



# TAKING OUR PULSE

**The Story of The Otago Phoenix Club 1968 – 2018**

David Edwards

John Roxborough



# TAKING OUR PULSE

**The Story of The Otago Phoenix Club 1968 – 2018**

David Edwards

John Roxborough



*Here is a picture of a bird that never was—sitting comfortably on a fire and seeming to enjoy it!*

*Let me tell you the story of this remarkable bird of long ago. It's not a true story. It's a legend. But the reason I want to tell it to you is that it is one of the truest things you will ever hear.*

*The bird was called a phoenix and it was supposed to live in India. When it grew old, oh very old indeed—100 years? More than 200 years? 500 years? Yes, 500 years; it felt that it was too old to live any longer so it decided to migrate to another land. Gathering some sweet smelling spices it flew with them across the plains of India, across the ocean until it arrived in North Africa, where it had been born.*

*Although it was so many years since it had been there, it knew just where it wanted to go. It flew over the hot, dry, sandy deserts until it came to a place called Heliopolis where there was a huge stone temple. In the temple there was a stone altar whose priests burnt offerings of animals brought by the people who lived nearby, believing that the gods they worshipped would smell the smoke and be pleased that their followers remembered them in this way.*

*The phoenix folded its tired wings, settled on the altar and scattered the spices it had brought with it on the fire. They crackled in the flames, giving out a beautiful smell that the bird knew would please the gods. And then it sat down on the fire. Presently it was no more than a little pile of ashes glowing quietly in the still night. Then the ashes stirred, their red glow died away, and a young phoenix sat there. On the third day it was fully grown. It flew back to India—where it remained for another 500 years, until it was time to come back to Heliopolis again.*

Albert Moore

*Taking Our Pulse : The story of The Otago Phoenix Club 1968–2018, by David Edwards and John Roxborough.*

This edition was published in Dunedin New Zealand in 2018 by The Otago Phoenix Club and printed by Gillions Funeral Services, 407 Hillside Road, South Dunedin.

The Otago Phoenix Club is a New Zealand Registered Charity Number CC53362.

Copyright © The Otago Phoenix Club. <http://www.otagophoenix.nz>

ISBN 978-0-473-45415-9 (print) EISBN 978-0-473-45416-6 (electronic)

A catalogue record is available from the National Library of New Zealand.

**Cover photo:** *Action and energy in the Lifestyle Gym, 27<sup>th</sup> of January 2014.*  
*David Edwards.*

# CONTENTS

Foreword	v
“Simple Memories,” a poem by Ted Nye	ix
1. The Phoenix Story	1
2. Ted Nye and his Revolution	15
3. Gym, Swim and Table Tennis	21
4. Fresh Air, Sweat and Sunshine	27
5. “Let the Members Run the Club!”	35
6. Education and Research	41
7. The Ted Nye Studentship Fund	47
“Whole-hearted,” a poem by Kathryn Fitzpatrick	49
The Purposes of The Otago Phoenix Club	51



## FOREWORD

**T**aking our pulse is something members of The Otago Phoenix Club do several times each evening during Club nights in the Fraser Building Lifestyle Gym in Dunedin New Zealand where we meet. It seems a happy title for this history as we look back over 50 years and retell some of our adventures.

For everyone who is associated with it, The Otago Phoenix Club (hereafter “the Phoenix Club” or “the Club”) represents a personal story which has involved being realistically aware of where we are, becoming open to new possibilities despite the challenges we face, and making commitments to ourselves and others as we look ahead.

For former heart patients and their families, our involvement with the Phoenix Club is related to events which have been threatening and yet often also positively life-changing.

For the physiotherapists and medical researchers involved, it represents the encouragement of seeing the important differences their work makes in people’s lives.

Today, The Otago Phoenix Club is but one of many cardiac rehabilitation groups in New Zealand and world-wide, yet there is some pride in knowing that our story is one that has particularly important connections with the history of medicine.

Our personal histories and this wider story have been linked through every phase of personal recovery and rehabilitation after a cardiac event or diagnosis. Every conversation and consultation, all the innumerable tests and medications, and the changes of lifestyle that were needed, were significant as adjustments to our lives were gradually made and our hopes regained.

These things have frequently taken years, during which those of us who have been patients, have been rightly preoccupied with what has been happening to ourselves and to our families. Yet as we have made friends and engaged with others on the journey, we have also become aware of how much we are also part of something larger than ourselves.

A short history like this cannot cover everything, but we hope that it provides inspiration as well as an appreciation of that wider story. We would also like to think that it also offers evidence of the social value of cooperation between medical researchers, physiotherapists and groups of patients who have a lively and practical interest in their own health and rehabilitation. These are not things that can be taken for granted.

Accounts of the early days of the Phoenix Club come from personal memories, interviews, responses to email enquiries, annual reports, minutes of meetings, and

other records in the Hocken Collections of the University of Otago Library.<sup>1</sup> Clippings from the *Otago Daily Times* and copies of medical publications have been important resources. Videos and photos of gym exercises, tramping adventures, social events, activities in the Physio Pool and annual dinners, have also helped bring to life the challenges and enthusiasm of the Club over fifty years.

## **Acknowledgements**

Thanks are due to all those who have contributed to this history by relating their own personal experiences and by providing written and photographic material, including Alan and Greta Bevan, Nina Davidson, June Gold, Nancy Grant, Geoff Grenfell, Nancy Langford, Ted Nye, Laurie Parker, June Steele, George Sutherland, Peter Williams, Gay Wood and John Young.

The authors also acknowledge help received at different times from Professor Andre van Rij, Dr Gerard Wilkins and Mr Richard Bunton. The staff of the Health Sciences Library of the University of Otago assisted more than they would realise. Dr Alison Clarke of the Hocken Collections facilitated some memorable hours of discovery re-engaging with the records of The Otago Phoenix Club that had been deposited there in 1998.

The National Heart Foundation, also founded in 1968, has a long and special relationship with The Otago Phoenix Club going back to our origins. We are particularly appreciative of our links through Jo Arthur and Janette White at the Otago Branch. Louise Blockley, Communications Advisor in the national office is another who has provided important information which filled gaps in our understanding.

Special thanks are due to Dianne Body, Senior Physiotherapist at the Southern District Health Board, for copies of reports and papers, and her generosity with time and insight into our history. Her leadership of the Phase II Cardiac Rehabilitation Programme at Dunedin Hospital, and her ongoing coordination of the team of physiotherapists who supervise our Club sessions on Mondays and Thursdays, bring her into personal contact with every member of the Club and are key elements in the confidence and continuity of the programme. We also appreciate the cheerful and sustained support of Leanne Barclay, Clinical Nurse Specialist Cardiac Rehabilitation, at the Dunedin Hospital, who meets with patients in the cardiac ward and shares in the Phase II exercise and education classes through which most of our members pass before they join the Phoenix Club.

We also acknowledge others who are especially connected with the present life of the Phoenix Club, including our some 100 members, the physiotherapists who supervise our Club evenings, and the students from the School of Physiotherapy and the School of Physical Education who join us as part of their placements.

---

<sup>1</sup> The Otago Phoenix Club Records in the Hocken Collections Uare Taoka o Hākena are filed under reference numbers 01-092, ARC-0668, and 00-034. The "Phoenix Club Otago Minutes of Committee Meetings and Annual General Meetings, 1986-Dec 1998", and subsequent minutes, are held by the current Secretary.

Special mention must be made of Associate Professor Sandra Mandic and her post-graduate research students from the Active Living Laboratory of the School of Physical Education, Sport and Exercise Sciences at the University of Otago. Her ongoing interest and warm support, and our engagement with her students continue to connect us to the world of teaching, research and publication, including in the necessary task of providing evidence-based analysis for further understanding of the place of community-based exercise in cardiac rehabilitation.

The generous sponsorship of Gillions Funeral Services Dunedin, through their printing of this history as well as of our quarterly newsletter, *Heartbeat*, is also gratefully acknowledged.

Where possible, consent has been sought and obtained for the use of photographs. The managing editor of the *Otago Daily Times* has given permission for our free use of several extracts from the “*ODT*”. The telling of the legend of the phoenix by Albert Moore is used with the kind permission of Albert’s daughter, Rachel Ovens.

Our founder, Ted Nye, wrote a good deal of poetry, and his short poem “Simple Memories” is reproduced at the suggestion of Jeanette Leigh. The poem “Whole-hearted” is also included by kind permission of the author, Jeanette’s daughter, Kathryn Fitzpatrick.

For many of us, 50 years ago is still very real in our memories, but at some time since then one sort of heart event or another has put our lives at risk. What followed afterwards may now be a blur covering a range of feelings and experiences. However, in terms of treatment in general, what happened to us personally is now usually described around three phases: Phase I being surgery and immediate recuperation, Phase II involving three months or more of hospital-based supervised exercise and education about living with heart disease, and then the third which covers the period since.

For most of us in the Phoenix Club, this third phase of rehabilitation began when the Phase II programme concluded, and we were advised that the time had come to join The Otago Phoenix Club. Some were surprised that this would involve yet another medical assessment, but that was also a sign that there remains a serious medical side to the regular exercises and social life of the Club.

For us, as for many others, joining the Phoenix Club has also proved to be about finding ourselves among a wonderful group of people who welcomed us into its remarkable and ongoing story. It is a privilege to be part of it.

Dave Edwards

John Roxborough



# Simple Memories

It is the small things that bind us,  
husband, wife, family, friends,  
the little things that we notice together  
and surface in the memory  
when some big things are blurred.  
Sunlight on the new leaves in Spring,  
A shadowy ship through the harbour mist,  
The sound of sparrows bickering on the grass,  
The laughter of children,  
The smell of frying bacon.  
We notice them, and pass them by, you and I,  
But we share this small world of simple memories.

*Ted Nye*



# 1. The Phoenix Story

*The first Colin Reynolds knew something was wrong was when he started gasping for air as he climbed the stairs to the smoko room at work. He was 71 at the time, but it had never happened to him before and he knew right away something wasn't right.*

*It turned out he had a pulmonary embolism (a blood clot on the lungs), and after some treatment at Dunedin Hospital, he was up and about again.*

*But six months later, while out playing a round of golf with some mates, the shortness of breath returned.*

*Fearing the worst, his mates called an ambulance and this time, the prognosis was not so rosy.*

*This time it was his heart. It was 90% blocked and doctors told him if he didn't have a triple bypass, he would be dead within four to six weeks.*

*"There wasn't really a lot of choice, so I had it done."*

*After the life-saving operation, Mr Reynolds joined The Otago Phoenix Club, a group of former heart patients who meet twice a week for gym, sport and swimming exercise at the Otago Therapeutic Pool in Dunedin.*

*The Club was co-founded by Dr Ted Nye, a former heart physician at Dunedin Hospital who became interested in preventive cardiology in the late 1960s. This entailed getting cardiology patients up and moving, rather than following the prescribed approach of the time, where people were simply told to rest after a heart attack. . . .*

*"You've got to do exercise. It's absolutely critical. I had friends who had their heart bypass surgery at the same time as me, and they went home and sat in their chairs. They didn't last much longer than a year."<sup>1</sup>*

**C**olin's experience of heart disease, successful surgery, the benefits of exercise, and how much being part of the Phoenix Club has made a difference to his life since, is not untypical. But the likely outcomes of a cardiac event fifty years ago were seldom so positive. Nor can they ever be taken for granted, even today.

