UK, and 9.4% in Australia.<sup>29</sup> Given the low priority apportioned to our health care system for several decades now, it is not surprising that Nigeria has one of the worst health indices in the world.<sup>30, 31</sup>

The Nigerian healthcare system is rapidly evolving with the introduction of the *National Primary Health Care Development Fund* program proposed in the *National Health Bill*.<sup>32</sup> The financing of the public health care scheme is fraught with disparities due to: 1) severe budgetary constraints and uneven distribution of resources between the urban and rural areas with the rural areas mostly affected by inequitable lower budgetary allocation, and 2) shifting from government provided health care system to a competitive market system that is based on the individual's ability to pay for their care out-of-pocket. The excessive reliance on the competitive market system has exacerbated

the already inequitable access to quality care, and pushed the burden and risk of obtaining health services to the poor.<sup>32</sup>

With the dominance of the competitive market system, it is anticipated that the clinical environment in the next decade will become more system and cost regulated and less favorable to provision of quality physiotherapy services. In a managed care practice environment, the job security of health care providers, including physiotherapists, will become less predictable. Consequently, physiotherapists will need to be more adaptable and strategic to survive the health care landscape of the future.

We physiotherapists need to identify our competitors in the market place; and critically assess the level of their threat to the existence of our profession. As the adage goes, nature abhors a vacuum. If we failed to meet the demands for physical therapy services in Nigeria, other professions will evolve to fill the vacuum. Lessons from the other parts of the world revealed that athletic trainers, developmental therapists, massage therapists, and chiropractors are our potential competitors. Some of these professions are not presently established in Nigeria, and those in existence in the country have few practitioners. In all, our potential competitors do not presently pose significant threat to our existence but the threat definitely deserves close monitoring in the years ahead.

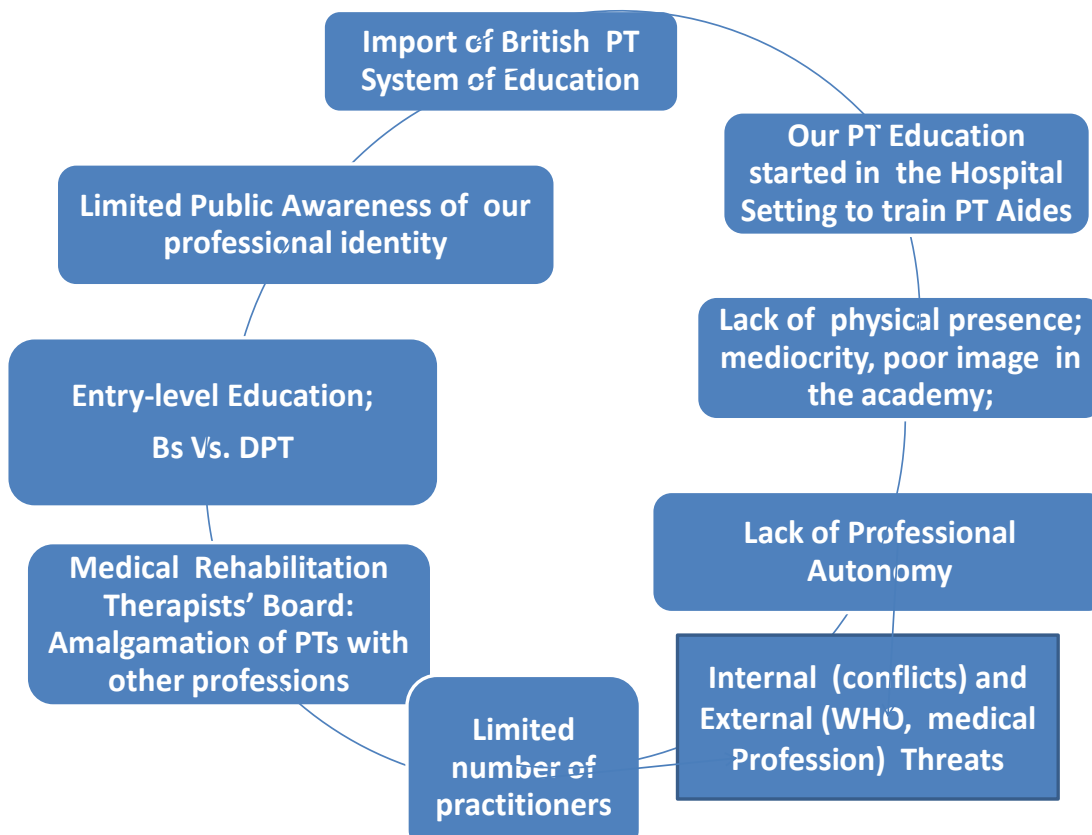
### **Lessons Learned**

A valid question to ponder over is when does a profession know it has attained true professional status? Professions will know they have attained true professional status, when they command esteem, power and influence in the larger society. Freidson inferred that *“professionalization is perception; the public recognition of an identity conferred from without. Essentially a vocational pursuit becomes a profession when enough people agree that it is.”* For example, when the Nigerian Medical Association or the Nigerian Bar Association sneezes, because of their large number and influence in the society, the federal government shivers. These two professions wield great power in our society and within the government, and they can claim true professional status.