The story of The Otago Phoenix Club and its early development begins in 1967 when Ted Nye gathered a "coronary rehabilitation class" at the School of Physiotherapy in Dunedin, for what would now be called Phase II rehabilitation.<sup>2</sup> Following an inaugural committee meeting on the 31<sup>st</sup> of October 1968, the members of this growing cohort were invited to join what was provisionally name the "Coronary Club." This in effect created the Phase III rehabilitation programme which is now embodied in the Phoenix Club. The next few years saw developments in the basic patterns of activity during both phases, and the sharing of their success through academic

publications and a National Film Unit documentary commissioned by the Heart Foundation. Newspaper publicity followed as Phoenix Club activities expanded to the great outdoors, challenging conventional wisdom, and demonstrating that a supervised exercise programme could lead to a high degree of cardiac rehabilitation.

The 1960s and 70s were exciting times for developments in the treatment of heart attacks and other coronary events. There was heightened concern about the rate of coronary deaths in New Zealand, seen as practically an epidemic. In Auckland, Brian Barrett-Boyes had been pioneering heart surgery at Greenlane Hospital.<sup>3</sup> At the time the focus was more on life-saving procedures for babies and children, rather than adults and their rehabilitation. Lifestyle issues were not yet seen as so important. Barrett-Boyes and other pioneer surgeons like heart-transplant pioneer Christiaan Barnard were still smokers. As the evidence of the link between smoking and cardiac and other serious diseases became better known, in Christchurch, David Hay became convinced of the importance of stopping people smoking. He made the cause his life mission.<sup>4</sup> In April 1968 David Hay and a group of other cardiologists and business people set up the National Heart Foundation.<sup>5</sup> It was to become very closely linked with Ted Nye, developments in Dunedin, and The Otago Phoenix Club.

During the 1970s, Coronary Artery Bypass Graft surgery (CABG), beta blockers, ACE inhibitors, and the promising alternatives of angioplasty and stents, were either just on the horizon or some years away. Balloon angioplasty dated from 1977, stents from 1986, and drug-eluting stents from 1999. On the other side of providing these miraculous new treatments there was an important gap. It was one where Ted Nye and members of The Otago Phoenix Club, together with physiotherapists and medical researchers, became part of developing a lively connection between the wonders of medical treatment and the possibilities for regaining your life after a heart event.

## **Early Days**

As mentioned earlier, on the 31<sup>st</sup> of October 1968 a meeting was held in the School of Physiotherapy to inaugurate what was to become The Otago Phoenix Club. Behind it lay one of the many interests of Ted Nye, then a Research Officer and Senior Lecturer in Medicine at the University of Otago Medical School. More of his story is in the next chapter, but Ted trained in London after the War, had an interest in tropical medicine, spoke French and Swedish, and had a developing reputation in the sport of fencing.<sup>6</sup> Across all his activities was a close attention to detail, a willingness to ask questions, and a forensic sharpness of mind honed by a lifelong devotion to the exploits of Sherlock Holmes. The other key figure was Gay Wood, a young School of Physiotherapy graduate with teacher training in the UK, who had just returned to the School of Physiotherapy in Dunedin as a lecturer and who was looking for a project that might form her clinical speciality.

Ted himself had come to New Zealand in 1960 and in 1965 spent a year in Sweden on sabbatical. Among the people he worked with in Stockholm was a pioneer in exercise physiology, Per-Olof Åstrand, who was developing testing regimes and rehabilitation programmes.<sup>7</sup> When Ted returned, he wanted to set up a trial of these ideas in New

Zealand and he was encouraged by Professor John Hunter at the Otago Medical School to investigate the use of exercise in cardiac rehabilitation.<sup>8</sup>

Ted needed a physiotherapist to assist in the trials and in 1967 he and Gay Wood gathered a group of former patients for supervised sessions at a School of Physiotherapy gym in the Fraser Building.<sup>9</sup> In a series of oral history interviews in 2013 Gay Wood recalled how at the time, “there was no cardiac surgery, there was very little internal investigative procedure . . . so what you knew about any one patient was based on x-ray information and ECG results; there was no other technology to give you any indication of the status of the patient’s heart.”<sup>10</sup>



*Gay Wood  
Physiotherapist*

To many the very idea of exercise any time after a cardiac event was seen as dangerous. Up until the late 1960s cardiac patients were kept on full bed rest for six weeks. Morale was low and frozen shoulders were common. June Gold, more of whose story is recounted below, remembers what it was like being a heart patient in 1968. She had the experience of having both shoulders frozen at different times, brought on by being told that she was not allowed to lift her arms. It was extremely painful, and the remedy was to give hydrocortisone injections with large needles which June found more painful than the frozen shoulder!

However, things were beginning to change through the introduction of a trial clinic under Ted Nye, the introduction of ideas around the importance of general mobility, flexibility, cardiac fitness and the retention of muscle strength, and the formation of The Otago Phoenix Club as a Phase III provision for “structured exercise classes in a community setting.”<sup>11</sup> It also helped that in 1973, a cardiac surgery unit opened in Dunedin Hospital under Professor P. J. Molloy, and patients recovering from bypass surgery were among those who were invited to join the Phoenix Club programme.

Having a social group meant that patients with related heart conditions and a common sense of purpose could receive supervision which was more easily co-ordinated for multiple patients. Regaining lost confidence proved to be an important side effect, as the emotional strain from the experience of heart attack and survival was very real, as some of June Gold’s other memories recall.

### **June Gold’s Story**

The story of June Gold, who was a member from 1970, president in 1996 and then secretary in 1998, is but one of many that illustrate the ups and downs of living with heart disease, and the importance of the Phoenix Club and Ted Nye’s ideas. June was 85 when she died in 2016, and we have compiled this account from an interview for this history which she recorded with David Edwards in April 2012.



June joined the Phoenix Club following a serious heart attack in 1968 while she was camping in Central Otago. She was 37, and she and her family had gone night-shooting, for a local farmer, from an old truck which she was driving

over the paddocks. It was quite nerve-racking with men standing on the back of the truck shooting over her head, but they got an amazing number of goats and rabbits.

When they got back to the camp and went to bed June began to complain to her husband Andy that she had a pain in her chest. Andy thought it was probably wind and marched her up and down the paddock for about half an hour. However, the pain could now be felt up and down her arms and her mother decided that she had to be taken to the hospital in Cromwell.

June did not remember the trip to the hospital and thinks she probably passed out. At the hospital, the family was told that she would not last through the night and a minister would be called. She remembered not being able to understand what all the fuss was about because by now the pain had been suppressed.

In those days there were no heart specialists in Central Otago and the Cromwell hospital had no specialist equipment such as a defibrillator—not even any equipment to record a heartbeat. They got her through that first night by some means or other. A woman doctor never left her side for about two days. June was kept lying flat and still, and was not allowed to feed herself, move or do anything.

Professor John Hunter from Dunedin was coming to Wanaka on holiday and he was called in to look at June. He said she was doing fine, and the staff were told to continue doing what they were doing. She was kept in hospital for six weeks lying flat and was turned from side to side every hour. She vowed that if she ever got rich she would buy them some heart monitoring equipment.

After this she was sent to Dunedin hospital where she was treated by Ted Nye. June believes that he was the only reason she survived. Dr Nye had just recently started the Phoenix Club, but she was not allowed to join the Club's programme until 1970 because she was not fit enough to do the exercises. She had no surgery at this stage and suffered quite a few small heart attacks at home between then and 2000 when she had a quadruple bypass. She thought that attending the Phoenix Club under the guidance of Dr Nye was the only thing that kept her going. Until Dr Nye had told her: "You don't need rest, you need exercise!" she had been scared to do anything. The doctors in Cromwell had told her "You'll never be able to reach up and hang your washing out." She looked at the fruit on the trees in Cromwell and longed to be able to pick some, only to be told "You will never be able to lift your arms that high."

Early on the most she could do was gentle walks, having to accept that she could not always tackle what others in the Phoenix Club were able to do. She remembered a time when she and her husband Andy were walking rather gently in the Botanic Gardens following her second heart attack. They were near the aviary when Rex Malthus came striding along with a stream of people from the Phoenix Club behind him. Rex called out, "What are you doing June! You're wasting your time talking to the birds! Just join in on the back!" At that time, she couldn't have joined in on the back for the whole world! Later she was able to be more active and remembered how after about half an hour's exercise in the gym, if the weather was fine, the physiotherapist Nancy Grant "would say 'Right-oh, everybody out!' and we'd do perhaps two circuits

of the hospital. Then we'd go down to the Botanic Gardens and back, walking fairly vigorously."

### **Physiotherapy and the Phase II Cardiac Rehabilitation Clinic**

The development of carefully considered and well-monitored exercise as part of the early stages of recovery from cardiac surgery was extended through a coronary rehabilitation class which had its origins in early work that Gay Wood did with Ted Nye before and after the formation of the Phoenix Club. It was further developed by Nancy Grant after Gay moved to Christchurch in mid-1972. Nancy had been approached by the Otago Hospital Board to fill the part-time position of assistant to Ted Nye. As a mother of four young school-aged children she recalled thinking "I'm not interested in the heart!" However, on the second approach, she accepted the position. She was paid for six to eight hours weekly, at \$4 per hour. Extra time spent for the Phoenix Club or the Heart Foundation was voluntary, something that she was happy to do.

Nancy was asked to give a weekly lecture about returning home, to patients and spouses at the time of discharge. Topics included walking distances, degrees of activity, sexual worries, coping with excessive tiredness, and other questions. She recalled that patients were first examined by either Dr Nye or Dr Woodhouse, seen by the dietician, and then they attended hospital clinic sessions. These clinic sessions were invaluable. Nancy appreciated that she could get to know each patient, motivate them into establishing their own home programme, and if there was a problem the cardiologist was always just next door! Nancy further developed this Phase II programme into group callisthenics followed by work on exercycles, table tennis and badminton.

In 1978 Nancy attended the World Physiotherapy Congress held in Tel Aviv where she made a presentation. There she met up with a cardiologist from Melbourne, who was also a psychologist, and who presented a paper on "Sex and the Coronary Patient". Copies of his paper were handed out, providing details including suitable positions for the patient. Nancy says she found this paper very useful, but whether or not it is the origin of the current Heart Foundation advice that patients can return to having sex once they are able to walk up two flights of stairs, is not known!

The link between patients and physiotherapists such as Gay Wood and Nancy Grant, through the School of Physiotherapy and the Physiotherapy Department of Dunedin Hospital,<sup>12</sup> was the means by which the ideas around home-based exercise and recuperation were initially extended to a group setting. As was later noted:

*Because many of the patients felt an increased sense of well-being and because there were medical grounds for encouraging a lasting interest in increased fitness, the Department of Physiotherapy facilities were made available at certain times to patients after usual working hours. The Club activities were seen as an extension of and not a substitute for the home programme. It was felt that participation in Club activities would also help remind its members of an overall*

*commitment to a healthier life style aimed at reducing the hazards of a further heart attack.*<sup>13</sup>

The role of physiotherapist was certainly appreciated. When Gay Wood had her first child in the Queen Mary Maternity Hospital (now Hayward College) in February 1970, an extra room had to be allocated to accommodate all the flowers sent by Phoenix Club members. Since there was no maternity leave, Gay had had to resign her position, but the chair of the Phoenix Club, Charles Butterfield, got the Club to raise enough money to employ her for 10 hours a week and also to purchase a Swedish ergometer bicycle<sup>14</sup> so that she could continue to test prospective members and collect data as part of her and Ted's research programme. Later, after she and her family moved to Christchurch, Nancy Grant took over the programme. In Phoenix Club annual reports, year after year, Nancy's dedication to the entire range of Phoenix Club activities, is acknowledged, and her involvement clearly went well beyond her responsibilities as physiotherapist. In Gay Wood, Nancy Grant, and their successors, is to be found one of the secrets of the success of the Club. As with Ted Nye, their personal involvement, which could never be described in terms of just a formal relationship, has helped give a sense of family and purpose which has been outstanding.

At some point the early form of Phase II clinical programme ceased, until in December 1990 one of the Phoenix Club supervisors, Marylyn McKinlay, obtained permission to form a "post-discharge" group involving "a rehabilitation nurse, physiotherapist, psychologist and dietician" meeting weekly with a group for four weeks.<sup>15</sup> In 1997 Sharon Lynn, the hospital cardiac education coordinator at the time, asked for Phoenix Club members to be rostered to speak to these groups each month. At the time the focus was on education and the programme did not include supervised exercise, but in 2002, following submissions by Dianne Body,<sup>16</sup> the use of exercise was restored as a component of the Phase II group programme, in the pattern that continues today.

### **The Need for a Phase III Group**

Ted was clear that the group needed its own identity and that if it was to sustain itself it could not be dependent on medical and physiotherapy staff for organizing its social life. As a result, he convened the first meeting of what was provisionally named the "Coronary Club". As mentioned, this took place on the 31<sup>st</sup> of October 1968. The meeting was held in the Department of Physiotherapy.<sup>17</sup> Gay Wood was present, together with seven members of the coronary rehabilitation class: Eric Asher, Charles Butterfield, G. Carey, H. T. Coggon, S. Lyon, a Mr Johnston, and R. Frost.

Ted made three points about the value of forming the club and the need for membership criteria:

- 1) *The encouragement of continuing physical activity by patients with coronary heart disease.*
- 2) *The possible educative value of such a club, both to its members and to non-members with coronary heart disease who might see it as a symbol of encouragement and optimism, and also to the general public.*

3) *The need to define qualifications for membership.*

Charles Butterfield, a member of a long-established family furniture business which was handily located just a block away where the Centre City New World now stands,<sup>18</sup> was elected as chair of the new club. Mr H. T. Coggon was elected as secretary-treasurer and on the 19<sup>th</sup> of November, he wrote to the 26 members of the coronary rehabilitation class inviting them to join.

*Not only will it be beneficial to us to continue and expand our physical activity, but it should raise our spirits too and, in due course, teach the public that those who have had coronary heart disease can be as fit or even fitter than they were before.*<sup>19</sup>

It was one of the first cardiac rehabilitation clubs in the world and the first in New Zealand. It was known at first as the “Dunedin Coronary Club,” but on the 28<sup>th</sup> of November 1968, at a meeting lasting all of 15 minutes, and “after consideration of several suggestions,” the name “The Phoenix Club” was adopted. The annual subscription was set at \$2.00 and a decision was made to open a bank account. The name was confirmed at the 5<sup>th</sup> AGM in October 1972.

In 1990 an application to register as an incorporated society with the name “The Otago Phoenix Club” failed because of the objections of an unrelated Auckland club with a similar name. The matter was left as a stalemate, but we were able to use the name in 2016 when we successfully applied to become a registered charity. Although memories differ about who suggested the name “Phoenix Club”, in Ted Nye’s mind what was important was that the name came from the members themselves, and not from him.<sup>20</sup>

### **Eligibility for Membership**

To be eligible as members of the Phoenix Club, patients had to have either suffered a heart attack or had coronary surgery. They needed a medical recommendation from either their cardiologist or their general practitioner. June Gold recalled that “since this was very much pioneering work, rules were strict and prospective members were thoroughly tested to ensure that they were fit enough to survive the rigors of the various exercises.” If no cardiac rhythm disturbances were detected, they were referred on for inclusion in the programme. Others were declined if they had had a myocardial infarction<sup>21</sup> in the preceding three months, needed treatment for congestive heart failure, had ventricular aneurysm, were experiencing angina after minimal physical effort, or had uncontrolled hypertension. “If they failed to attend regularly they were subjected to further tests. It was all very structured and business-like.” Though it was all quite serious, participation in each activity was entirely voluntary and enjoyment was considered important. Such things as the companionship provided at the Club and music with the callisthenics helped in this regard.

Another person involved was a technician, Len Poulson, who had joined the Medical School in 1962 under Professor Hunter. In 1967 Len began assisting Ted Nye with the exercise testing of patients, and later became involved in the supervision of Phoenix

Club sessions. June remembered Len Poulsen as a “hard case” who always made sure members were not over-stretching themselves. Ted wrote in a testimonial that:

*Len . . . maintained his familiarity with basic cardiac resuscitation procedures and equipment and on two occasions was almost entirely responsible for the successful resuscitation of a patient who suffered a cardiac arrest during the Club’s evening activities. On the second occasion the patient collapsed in the swimming pool and a successful pool-side electrocardioversion was immediately carried out. It should be pointed out that under the circumstances there would be some hazard to the operator.* <sup>22</sup>

In November 1973 Ted Nye wrote a summary explanation for new members explaining the foundation and principles of the Club, including information about medical issues and questions of safety. Other aspects, social and non-medical, were left to the Club itself. At that time Club nights were Mondays, Wednesdays and Thursdays from 7.00 pm to 9.00 pm, and pool night was on Tuesdays from 5.00 pm to 6.00 pm. Medical advisers could suspend patients from active membership, and stop someone exercising if need be, but the organisation of non-medical matters was the responsibility of the Club officers, who also set the annual subscription.

Members who were absent for four weeks could be required to have their fitness checked before re-joining. There was advice about not exercising just after meals or after consuming alcohol, as well as not in situations of excessive heat, cold, or humidity, or extreme tiredness. Patients should warm up and cool down properly and not lift weights greater than 20 lbs above their heads! There were also instructions for managing angina, shortness of breath and palpitations, which read as if patients were actually expected to exercise to a point only just short of having symptoms! There were notices about the telephones for emergency calls in the gymnasium and the Physio Pool—all members were expected to know where they were and what to do.

Particular rules applied in the Physio Pool where Gay Wood devised a form of water polo involving teams sitting in inner-tubes playing across the shallow end of the pool so that non-swimmers could join in. Skull caps were used to distinguish the teams and the referee was usually a physiotherapist or medical student.<sup>23</sup> There was meant to be no throwing of balls directly at another person. Although Gay had been determined not to make it too competitive, she “underestimated hugely the competitive nature of some of the men involved. One or two would knock off the others and half drown them



*Water Polo in the Physio Pool*

in the pool”—as was captured rather nicely by a newspaper photographer in October 1970 (photo below).<sup>24</sup> As a result it was laid down that those who persisted in tipping others out of their tubes or ducking them under the water would have to leave the pool. The rules for table tennis suggested fewer worries about behaviour.

With all this activity it is not surprising that both families and doctors needed to be



*"All these men have had coronaries"*

reassured about what was going on. "It was quite scary, especially for some of the wives—most of the patients were men—when their husbands were going off to the gym one evening a week". June Gold remembers that at that time some of the doctors did not agree with the exercise programme and one in particular was right against it. For GPs also, it was a huge change from the accepted medical protocols of the time. In 1972, one coronary patient, Ted Farrant, wandered into the Physiotherapy Pool saying that his GP was against the programme—was he

too old at 68? He proved to be a delightful addition to the group, but medical not just anecdotal evidence was required about the safety and value of what was being developed.

In 1970 Gay Wood presented a paper at the sixth Congress of the World Confederation for Physical Therapy in Amsterdam, and in October that year the film *Recovering from a Coronary*, in which she and Ted had collaborated, premiered in Dunedin at a screening attended by the mayor and "all sorts of dignitaries." It had been commissioned by the National Heart Foundation and filmed by the New Zealand National Film Unit.<sup>25</sup> In 1971 Ted Nye and Gay Wood published *Exercise and the Coronary Patient* in London and Christchurch. The book documented how safe appropriate exercise made a difference to "the long-term management of coronary patients" with a pattern of activity that "would be acceptable . . . over many years" and would be sustained "once the motivation provided by a recent coronary attack had worn off." It set out the need for a social setting, not just good intentions at home, and the importance of a sense of ownership by the group.

## **Outdoors**

In the early days an outdoor programme was envisaged, but it took a year or two to materialise. From his time in Sweden Ted Nye had wondered about including Swedish or Nordic walking. What did eventuate was no less adventurous. Nancy Grant recalls that the formation of a walking group for members, their spouses and families, was discussed in 1973. Up until then it would have been considered too great a risk and

there was also a feeling that members associating too much with each other, might tend to dwell too much on their symptoms. This proved to be incorrect!

The initial walks took place in the Dunedin Botanical Gardens on Sunday afternoons. A group of families soon expressed interest and a fortnightly programme was established. The medical team consisted of Ted and his wife, Nancy herself and her husband Ron, and also a Dr and Mrs Tony Hocken who took a strong interest in the group. Some members had walkie-talkies. Rex Malthus was also involved. Members were enthusiastic, and confidence grew. Some even went jogging. The thought developed that they might even tackle the Milford Track, and as a result planning, preparation and physical testing began in earnest.



*Nancy Grant*

The first Phoenix Club Milford Track venture took place in 1973 and soon became the stuff of legend. This was helped by media and television interest, and the not always unspoken expectation of some outside the Club that not everyone would survive. June Gold recalled how the whole of Dunedin was surprised, with headlines appearing in the *Otago Daily Times* “Doctor Walks Heart Patients on Milford Track” as if to say, “How mad is this man?” After the walk was completed there were further headlines along the lines of “Heart Patients Help Visitor on Milford Track”. Apparently, a woman visitor had sprained her ankle and Phoenix Club members helped get her to the end of the track.