At this juncture, I would like to contextualize the findings from the retrospective study by Balogun and Aka<sup>15</sup> that examined the pace of development of occupations that were imported into Nigeria. The authors found, in sport analogy terms, that physiotherapy

profession got off the block faster than medicine, dentistry, law and pharmacy; but progressively fizzled out in a contest that was meant to be a marathon race and not a sprint. What happened to physiotherapy profession during the course of the marathon race deserves in depth analyses. The slow pace of professionalization of physiotherapy can be attributed to the following multidimensional factors (Figure 6):

**Figure 6: Factors Associated With Our Slow Professionalization**



1. The import of British system of physiotherapy education to Nigeria was detrimental to the rapid development of our profession. The majority of the first generation practitioners (T.A. Oshin, G.I. Ordia, Mr. and Mrs. Ajao, Mr. Okeke, Mr. Kehinde, Mr. Obiri, Mrs. Aboderin, Mr. Bazuaye, Mr. Ayodeji, Vincent and Peju Nwuga, Mrs. Mabogunje, Bitrus Gani-Ikilama, Mrs. Fawehinmi (late), Mr. Onuoha etc) received their initial physiotherapy education in UK where the training was hospital based and the highest education offered in physiotherapy was a diploma (MCSP). Because there were no opportunities for postgraduate education in the UK, many of our forbearers returned home with their MCSP

credential. Many of them were employed in the hospital setting as a physiotherapist, and the others joined the Universities of Lagos and Ibadan as assistant lecturer. Physiotherapy education in the UK did not transition to the university setting until the 1980s compared to 1927 in the USA. The USA was the first nation to develop Master's and doctoral (Ph.D.) degree programs in physical therapy; and the first nation to establish the t-DPT and entry-level DPT degree programs. In my opinion, our professionalization process would have progressed at a faster pace had physiotherapy been imported into Nigeria by the Americans instead of the British.

2. Physiotherapy education in Nigeria, like in UK, also started on a wrong path. The first physiotherapy training program in Nigeria also started in a hospital setting at Igbobi where physiotherapy aides, instead of physiotherapists, were produced for several years. The NSP was formed in 1959 and the first degree program in physiotherapy at the University of Ibadan did not start until 1966; that was seven years of dithering. Other reputable occupations imported into Nigeria established their educational program in a university setting and professional degrees were conferred; e.g., medicine, dentistry, veterinary medicine, law, architecture.
3. As stated previously, in the early years, physiotherapy profession in Nigeria had an image and credibility problem within the ivory tower because the MCSP credential of our pioneer educators was dismal when compared to the terminal academic degrees (medical Fellowships, Ph.D., Ed.D) earned by their colleagues within the university. It took decades for our profession to overcome the credential chasm.
4. At the inception of our profession, the scientific knowledge base of physiotherapy was nonexistent. This is in contrast to the medical profession that has clear defining paradigms of diagnosis, treatment, and prevention of disease. Physiotherapy was generally perceived in the medical community as a vocational career and not a true profession. Today, pathokinesiology which was proposed by Dr. Helen Hislop in 1975 is universally accepted as the “science” of physiotherapy.
5. Physiotherapy profession in Nigeria from inception, and up till today, lacked professional autonomy. During the early years, physiotherapy is often referenced as a profession subservient or “allied” to medicine. In the UK, physiotherapy is often described as a profession “supplementary” to medicine.