All survived, but great care was taken all the same. It was significant that, though she was becoming active in the Club, June Gold was herself one of those who was ruled unfit to go on the tramps. The Milford was followed the year after by the Routeburn, the Milford again in 1975, the Hollyford in 1976, and in 1977 a tramp in conjunction the University Army Medical Unit which took them from Bannockburn to the Nevis Valley and back. It was useful having the assistance of the Army for transport and equipment, as well as for providing an efficient adjutant to help make things happen. It did no harm that the Club did not have to pay any track fees that year.

## **Stable Patterns**

By the mid-1970s, a stable pattern of activity for the Club had been established. Monday evenings began with callisthenics in the gym, and then moved to table tennis or badminton, and then swimming. There was also swimming on Tuesdays at 5.00 pm. One evening a year was devoted to resuscitation demonstrations which were well attended. Other social evenings were held and many members were active in support of the annual collection for the National Heart Foundation, including arranging a charity dinner in the Southern Cross Hotel. The Sunday walking group and preparation for tramping were important, though the extended range of the fitness levels among the members also needed to be catered for and Nancy Grant led a special group of “high risk patients” on Friday nights.

## *The Phoenix Story*

From these early years, a number of threads in the Phoenix story come into focus even if they are largely invisible or taken for granted. A shared experience of heart disease and rehabilitation gives us our point of identity, and the involvement and monitoring, long provided by Ted Nye, shaped our character as a group. In particular there are four elements that appear to be key ingredients in what became a modest but distinctively Otago contribution to cardiac rehabilitation:

- 1) The connection with physiotherapy, from the beginning through to the present day, including the physical link to the School of Physiotherapy and the Fraser Building facilities.
- 2) The ongoing connection with the Hospital, the Heart Foundation, and Otago University, particularly through the School of Medicine.
- 3) The ownership of the Club by its members and its responsibility for the social component of providing sustainable patterns of enjoyable exercise.
- 4) Having a purpose beyond ourselves, which gives an additional significance to our personal experiences, as well as a willingness to participate in research projects and share in the training of new generations of physiotherapists and other students.

Over the fifty years since 1968 cardiac treatments have continued to develop. The availability of facilities can never be taken for granted. Demographic and social changes in society also make a difference. Some of these only increase the relevance of the vision that led to the founding of the Club, others make the task of realising it more difficult. The basic idea of the value of exercise, including the importance of something as simple and easily forgotten about as walking, is well established. As Lois Edwards, the hospital Cardiac Rehabilitation Officer in 1995, said at the AGM, “walkers are survivors”.

Numbers attending the core activities on Monday and Thursday evenings fluctuate. We are currently not at our highest level, but attendance remains at levels which have not been untypical over the last twenty years. This is not bad for any organisation these days. Attendance is recorded, though mostly for security so we know who is in the building should there be need for an evacuation. These figures would incidentally provide some detailed statistics which may be useful for research. Members are still primarily those who have had significant cardiac events, including bypass surgery and the replacement of valves, but spouses have long been welcomed, and there are today more of those whose heart treatment has involved stenting, a technique unavailable 50 years ago. A side effect of the, now almost routine, procedures of angioplasty and stenting, is the extent to which younger people, and others yet to retire, are able to return to work and relatively normal physical activity, without necessarily committing to the long-term exercise programmes which are part of the Phoenix Club.

Today our membership is noticeably older than the adventurous first patients of Ted Nye, Gay Wood, Len Poulsen, and Nancy Grant. Cardiac treatment, both medical and surgical, has continued to advance in amazing ways, and the value of exercise for successful outcomes and rehabilitation from surgical procedures in general is also

well established, however the need for the sort of programme that the Phoenix Club embodies is still there.

Prospective members will have taken part in a Phase II exercise clinic and education classes which include videos of Club activities. They then present at the Club with a referral from their doctor or cardiologist and are introduced into it by a host who arranges a buddy to see them through the first few nights. Each member is encouraged to wear a name-tag so that physiotherapist supervisors know whether they are a heart patient (with a heart on the name-tag) or a supporter. The Club now owns an extensive array of exercise equipment which members use on Monday nights, but which is freely available to other gym users at other times. Although we cannot recall its being used for years outside of CPR demonstration evenings, it is reassuring that the Club also has a user-friendly, portable defibrillator which is always available.

Involvement in research and links with the University of Otago have continued, having been given a fresh lease of life since 2009 through collaboration with Dr Sandra Mandic. The Club continues to be associated with the National Heart Foundation, particularly the Otago Branch. There are other groups besides ourselves who also have strong links with the Heart Foundation, including Taieri Fit and Fun who meet in Mosgiel, and The Larks in Dunedin. Our quarterly newsletter, *Heartbeat*, in colourful email and print editions, continues to provide Club members with a good read, keeping them in touch with Club news and developments in heart health, as it has for many years.

---

<sup>1</sup> "Pool big part of recovery," *ODT*, 24 May 2015, <https://www.odt.co.nz/news/dunedin/pool-big-part-recovery>.

<sup>2</sup> Hence the number of references to the club starting in 1967 rather than in 1968.

<sup>3</sup> <https://teara.govt.nz/en/biographies/6b2/barratt-boyes-brian-gerald/page-2>. Edward H. Roche, and Antony H. G. Roche. *Green Lane Saga: A Record of Green Lane Hospital, Auckland in the Development of Cardiology and Cardiothoracic and Vascular Surgery*. Auckland: Ray Richards, 1983.

<sup>4</sup> David R. Hay. *Heart Sounds*. Petone, Aotearoa, New Zealand: Steele Roberts, 2005.

<sup>5</sup> <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2017/vol-130-no-1453-7-april-2017/7219>.

<sup>6</sup> "Fencing: Octogenarian putting age to the sword," *ODT*, 16 May 2009, <https://www.odt.co.nz/sport/other-sport/fencing-octogenarian-putting-age-sword>.

<sup>7</sup> Per-Olof Åstrand. "Work tests with the bicycle ergometer," 1964. <https://monarkexercise.se/wp-content/uploads/2015/10/%C3%85strand-Work-Physiology-ENG.pdf>.

<sup>8</sup> "Obituary - Emeritus Professor John Hunter," <https://www.otago.ac.nz/medicalalumnus/obituaries/john-hunter.html>.

<sup>9</sup> "Gay Wood Cardiac Physiotherapist" <https://www.otago.ac.nz/library/exhibitions/physio100/>.

<sup>10</sup> <https://100yearsofphysio.org.nz/oral-histories/gay-wood/#.W2jh49IzaUk>.

<sup>11</sup> "Gay Wood Cardiac Physiotherapist" <https://www.otago.ac.nz/library/exhibitions/physio100/>.

<sup>12</sup> The School of Physiotherapy was opened in what is now the Fraser Building on the 1<sup>st</sup> of May 1946 by Prime Minister Peter Fraser. It had begun as a School of Massage under the University in 1913, and then the Hospital Board from 1915. It was transferred from the Otago Hospital Board to Otago Polytechnic in 1976 and then back to Otago University in 1996.

<https://www.otago.ac.nz/otagomagazine/issue33/features/otago038134.html>.

<sup>13</sup> "The Otago Phoenix Club" 12 November 1973. Otago Phoenix Club Records, Hocken Collections.

<sup>14</sup> Per-Olof Åstrand, "Work tests with the bicycle ergometer," *ibid.*, includes an illustration of a Monark exercycle of which there is a later model in the Lifestyle Gym.

<sup>15</sup> "Minutes of AGM, Monday 10<sup>th</sup> December 1990" in Phoenix Club Otago Minutes of Committee Meetings and Annual General Meetings, 1986-Dec 1998.

<sup>16</sup> E. Dianne Body, "Proposal for Phase II Cardiac Rehabilitation Programme with Exercise Component," 2000.

<sup>17</sup> "Inaugural Meeting of the 'Coronary Club' October 31<sup>st</sup> 1968." Otago Phoenix Club Records, Hocken Collections.

<sup>18</sup> "Fine furniture a lasting family legacy," *ODT* 23 June 2013, <https://www.odt.co.nz/business/fine-furniture-lasting-family-legacy>.

<sup>19</sup> H. T. Coggon, letter, 19 November 1968, Otago Phoenix Club Records, Hocken Collections.

<sup>20</sup> Ted Nye thought the suggestion came from Charles Butterfield. June Gold believed it was Eric Asher. At the second meeting of the Coronary Club on 7 November 1968 it was noted that "no suitable name was put forward and the matter was left for further thought." At the next meeting on 28 November, it was "Moved, Mr. Turner, Seconded Mr. Johnstone, "That the club be known as The Phoenix Club." "Minutes of a meeting of the Phoenix Club held in the Medical School, Dunedin, at 6.25 pm on Thursday 28 November 1968." Otago Phoenix Club Records, Hocken Collections.

<sup>21</sup> Commonly known as a heart attack. [https://en.wikipedia.org/wiki/Myocardial\\_infarction](https://en.wikipedia.org/wiki/Myocardial_infarction).

<sup>22</sup> "Wilfred Tairoa POULSON ('Len') Born 1921," Otago Phoenix Club Records, Hocken Collections.

<sup>23</sup> Photo left: "Phoenix Club members playing water polo" c.1968. Photograph: S13-566c Hocken Collections. <https://www.otago.ac.nz/library/exhibitions/physio100/>.

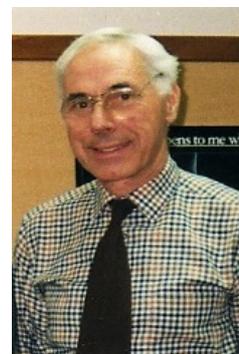
<sup>24</sup> "All these men have had coronaries" *Evening Star 7 O'Clock Edition*, 10 October 1970.

<sup>25</sup> [http://audiovisual.archives.govt.nz/wiki/index.php/RECOVERING\\_FROM\\_A\\_CORONARY](http://audiovisual.archives.govt.nz/wiki/index.php/RECOVERING_FROM_A_CORONARY). Medical Consultant Dr E. R. Nye, Advisors, Professor J. D. Hunter and Mrs P. G. Wood New Zealand School of Physiotherapy. View online: <https://www.nzonscreen.com/title/recovering-from-a-coronary-1970>.



## 2. Ted Nye and his Revolution

**A**s the moving force behind the formation of the Phoenix Club, and its lifelong supporter and mentor, Edwin Richard (“Ted”) Nye deserves his own chapter in our story. Ted’s parents were British, but he was born in Liège, Belgium, in 1926, and the family lived in Paris from 1932 to 1936. Although already a pacifist, he was called up when he was 18 and served in India, Singapore and Malaya after the end of the War. In Singapore he hunted butterflies, drove buses during a strike, and got interested in mosquitos and medicine. Returning to England in 1947, he gained his BSc in 1952, his MBBS<sup>1</sup> in 1956 and his PhD from the London School of Hygiene and Tropical Medicine in 1960, after which he migrated to New Zealand and found himself in Dunedin. He gained his Australasian qualifications of MRACP, and FRACP in 1962 and 1970.<sup>2</sup>



Ted acknowledged the importance of Professor John Hunter at the Medical school who encouraged his study of cardiac rehabilitation at a time when there was little available in the medical literature. In 1967 Ted gathered the group of cardiac patients who later formed the original core of The Otago Phoenix Club in a carefully considered and well-monitored programme of exercises. At the time, he was Senior Medical Research Officer at the Otago University Medical School, and in 1968 became a Lecturer and then Senior Lecturer. The years following were busy and included co-authoring with Gay Wood, *Exercise and the Coronary Patient*, published in Christchurch and London in 1971, and advising on the production of the Heart Foundation commissioned film,



*Recovering from a Coronary*.<sup>3</sup> As the images from the film (above and left) convey, it is a window into a different era. Lecturers were always heard in silence. The patient is always “he”,<sup>4</sup> doctors are all in white coats, trainee nurses and physiotherapists have crisp uniforms, and time seems to move somewhat slowly. Nevertheless, the foundations of cardiac rehabilitation and the possibilities of a return to an active working—and even sporting—



life, which the film sets out with some care, have lasted well. If some of the strenuous exercises demonstrated in the film (one group of former patients is seen running around Dunedin at an impressive pace) are not quite where some of us are at today, we should remember that, at that time, most patients were in their 40s and 50s—it was said some were even in their 60s!

Ted “retired” in 1990 as Associate Professor, but remained active in many fields, including as chair of the Cardiac Rehabilitation Committee of the National Heart Foundation of which he was made a life member in 1997. Also in 1990 he was made a Swedish Knight of the Order of the Pole Star First Class, recognising his work in raising the profile of Sweden in New Zealand and in compiling a Swedish-English-Swedish Medical Dictionary. Supported by submissions from The Otago Phoenix Club, in 2000 he was made an officer of the New Zealand Order of Merit (ONZM) for his services to medicine, particularly in the area of cardiac health. Members of The Otago Phoenix Club expressed their:

*sincere appreciation of his total commitment and dedication to improving and increasing the quality of life of patients with coronary heart disease by encouraging the continuation of physical activity and sensible diet enabling them to enjoy a full normal lifestyle. This in spite of the initial resistance of a section of the medical fraternity. The deep gratitude of present and past Club members knows no bounds.<sup>5</sup>*

As Professor Jim Mann said in a tribute to Ted at his 90<sup>th</sup> birthday celebration in 2016, Ted revolutionized the treatment of heart disease by pioneering the use of exercise for rehabilitation. Today it is hard to imagine just how little was then known about how



*Ted Nye and Professor Jim Mann*

hypertension and heart disease might be more constructively treated. People were told to rest, and they were often not expected to live. Heart attacks were the major cause of death in the developed world. Ted Nye started to look for evidence, listen to what patients were saying, ask questions, and think of other possibilities. He garnered contacts with others, particularly in Sweden, who were starting to see that exercise was not simply a risk to be managed, but also a key to regaining a healthy and normal life after a cardiac event. Sweden became an important part of Ted’s story from his time there in 1965 which resulted in his learning the language as well as confirming the direction of his thinking about exercise and rehabilitation after heart attacks. Years later the Swedish flag, like the French Tricolour, could on occasion be seen flying from his flagpole on the Otago Peninsula, complemented, for those who might be getting their exercise by walking up the steep street where he lived, by a notice on the letter box explaining what the flag was about.

Ted was well-known for his pacifism, yet he also acquired "an alarming collection of ancient swords" and represented New Zealand in the sport of fencing—an annual Ted Nye Tournament is held each May. At the start of his 90<sup>th</sup> birthday celebrations members of his fencing club, The Fencers of Salle Angelo, honoured him with a formal, and suitably intimidating, salute. He later used one of his alarming looking swords to cut the cake.



*Ted about to cut his 90<sup>th</sup>  
birthday cake*

For seventeen years Ted edited the newsletter of “the Antipodean Holmesian Society” which he had founded, He also took delight in being a member of the Paris Sherlock Holmes Society—he had been a schoolboy in Paris before the War—and he even wrote and published a few extra Sherlock Holmes stories. It would have been no accident that one of them was about a teddy bear.<sup>6</sup> Until the end of his life he also wrote poetry and the occasional drama, collected flies and mosquitos, supported peace initiatives, and encouraged medical research projects. His mosquito collection is now in the Otago Museum<sup>7</sup>, where he became honorary curator of what was collectively described as “pointy things capable of drawing blood”—that is, of both their mosquito collection and their sword collection!

The Phoenix Club is grateful to Ted, not only for his vision and initiative in translating his revolutionary ideas about heart disease and exercise into a practical format where they would go on making a difference in people’s lives, but also for his active ongoing interest in the life of the Phoenix Club. In 2014, the then editor of *Heartbeat*, George Sutherland, commented how

*one of the remarkable aspects of Ted’s relationship with the Club is his never having interfered with the running of his ‘baby.’ He has always allowed us to do whatever we thought best for the Club and has trusted us implicitly, or so it has seemed. That attitude has had a very positive effect on each succeeding committee and is a fine tribute to Ted’s nature.<sup>8</sup>*

As detailed later, for some years we have gathered funds to support a medical school prize in honour of Ted and we continue to welcome further donations to the “Ted Nye Fund” to go on supporting the work Ted has done and for future research of benefit to cardiac rehabilitation.

## **Ted’s Telling of Our Story**

Ted’s recollections of the early years of The Phoenix Club tell us something of why the Phoenix Club was so important to him among his many interests. At the 2012 AGM we asked Ted to say a few words. The then secretary, Dave Edwards, was recording the meeting, and as a result was able to create a transcript which is reproduced here, lightly edited:

*Well, thank you very much for asking me and it is indeed an honour to be here with friends and members of the Phoenix Club, and the terms are not exclusive because you are all friends and you are all members of the Phoenix Club, so it’s wonderful really to see this lively group after such a long period. And I don’t want to spend time recapitulating what some people will already have heard at*

*previous meetings, but if you haven't heard it before then I'll recap very very briefly.*

*I suppose that one of the things that stimulated me to think about this was what I guess every medical student knows, or maybe every student of exercise knows, is that the heart has really enormous potential reserves. As I'm sure you are aware, the people who climbed Everest and run marathons in 2 hours and 12 minutes are evidence of the potential cardiac reserve that there is in everybody at some point in their lives.*

*This fact is in contrast with the sort of advice that was previously given to people who'd had a heart attack. Forty years ago (it's certainly that far back), physicians really didn't know what to tell people after they had had a heart attack. "What can I do doctor?"—"Well, let me see now. Well, it's er . . . er . . ."—and they'd fumble around the answer to this particular question because they didn't know.*

*And then in talking to one or two patients, it struck me that they had in fact already perhaps begun to take the initiative of getting themselves more active, maybe in a very modest way and I remember pursuing this by saying "How far do you walk every day?"*

*And then that sort of took off. And with this at the back of my mind, I then suggested that we could structure this, and that we would structure it in a protected environment, because of the uncertainty about what we were proposing to do. I thought it best that we be seen to be cautious, and so the rehabilitation group came initially under the supervision of a physiotherapist (and this still takes place) so we could then monitor people and see how they responded to this challenge of getting more active. And everything followed from there.*

Before the meeting started, someone had asked Ted about the tramps and walks that the Phoenix Club embarked on in the 1970s, including the Milford Track, the Routeburn, and the Kepler. Ted recalled:

*I may say, I think, that this was the stimulus from the patients, one of the patients who said to me "Why don't we walk the Milford Track?" I said "Oh, my god, oh yes, what a good idea!" And, I remember at the time, I had a colleague, Stan Woodhouse, and he volunteered to take a defibrillator, which I felt somehow was not necessary. So, we set in place a training programme for people to walk up Flagstaff and Mount Cargill and so forth over the course of several months, gradually increasing the time and the load they were expected to carry in the way of a rucksack and essential gear.*

*Following on from that was the first walk of the Milford Track. There were a few sceptics who thought this was the ultimate example of foolishness. When we got to the end of the Milford Track, and we got to Milford Sound with no problems, there was a television crew anxious to know how many people had dropped dead in the course of the walk. I was able to reassure them that everybody coped perfectly alright, it was no problem!*



*The Phoenix Club Routeburn tramping group with their guide and American friends*

*I may also add, and this may not have been on that first walk, but on another walk we did,<sup>9</sup> there were two young Americans who'd come to do this great feat of endurance as they saw it and at some point in the course of the walk I said "You realise that all these people around here have all had heart attacks?"—"Oh my gosh, is*

*that right? I hope we never have to go to war with these people!" they said. So that I think was an eye-opener for them!*

*So, from then on really, I suppose, the drive, the force and so forth that has kept the Club going has arisen from you people more than probably anything else. You've been an example and inspiration to many other people in the way that you have adjusted and adapted to an existence which is evidence I think of the capacity of the heart to adjust to a load.*

*There are other aspects to the Club as well and that includes the social environment it provides, and I happened to see in the September number of the British Medical Journal an article which caught my eye because it touches on something which would, I think, receive a knowing and sympathetic response here. It was a study of more than 1800 people in the town of Kungsholmen in Sweden, over the age of 75.<sup>10</sup> They found that in a retrospective look at people and the way they adjusted in their life over 18 years; (these were not necessarily cardiac patients) that it predicted increased survival if they participated in leisure-time activities. People in older age groups who participated in leisure-time activities, be it exercise or other social activities, did better than those who did not. This is pertinent to the sort of group that you have set up. The activities were either social or physical, and they predicted something like an increase in survival of about one and a half years.<sup>11</sup> Now some of these studies are difficult to interpret, but I think it's moving in the right direction and it's certainly encouraging to show that if you get involved in these sort of things, at least you're not worse off and you could well be better off! So, this is I think pertinent to the Phoenix Club and the way it has been a nucleus not only for exercise, but I think for mutual interaction, mutual stimulation and the positive side of a social network.*

*Just in passing, for those who were not aware of it, the name "Phoenix Club" was not my idea, it was generated by one of our patients. It is, I think, in a sense, evidence of the involvement of people emotionally and intellectually with what the Club stood for."*

## **Farewells**

Ted died peacefully at home on the 1<sup>st</sup> of February 2017.<sup>12</sup> At his funeral in St Paul's Cathedral, numbers of Phoenix Club members were among those present in the crowded service. He was described by his friend and former colleague, Professor Jim Mann, as "a great scholar and person of much, varied learning" with "a huge and varied range of interests," and acknowledged as "a pioneering heart physician". Professor Mann went on to record how Ted had "established the Phoenix Club, a pioneering New Zealand heart-health club focused on the importance of exercise therapy for heart attack patients, an approach which at the time was viewed worldwide as highly novel." Ted "was a life member of the New Zealand Heart Foundation and remained an advocate for the Otago Therapeutic Pool . . . which played an integral part in the Phoenix Club's approach."<sup>13</sup>

---

<sup>1</sup> Bachelor of Medicine, Bachelor of Surgery.

<sup>2</sup> Member of the Royal Australasian College of Physicians and Fellow of the Royal Australasian College of Physicians.

<sup>3</sup> <https://www.nzonscreen.com/title/recovering-from-a-coronary-1970>.