6. The adage that there is strength in number is still an illusion for our profession. The number of physiotherapists in Nigeria is relatively small; and we are unable to effectively exert political pressure to achieve our defining objectives. Of the major health professions in Nigeria, physiotherapy has the lowest number of practitioners. There are over 40,000 physicians, 4,000 dentists, and 3,000 optometrists practicing in Nigeria today.<sup>15a</sup> On the other hand, we have only about 2,000 physiotherapists currently in the country. This represents one physiotherapist to every 86,800 Nigerians; this ratio revealed that Nigeria has one of the highest shortages of physiotherapy workforce in the world.<sup>15b</sup> Due to limited human and physical infrastructures, the seven physiotherapy educational programs in the country, are unable to produce enough physiotherapists to meet the national demands.
7. In the early years, physiotherapy profession in Nigeria faced external threat from the WHO. Our forbearers aggressively and successfully tackled the threats but it cost them money, time and effort that could have been spent to develop the profession.
8. The influence of physiotherapy within the Nigerian society-at-large was diminished by the amalgamation of our profession with other health disciplines during the establishment of the MRTB. No other major profession in Nigeria today has a regulatory board that is composed of multiple professions. This issue might not be a battle to take on right now, but it is worth revisiting it at the appropriate time in the future.
9. The existing entry-level baccalaureate degree education in physiotherapy is inconsistent with clinical doctorate that is awarded by medicine, dentistry, and veterinary medicine. These professions command more power and influence than other professions with entry-level education at the baccalaureate degree level (physiotherapy, pharmacy, survey, engineering, and librarianship).
10. There is limited public awareness of our professional identity and our roles within the health care system is unclear to many Nigerians; this situation is antithetical to the professionalization process. We need to launch a mass campaign to educate the public-at-large about our work and rebrand our image.

### **Moving Forward: Appeal for Unity**

Physiotherapy, like other major occupations in Nigeria, has in the past experienced internal rivalry and dissension within the leadership. We should take solace in the fact that our experience pales in comparison to the strife and discord among other professional associations such as the Nigerian Bar Association, Nigerian Medical Association and the Pharmaceutical Society of Nigeria.<sup>33</sup> We are all aware of the never ending rift between the Institute of Chartered Accountants of Nigeria (ICAN) and the Association of National Accountants of Nigeria (ANAN). In 2007, ICAN sued to have the bill establishing ANAN declared void.<sup>34</sup>

Thank God, we physiotherapists are more civil to each other than the other professionals in Nigeria. Thus far, we physiotherapists have not involved the legal system in resolving our cacophonies which have been relatively contained. Mind you, I do not take comfort in the misfortunes of the other professional association, but physiotherapy can certainly use the unfortunate experiences from the other professions as teachable lessons to guide our future behaviors.

To this esteemed body, previous key note speakers, Dr. Muoyo Okome and Professor Victor Obajuluwa, have expressed grave concern about the never ending conflicts within our ranks arising from petty jealousy and acrimony even on fundamental issues. Professor Obajuluwa alluded to the pervasive friction between the “academicians” and the “clinicians” within our profession. He stated that “both factions fought themselves like there would be no tomorrow, fighting with everything lethal and non-lethal such as blackmail, character assassination, hatred and malice.”<sup>35</sup>

Adversity within any organization is always a clog in the wheel of progress. The lesson learned from the conflicts within our profession is that the time and efforts spent on feuding can better be used to enhance the rapid transformation of our professions. Our tribulation, which I was told is behind us, is a thing of joy. But I remain concerned that it may occur again in the future. Therefore, we need to be vigilant and all hands should remain on deck.

Mr. Chairman, I will use this seminal moment to appeal for unity within our ranks. Unity is important because a house divided cannot stand. For physiotherapy profession



to attain its full potential, we need to work together as a cohesive group, and be able speak with one voice when we find solution to complex and vexing problems that will confront our profession in the years to come.

### **Chief Ajao's Unfinished Mission: Call for Political Discourse**

It is high time our profession heeded the call made in 2011 by our late visionary leader, Chief Christopher Ajao.<sup>33</sup> In his address to the 41st annual conference of the NSP held at Benin, Chief Ajao passionately pleaded that: “the time is now ripe for physiotherapists to broaden the area of activities and engage activity in the field of political discourse.” But who is Christopher Ajao, and why do we need to take his recommendation so seriously? Chief Ajao needs no introduction to my generation of physiotherapists; but a brief iteration of his illustrious life story is warranted here for the benefit of the Millennial or Generation Y colleagues in the audience.

Chief Ajao was born on September 9, 1932 at Ogbomosho. He received his physiotherapy education from Bradford School of Physiotherapy in the United Kingdom (UK).<sup>36</sup> Chief Ajao, an unimposing statured, ebony skinned African with the traditional Ogbomosho facial tribal marks, was one of the pioneers of physiotherapy profession in Nigeria. I never had the privilege to know him close-up before he passed to the land beyond our shores. I only met him twice as an undergraduate student at the University of Ibadan. Both occasions were in 1976 and 1977 when he addressed the attendees of the NSP conference. It was a thing of joy to witness the vocal power of this “larger than life” physiotherapist as he intensely engaged his audience.

I heard great testimonies about Chief Ajao's kindness and stupendous achievements from my colleagues (Dr. Babatunde Adegoke and Mr. Yekini Akanni) who worked for him in 1978 and beyond. Chief Ajao co-founded the NSP in 1959 with Dr. (Chief) Thompson Abayomi Oshin. He was the pioneer secretary, and the first indigenous President of the NSP. He served as President for three terms. Chief Ajao contributed to the literature by documenting the history of the early years of the physiotherapy profession in Nigeria.