<sup>4</sup> At the time most cardiac patients were male, but speakers of English had yet to become more careful about references to gender.

<sup>5</sup> "THE FOUNDER of the OTAGO PHOENIX CLUB," Otago Phoenix Club Records, Hocken Collections.

<sup>6</sup> E. R. Nye, *The Adventure of the Teddy Bear's Ribbon and Other Tales, as collected by Ted Nye from the papers of Dr John H Watson MD*, illustrations by Bruce Mahalski, Havlon Press, Dunedin.

<sup>7</sup> "Mosquito collection donated to museum," *ODT*, 12 January 2014.

<https://www.odt.co.nz/news/dunedin/mosquito-collection-donated-museum>.

<sup>8</sup> *Heartbeat* 42(2), April 2014.

<sup>9</sup> It was the Routeburn, probably in 1981.

<sup>10</sup> M. Maria Glymour and Theresa L. Osypuk, "Promoting Health and Improving Survival into Very Old Age: Further Research Needed to Establish the Ideal Timing and Content of Interventions." *British Medical Journal* 345, no. 7876 (2012): p.10. Kungsholmen is an island and borough in Stockholm.

<sup>11</sup> "Participants who regularly swam, walked, or did gymnastics had a median age at death two years older than those who did not" Debora Rizzuto, Nicola Orsini, Chengxuan Qiu, Hui-Xin Wang, and Laura Fratiglioni, "Lifestyle, Social Factors, and Survival after Age 75: Population Based Study." *British Medical Journal* 345, no. 7876 (2012): p.17.

<sup>12</sup> "Long list of achievements, contributions," *ODT*, 11 March 2017.

<sup>13</sup> "Edwin 'Ted' Richard Nye, June 22 1926–1 February 2017," *The New Zealand Medical Journal* 130(1452), 24 March 2017: 73-75. <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2017/vol-130-no-1452-24-march-2017/7201>

### 3. Gym, Swim and Table Tennis

This chapter carries the story of Club activities forward from the patterns established by Gay Wood and Nancy Grant on Monday and Thursday evenings. By 2001 gym sessions had consolidated into a balance of warm-up callisthenics, circuit training, mat exercises and relaxation. These days, early birds arriving from 6.30 pm take the opportunity for a chat, or make use of the exercycles, steppers, rowing machines and table tennis tables. Then the supervisor arrives, sorts out the music for the evening, and things get under way by 7.00 pm. As June Gold observed some years ago, “we exercise with a good beat.”

Sometime in the 1990s our access to the upstairs area of the Fraser Building ceased. The badminton which had begun in 1970 in a hall upstairs was also stopped and some decided to join other clubs. Table tennis continued, but in parallel to the gym sessions, and swimming became more relaxed without water polo and hi-jinks during the hour that the Pool was available to the Club from 8.00 pm to 9.00 pm.



*The Fraser Building in Hanover Street Dunedin, opened in 1946 as the School of Physiotherapy*

Not all these transitions were smooth. At times the Phoenix Club felt it was being eased out, and a lot of persuasion was required to be able to retain access to facilities. Although the Fraser Building is not directly part of the rebuild of Dunedin Hospital which is currently in process, it is unlikely that pressures on its space will diminish. Associated with this is the question of the future of the Physio Pool with which the Phoenix Club has a continuing association. For some years we have made an annual donation to the Southern District Health Board (SDHB) in recognition of the fact that we cannot take for granted the benefit of being able to use these facilities. We also share equipment with the Hospital itself, and with other groups, particularly the Otago Asthma Society who also provide some of the exercise equipment.

#### **Gym**

Those joining the Phoenix Club since 2002 will have already been familiar with the Fraser Building facilities and many of the exercise routines, having been part of the

Phase II clinic run by the Hospital Physiotherapists. However, for a period before 2002, the Phase II rehabilitation was restricted to an education programme organised in conjunction with the Heart Foundation. Today prospective Phoenix Club members will have completed some weeks of exercise in the gym through the Phase II programme as well as attending education sessions where they will have heard about the Phoenix Club. They are typically referred to the Club by the Cardiac Educator at the Dunedin Public Hospital and obtain a referral from their doctor or cardiologist. As new members they are then helped to settle into the Club through the “buddy” system which was introduced in 1996.

The increased amount of exercise equipment we have access to in the Lifestyle Gym today is a development since 2001 when Jennie Pantano, who was the supervising physiotherapist on Monday nights, was keen for the Club to supplement what was provided by the Health Funding Authority.



As a result, in January 2001, the Phoenix Club was issued with a certificate from Healthcare Otago permitting it “to place its exercise machines in the Lifestyle Gym in the Fraser Building.” By 2002, the equipment owned by the Club included three exercycles, two elliptical trainers, two leg and arm exercisers, a mini-trampoline, six arm resistance trainers, two hand roller wheel stomach reducers, a large strider and a defibrillator—to a total value of some \$10,000. The funds to purchase these came from donations and grants from charities. The treasurer at the time, Fraser Mitchell, and Keith McFarlane proved particularly adept at applying for these. However, since The Otago Phoenix Club was then neither an incorporated society nor a registered charity, it was necessary to appeal for grants in conjunction with the Otago Branch of the National Heart Foundation, and this worked well for some years. More recently, the Otago Asthma Society has managed to get grants for some rather sophisticated exercycles and elliptical trainers to add to the equipment available.

These purchases all added to the range of our activities, but down the track they also meant facing decisions about maintenance and replacement. We have had a few minor sagas trying to dispose of worn out machines, as well as dealing with clutter in the space and rearranging the gym before and after Club evenings. Former President John Young still finds himself essential to the oversight and maintenance of our gym equipment, despite his best efforts to “retire” and pass the responsibility onto someone else!

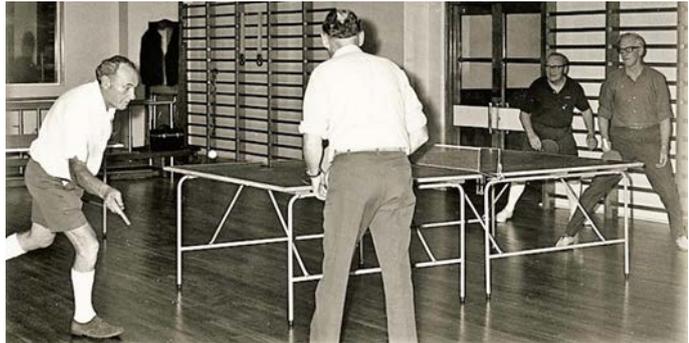
In 2012, by then in his 90<sup>th</sup> year and still a regular attender, Fraser Mitchell reported to the AGM how on gym evenings Dianne Body and her group of physiotherapists took their turn in leading the exercise program. On Mondays “we perform a series of exercises on the move followed by twenty minutes on the exercise equipment. We

conclude the evening with exercises performed on our mats.” On Thursdays we do callisthenics for the entire session prior to the mat exercises.

The mat work to finish each session is good for leg and stomach strengthening and is followed by a few minutes of calming relaxation before we wake up, give each other and the physiotherapist a round of applause, and roll up the mats before we leave. It is a very satisfying routine. Some evenings can be quite crowded. In 2013 John Young reported an average attendance of 40 at the Monday sessions and 29 on Thursdays.

## **Table Tennis**

In the early days a cardiac nurse, Lois Fletcher, ran the table tennis in one of the Fraser Building gyms.<sup>1</sup> By 1973 increasing popularity had led to a regulation that people should not play singles when others were waiting. Later a room adjacent to the Physio Pool was used. By 1997 about 12 members were meeting twice-weekly using two higher quality tables, but these were replaced in November 2005 at a cost of \$1200, one



being paid for by the Hospital. Keith McFarlane who arranged this also made some cupboards for the Club which are still in use, including one in which to keep the nets, bats and balls for table tennis.

Table Tennis continues as a lively option on Club nights. Though for some members, it has become an alternative to the gym exercise sessions, others make a point of coming early and playing before the gym sessions begin. The group welcomes those who check-up what it is going on and who are concerned if

things are too quiet. Having on hand a supply of cold filtered water also draws some visitors. Some notice that the room has the benefit of a sofa, but regular players would like to think they only take a rest when it is really necessary. Some join the main group in the gym between games



*Farewell to Betty Douglas, former Club secretary and long-term member of the Table Tennis Group (November 2015)*

which gives a good balance to their exercise. There are not many accidents, but some complain about being wounded by fast balls they did not manage to return.

Players range in talent from those with a life-time of experience (some of whom practice in other places during the week to keep up their competitive edge), to those who are simply game to give it a go. There is quite a lot of good-natured coaching and encouragement from the experts. Bats and balls are provided.

## **CPR**

On one Club evening each year, a cardiac pulmonary resuscitation (CPR) course is held, devoted to going over the basics and answering questions. It is an important refresher for many of us—including those with grandchildren—on what is involved for resuscitating adults, children, and infants. The evening includes practice with mannequins and a revision of our “DRS ABC”—check for **D**anger, check **R**esponse, **S**end a bystander for help, check the **A**irway, assess **B**reathing, and how to use a sequence of 2 breaths and 30 chest compressions to restore **C**irculation.<sup>2</sup> We also talk about how to deal with choking incidents.

These evenings began early in our history. In 1973 it was reported that the Club had had “a most instructive lecture on resuscitation” in which a greater number than usual “engaged in the practical demonstration.” From then on, they became an annual fixture, and in 1976 members were advised that “This is most important to members and their wives or husbands as immediate measures can be taken in a crisis”. It was also a social evening, so the invitation came with the request which still confuses people coming to live in New Zealand, “Ladies, a plate please!”

## **Swimming in the Physio Pool**

Gay Wood recalls how the introduction of exercise in the Physio Pool made the rehabilitation programme more attractive to the point of running out of space. “There was no holding them back . . . we could not get rid of them.”<sup>3</sup> In *Exercise and the Coronary Patient* she and Ted Nye described its importance, including the game of water polo noted earlier.

*Each player sits in an inflated inner tube and propels himself about the pool with his hands. Goal-posts can be made by a handyman in the group and placed . . . in the shallow end of the pool. If there are more than three or four players per team, coloured skull caps, as worn by surf teams, will help players to distinguish team mates. The object of the game is to get the ball through the opposing team's goal. Rules can be made as simple or as elaborate as required. The referee in our programme is usually the physician, physiotherapist or a medical student. The great advantages of this game are that non-swimmers play on an equal footing with swimmers, the game enjoys considerable popularity and is sufficiently physically demanding, but nevertheless gives opportunities for patients to take things quietly on the side-lines if angina occurs. We have found that approximately 10-15 minutes play each way provides a good exercise spell. This game can be very energetic, and we generally recommend some introductory pool exercises for newcomers as a preliminary to taking part.<sup>4</sup>*

In 1974, a “learn to swim” class was established. David Henderson, the then president of the Otago Branch of the Heart Foundation, had been a Commonwealth Games

Swimming Champion, and was an excellent coach for several non-swimmers. June Gold had mixed experiences with another person from the Club who also taught swimming. Most of the men in the Club were determined to teach her to swim. They would say "Come on June, you can do this. You can do a width." Everybody would be screaming "Yes, she's doing it. She's half way across!" and June would be sinking to the bottom thinking "No, I can't do it." She was very game but learning to swim continued to elude her.

One member, whose name June preferred not to mention, was a local businessman, as she discovered when she arrived at his office to take her daughter, who was one of the typists, out for lunch. When June recognised her daughter's boss as one of the ones who taught her swimming, they waved across the typing pool, but then he called out in front of everyone, "June! Sorry, I didn't recognise you with your clothes on!" June nearly died. He disappeared back into his office and June decided to wait for her daughter outside.

The Physio Pool was the first large, purpose-built therapeutic pool in New Zealand. Today it is owned by the Southern District Health Board and run by the Otago Therapeutic Pool Trust. A short history written in 2011 records that the Pool was "commissioned in July 1943 by the Education Department and finally constructed in 1946," and that it "was instrumental in establishing new standards in hydrotherapy in a country already famed for its healing spas and therapy pools". The article quotes Nancy Grant, who had been a student physiotherapist in 1948, remembering how "Patients were pushed on trolleys, or wheelchairs, or attempted mobility on walking frames across Cumberland Street, and if paraplegic, were placed on a metal stretcher and lowered from the ceiling to the heated swimming pool." Ted Nye was also quoted, noting that "as well as its role in neuro-muscular rehabilitation, the pool was used for pioneering work in post-myocardian infarction rehabilitation".

The Physio Pool rapidly gained an international reputation with overseas doctors, who always made a point of visiting it during their stays in Dunedin, but the shift of the School of Physiotherapy from the Hospital Board to the Polytechnic in 1976 meant that the Pool was no longer a purely therapeutic facility.<sup>5</sup> Talk of closure of the Pool arose in 1983. This led to the formation of the Otago Therapeutic Pool Trust to operate the Pool, and its opening to the general public. The issue of closure arose again in 1997, as it has from time to time since.

In November 2012 the *Otago Daily Times* carried an article, "Oasis in the City,"<sup>6</sup> quoting Ted Nye on the significance of the Pool "for the role it played in the international development of hydrotherapy for heart attack patients." He recalled how, with the help of a "sympathetic physiotherapist", he began work on mobilising patients. "Then I thought non-weight-bearing activity in a pool could be good" and "It grew from there." The article went on to note how:

*A handful of Phoenix Club members, including former club president Keith McFarlane (77), still use the pool each week. Mr McFarlane has been doing 20-lap sessions there since being operated on for a blocked artery more than 15 years ago. His first stint at the Physio Pool, however, was in 1962 after almost*

*losing a leg in an accident. "I've had the benefit of the pool through the years," he said. "It's a fantastic asset . . . I'm hitting 78 and I feel 25."*

When another announcement of a decision by the Southern District Health Board to close the Pool was made in October 2014, the then Otago Phoenix Club president John Roxborough said that it would be tragic to lose the Physio Pool, and while he appreciated the board was in financial difficulties, the decision seemed short-sighted.<sup>7</sup> Keith McFarlane was among the many members of the public who wrote to the *Otago Daily Times* which was soon involved in a public campaign to save the Pool.<sup>8</sup> The fund-raising campaign was very successful, but the subsequent decision to rebuild Dunedin Hospital on a nearby site, however welcome, has led to a situation where it is impossible to obtain a secure lease of the Pool. Without that it is proving impossible to complete the fund-raising needed to carry out the upgrades that will help ensure its future.

Meantime the Phoenix Club was affected by Pool Trust decisions to make the 8.00 pm to 9.00 pm slot a public session and to staff the Pool with their own lifeguards. We had long appreciated having our own physiotherapists as supervisors in the Pool, knowing they were also trained in lifesaving, however the number of our swimmers was reducing. As a result of the changes, the Phoenix Club was no longer required to arrange supervision in the Pool or be responsible for on-selling swimming tickets to members—a task Merv Brookes was able to relinquish after many years. After some negotiation and adjustment, the changes have gone satisfactorily, and an increase in public patronage has compensated for the smaller number of Phoenix members using the Pool.

When the Pool Trust was set up, The Otago Phoenix Club was designated as one of the founding stakeholders, and one of our committee is appointed to attend Trust meetings. We continue to support their fund-raising and with many in Dunedin, wait with some concern to know what the future holds.

---

<sup>1</sup> Photo right: "Phoenix Club members enjoying a game of table tennis" c.1968. Photograph: S13-566d Hocken Collections. <https://www.otago.ac.nz/library/exhibitions/physio100/>

<sup>2</sup> <http://www.otagophoenix.nz/CPR.html>

<sup>3</sup> <https://100yearsofphysio.org.nz/oral-histories/gay-wood/#.W2jh49IzaUk>.

<sup>4</sup> Edwin Richard Nye and P. Gay Wood, *Exercise and the Coronary Patient* (London: Wolfe, 1971). p.66.

<sup>5</sup> David Nicholls, "The Hanover Street Physio Pool," *Physio Matters*, March 2011, <https://100yearsofphysio.org.nz/document-library/making-history-articles/the-hanover-street-physio-pool/#.W2lmr9IzaUk>.

<sup>6</sup> "Oasis in the City," *ODT*, 16 November 2012, <https://www.odt.co.nz/news/dunedin/oasis-city>.

<sup>7</sup> "Physio pool to be closed," *ODT*, 22 September 2014, <https://www.odt.co.nz/news/dunedin/physio-pool-be-closed>.

<sup>8</sup> "Campaign to save physio pool," *ODT*, 11 April 2015, <https://www.odt.co.nz/news/dunedin/campaign-save-physio-pool>.

## 4. Fresh Air, Sweat and Sunshine

Until a few years ago the Club had three outdoor exercise groups which between them catered for different levels of fitness with easy walks around Dunedin, some tramping, and also involvement in the maintenance of local tracks as part of The Green Hut Group which was founded by the late George Sutherland, former secretary, president and life-member of the Club. Today there is still a Wednesday walking group, and a number of members walk everywhere they can around Dunedin and the Peninsula. All of these groups attracted guests and sometimes these outnumbered Club members.

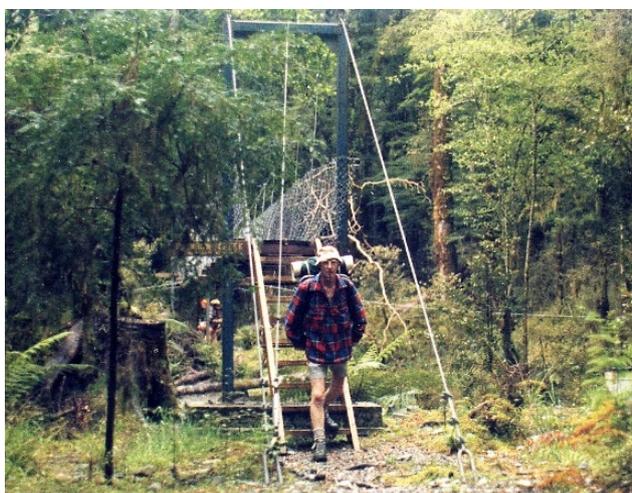
Research supports the fact that walking is an important part of cardiac rehabilitation, even from shortly after surgery. It “helps patients achieve functional milestones more quickly, cope better with walking after discharge and have greater satisfaction with their treatment than patients who walk less”.<sup>1</sup> Nancy Grant used to take her Phase II clinic on walks around Dunedin Hospital and down to the Botanic Gardens. In 1973 Alan and Greta Bevan were invited to walk with the Phoenix Club group and then became supporting members for over 40 years, organising the walks, tramps, and camps in the 1990s. Over time interest shifted to tramping, then to camping at a base for organised daily walks, and then to cycling the Rail Trail.



*Huxley Camp 1982*

### From Walking to Tramping

Many remember Phoenix Club tramps as highlights of their lives and as a completely unexpected possibility for those who had had serious cardiac events. Nothing could contrast more with the almost sedentary expectation of the lives of heart patients just a few years before. There was also quite a bit of enjoyment at the reactions of other trampers when they discovered they were out with a group of heart patients—especially when it was the



*Brian Bell near Pike Hut on the Holyford*

other trampers who were the ones needing medical attention!

As mentioned earlier, in 1973 the walking group developed the idea that doing the Milford Track might be a possibility. Alan and Greta were asked to put the programme together. The Milford was followed by the Routeburn in 1974, and Phoenix Club tramps became a regular feature of its life for many years. In 1975 they again walked the Milford. Other tramps were to the Hollyford, a return to the Routeburn and a camp at Huxley in November 1982.

The Greenstone and Caples were other adventures in 1984 and 1985. In the early 1990s Rex Malthus became walking group leader and organiser of the tramps. By the late 1990s carrying heavy packs became a bit much, and the programme shifted to going to base camps from where daily walks could be organised.

In October 1977 a cartoon by the *Otago Daily Times* cartoonist, Sid Scales, captured an image of those who had not had cardiac surgery being less fit than those who had!<sup>2</sup> An accompanying article by Nancy Grant marked the beginning of Heart Week and outlined the benefits of exercise and being part of the Phoenix Club.

Twenty years later, in 1997, the pattern was well established of half-day walks earlier in the year, then increasing to all-day walks in May, followed by a "long walk" tramp at the end of the year. The long walk for 1997 was the Kaikoura Coast track, followed by two days around Hanmer Springs.