Chief Ajao was the first Chief Physiotherapist in the old Oyo State and the first physiotherapist to be appointed into a state-wide political office. He served in the early

1980s, during the military dispensation, as the Commissioner of Information and Culture. Prior to his political appointment, in 1974, Chief Ajao introduced the concept of community physiotherapy throughout the entire Oyo State by bringing services to the door step of the disenfranchised and those with disabilities. This was an era in our development when physiotherapy practice was confined to the four walls of the hospitals and physiotherapists were never considered to have a stake in disease prevention. He was such a gutsy leader; and decades ahead of his time. It is therefore so appropriate to honor this patriot with an NSP memorial lecture to immortalize his legacy.<sup>36</sup>

I not only support Chief Ajao's point of view on the need for political discourse; but in fact would encourage more physiotherapists to seek elective office and use that platform to elevate the image of our profession. Our noble profession desperately needs men and women of Chief Ajao's stature to provide steady and visionary leadership as we embark on the last phase of the journey to true professional status. I will during the Third Christopher Agboola Ajao's memorial lecture tomorrow morning provide a 12 step recommendation that I believe will transform our profession to one with esteem and power in the years to come.

### **Conclusion**

This presentation is my recollection of several events of historical significance to our profession that spans over four decades. I am sure there are other points-of-views, and I encourage my colleagues to contribute their quota in documenting our history. As a profession, we are today embroiled in an attrition and retention quandary that requires urgent attention. Although there are over 4,000 physiotherapists on the register of the Medical Therapists' Rehabilitation Board, only about 2,000 physiotherapists are currently practicing in the country; the remaining 2,000 physiotherapists are practicing in other countries around the world.<sup>37</sup> This is a major brain drain on our national economy. To stem the tide of this conundrum, the condition of service of physiotherapists must be significantly improved to incentivize our colleagues from seeking greener pastures outside the country.

The aspiration to attain true professional status will only materialize if our vision is shared among present and future physiotherapists. Given the importance of this vision to our existence as a profession, I am of the strong opinion that professionalism contents should be integrated into all physiotherapy curricula in Nigeria to better educate future

generation of practitioners. To actualize this recommendation, the NSP should ensure that the proposed entry-level DPT curriculum under review by the National University Commission includes the following contents on professionalism:

- History of occupations around the world and in Nigeria
- The developmental milestones of major occupations in Nigeria
- Meanings of professionalism and professionalization
- Classifications of professions
- Characteristics of true professions
- Fundamental attributes of professionalism
- Path to Professionalism
- Roles of the World Confederation for Physical therapy
- Global perspectives on physiotherapy education
- Pros and cons of direct access

To survive and prosper in the uncertain future of our educational and health care systems, the NSP must develop strategies that will promote the professionalization of physiotherapy. No doubt, we are at a pivotal phase in the transition of our profession to greatness, and the path to our destiny will be fraught with challenges; but this is a possible mission that we must create and bring to a successful conclusion. It is not in the stars that we should hold our destiny but in our collective efforts. Only we physiotherapists can control our destiny. I concur with Bob Marley who asserted that *“Every man gotta right to decide his own destiny.”*<sup>22</sup>

Let each of us with solemn disposition and common purpose commit to answer this call to duty with passion to carry forward the efforts of our progenitors. Let us finish what our first generation practitioners started. As long as we are persistent in our pursuit of our common goals, I am optimistic that we will reach our destiny. Moving forward, each of us has to commit towards doing our best and extending ourselves just a little more and the future will take care of itself.

I would like to conclude my presentation with excerpts from Hymn 703 of the Anglican Hymnal Book:<sup>38</sup>

Lead us, O Father, in the *paths* of peace,  
without thy guiding hand we go astray,  
and doubts appall, and rows still increase

lead us through Christ, the true and living Way

Lead us, O Father, in the *paths* of right,  
blindly we stumble when we walk alone,  
involved in shadows of a dark some night;  
only with thee we *journey* safely on

Lead us, O Father, in the heavenly rest,  
however rough and steep the *path* may be;  
through joy or sorrow, as thou deemest best,  
until our lives are perfected in thee.

I appreciate your listening to my review of our history, past challenges, emerging threats and opportunities. I believe we can use the lessons learned from our past to accelerate and transform our profession to the next level of excellence. I hope you will join me tomorrow morning when I will engage in the discussion of the “next step” and “way forward” for our profession. God bless the NSP, God bless the Federal Republic of Nigeria and God bless the United States of America, my adopted country.

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