The tramps were highly enjoyable and provided a tremendous sense of personal achievement, but for Ted Nye, there was also the need to document their value by detailing exactly what they involved physically and medically. In 1976 he and Nancy Grant co-authored a letter to the *Lancet*:<sup>3</sup>

*SIR,—For 3 consecutive years groups of patients with coronary heart disease in a physical rehabilitation programme have taken part, under medical supervision, in mountain walks of moderate severity on the Milford and Routeburn tracks in New Zealand's Fiordland National Park. The tracks are respectively 53 km (33 miles) and 45 km (28 miles) long and are covered in 3 days of walking, the longest stretch being 20 km (13 miles). Both tracks cross mountain passes—McKinnon pass at 1097 m and the Harris Saddle at 1277 m.*



*Sid Scales Cartoon; 10 October 1977*

*Snow is sometimes encountered on the passes even in summer. Accommodation and guides are provided by the organizers.*

*18 men of average age 45.7 years (range 32 to 69) at the time of their myocardial infarction elected to take part in the walks. All patients had had a documented myocardial infarction 13-57 months before undertaking the walks.*

*All patients were reevaluated 3 months before the proposed walks, and evidence of congestive heart failure and excessive rises in heart-rate (>150/min) and blood-pressure (>100 mm Hg diastolic or 180 mm Hg systolic) at 600 kpm/min<sup>4</sup> on the bicycle ergometer were looked for. No patient had to be rejected. Patients were then required to attend twice-weekly evening sessions for progressive callisthenic and endurance activities each lasting about 45 minutes for 2 months before the walks. Other less structured activities were also included, making evening training sessions of up to 2 h duration. For the last 7 or 8 Sundays before the mountain walks patients were taken on local country walks of progressively increasing severity. They were encouraged to accustom themselves to tramping boots and to carrying rucksacks (light packs containing not more than about 7 kg of dry clothes and other essentials have to be carried on the mountain tracks). A physician and physiotherapist accompanied the patients on all their preliminary training walks and assessed the way in which patients responded to the stress of hill climbing and bad weather. Wives and other family members of patients also accompanied the outings, so a pleasant social atmosphere was generated.*

*Finally, the patients were reassessed by bicycle ergometry the Sunday before leaving for their major effort and submitted to a load of 900 kpm for 5 minutes.*

*2 patients were unable to sustain this load because of fatigue or angina, but in other ways they had performed well in the training programme so were not excluded at the last test. Patients' wives who were coming on the walks were also tested in the same way as their husbands.*

*2 physicians and the physiotherapist in charge of the rehabilitation programme accompanied the patients. Essential medical supplies were carried.*

*24 crossings of the mountain tracks have been completed by 18 patients without any untoward cardiovascular events. Medical attention for musculoskeletal problems has often been necessary, but in general these problems have been less common in patients than in other members of the party.*

*Few cardiologists would doubt that many post-myocardial-infarct patients are capable of leading lives of normal activity, but we have been impressed by the high effort tolerance of patients in walking mountain tracks, usually without or with the most slight and easily relieved anginal symptoms. It has also become clear that accompanying wives are able to appreciate at first hand that their husbands need not be subject to unnecessary exercise restriction and that the morale of the family as a whole may be greatly enhanced by the experience.*

*Although unprepared post-myocardial-infarct patients might successfully, but unwisely, attempt the walking of moderately severe mountain tracks, it is our view that well-trained patients cope with the physical demands of such activity well and with sufficient physical and mental preparedness to face unexpected bad weather which may occur in mountain terrain.*

*E. R. Nye, Nancy I. Grant*

Nina Davidson was one who joined the walking group in 1986 and she felt that it was “the weekly tramping exercise that kept me fit and well before needing heart surgery in 2006.” She recovered well and in 2010 Nina was able to report to the AGM that two tramps a month had been organised on Sundays by herself and Lynley Brown as well as shorter city walks from the Gardens on Wednesday mornings which were later led by Toni Wilson. There were also plans for an annual camp to be held near Geraldine. In 2011 the Sunday tramping programme included Victory Beach, Allans Beach, Aramoana, Waikouaiti Beach, Signal Hill, Blackhead, Ross Creek, Seacliff, Swampy Summit, and Taieri Mouth.

## **The Rail Trail**

In 1990 the railway between Middlemarch and Clyde through Ranfurly and the Maniototo was closed and the tracks lifted. After the land corridor was sold to the Department of Conservation, a trust was formed to develop the Rail Trail which opened in 2000.<sup>5</sup> George Sutherland became the brains behind a plan for members to cycle the trail.

There were three Phoenix Club trips in all. The first in 2007, from Alexandra, the second in 2008, using Middlemarch as a base, and in 2009 it was back to Alexandra again. The trips, always over just half of the trail, took two days; one day getting to the overnight accommodation by road and cycle, the second day getting to the end and coming home. Each trip involved gathering at a base to leave the cars, then being transported with the bikes to the highest point on the Rail Trail at Oturehua before cycling back in the direction of the base. The overnight stops were at Omakau on the way back to Alexandra, and at Waipiata on the way back to Middlemarch. Cycle Surgery provided brand-new bikes and helmets.

George has recalled how each trip was limited to about 20 members; dictated by the number of beds available at the overnight stop. Bikes were hired as part of a package. The company transported the bikes and



bodies from the base to the start-point at Oturehua. People paid for their own choice of accommodation, but some were two to a room and sorting out compatible sleeping-partners was sometimes a little tricky!

The weather was generally good. On one windy day Peter Williams achieved 55 kmph, probably just as fast as the old trains. One year, Dianne managed to get sunburnt. There were no medical mishaps to report but the defibrillator had been packed just in case. John and Bev Young provided a back-up vehicle for tired souls. The licensee at Omakau and George worked late into the night on many occasions jacking up the accommodation, which was generally very good.

The total distance of the trail is 152km. Doing half the trail each time meant cycling about 35 kms each day. Members were able to take minimal gear with them as John and Bev offered to carry "cocktail frocks and dress suits, pj's, etc." in their four-wheel drive. Bev was a



*Resting at Ranfurly*

wonderful "camp mother" who always baked a lovely cake for the evening supper and looked after all the troops magnificently. It was good fun, but during the rides everyone craved more coffee-stops, and sometimes the so-called comfort stops had no power, no coffee, and no ice-cream!

Before each ride, George reminded members about the need for training:

*Riding every day or two for an hour or so will condition those parts of your body which need hardening. (We're talking bottoms here.) Unless I have a particularly tender bottom, from past experience I strongly advise getting bottom-hardened to maximize enjoyment, especially on the second day. Padded seat-covers and padded pants just don't do it for me.*



*Crossing the Poolburn viaduct*

tents in front of the Poolburn viaduct. Everything was done with pick, shovel,

He also pointed out things to look out for as the ride progressed. Riding in the direction of Alexandra, there is an old gold-mine with a poppet-head still intact. The trail crosses some beautifully hand-made schist culverts and there are places where fruit trees have sprung up after years and years of apple cores and other pips being thrown out the windows by train passengers. Between Thurlow Road and Lauder, you can see where 300 men worked for three years living in

wheelbarrow and dynamite. Out of Omakau there are remains of a stone water-race and the story goes that arguments over water were so common that the courthouse had to be built at Ophir to settle the disputes. In such a dry area, water is still at a premium, and George reminded riders to bring their own.

Along the route Warren Knox popped up in different places to capture video shots of members cycling and his videos are still used to show Phase II education classes what cardiac patients can achieve.

## **The Green Hut Track Group**



In 1999 George Sutherland began regularly working at clearing walking tracks around Dunedin, particularly in the Silver Peaks area. His sustained commitment resulted in the growth of an enthusiastic group which was soon named the Green Hut Track Group. By 2011 it had expanded well beyond the Phoenix Club to 13 regular members of whom three were from the Club. Working on Wednesdays throughout the year, each week they usually had at least six members active in two or three different locations. In 2010 George reported that the Department of Conservation had provided them

with hi-viz vests emblazoned with “Green Hut Track Group” along with gloves, helmets, and good wishes. One day a month was also dedicated to tracks in the Orokonui Eco-sanctuary. After George’s death in 2014, two memorial seats were built in his honour. His successor as Club representative, Laurie Parker, reports that “George’s legend lives on” and that “the Phoenix Club, through the efforts of George, has made a major contribution to the Dunedin tramping community”.



*Laurie Parker on one of the seats erected in memory of George Sutherland*

In 2009 George had been a finalist in the Coastal Otago Conservation Awards and extracts from an interview for the *Otago Daily Times* are worth reproducing.<sup>6</sup>

*Getting people off their backsides and out into the bush is the driving force behind Dunedin man George Sutherland's quest to tidy up the city's walking tracks.*

*Mr Sutherland (78) is the leader of the Green Hut Track Group, which spends every Wednesday maintaining 50km of tracks in the Silver Peaks and Silver Stream areas.*

*"That's why we do it. If it gets people off their butts and out there."*

*While always a keen outdoors man, his interest in the tracks themselves did not develop until he had a heart attack 20 years ago.*

*He joined a cardiac support group, the Phoenix Club, and joined in some of their tramps.*

*"Tramping is a fairly nebulous activity which I'd been doing for 60-odd years . . . and I thought I'd clear the tracks instead. "I love being out in the bush. It gives me something to do rather than tramping along."*

*So every Sunday, instead of going tramping, he would ask if anyone from the group wanted to help clear the tracks, but no-one took him up on the offer. "One magical day a bloke said, 'Yeah, I'd like to come,' and we worked for years on the Silver Peaks."*

*Gradually, over the years, more and more joined the group. He now has eight permanent group members, all unpaid volunteers who go out with him every Wednesday. The group contributes more than 250 voluntary days a year.*

*"They love it. If it's a lovely day, it's heavenly out there."*

*The hospital rang occasionally asking if he would take people out with him, and one time he had five visiting Hawaiians, who wanted to do some environmental work, join the group for a day.*

*While the group used to be all heart club members, there were now more "non-heart" members, he said. The work had helped his heart and fitness and as a result he was still skiing at 78.*

*Using equipment donated over the years, the group cleared scrub and clutter from the tracks following a list of tracks Mr Sutherland devised.*

*Sometimes, trampers contacted them if they noticed a problem on a track such as a slip, then a team went in to clear the site, he said. "Everybody who comes through while we're out working says what a wonderful job we're doing."*

*Their work had been recognised in various ways, most recently as a runner-up in the TrustPower heritage and environment awards and by Keep Dunedin Beautiful.*

*While he said the days were "pretty relaxed", he never stopped for morning or afternoon tea, preferring instead to get as much done as possible in the day.*

*Department of Conservation Coastal Otago community relations programme manager David Mules nominated Mr Sutherland for the 2009 Coastal Otago Conservation Awards, for his huge contribution to outdoor recreation. "His commitment, spirit of service, boundless energy, enthusiasm and good humour, along with his love of wild places and the natural world; all are truly inspirational."*

It is fitting that the work of the group, and George's role in founding it, were again acknowledged in September 2018, when the Green Hut Track Group was recognised by an Outdoor Access Championship Award from the New Zealand Walking Access Commission.<sup>7</sup>

---

<sup>1</sup> Dianne Body, "Commentary," S. R. Filbay, K. Hayes, and A. E. Holland, "Physiotherapy for Patients Following Coronary Artery Bypass Graft (CABG) Surgery: Limited Uptake of Evidence into Practice." *New Zealand Journal of Physiotherapy* 40, no. 1 (2012): pp.35–36.

<sup>2</sup> Photograph S13-584. Hocken Collections, <http://otago.ourheritage.ac.nz/items/show/8058>.

<sup>3</sup> E. R. Nye and Nancy I. Grant, "Coronary Patients and Mountain Walks," *The Lancet*, 7 February 1976, p.314.

<sup>4</sup> Kilo-pound-meters per minute is a measure of work per minute.

<sup>5</sup> <https://www.centralotagonz.com/otago-central-rail-trail/rail-trail-history>.

<sup>6</sup> "Track work a labour of love," *ODT*, 14 September 2009, <https://www.odt.co.nz/news/dunedin/track-work-labour-love>.

<sup>7</sup> "Champion award for track group," *The Star*, 27 September 2018, p.7.

<https://www.walkingaccess.govt.nz/our-work/walking-access-awards/>

## 5. “Let the Members Run the Club!”



*Phoenix Club Annual Mid-Winter Dinner 2016*

Possibly as important as any of the other foundations laid down by Ted Nye, was his determination to “Let the members run the Club!” And as people have joined the Phoenix Club they have appreciated how much it is a group both led by its members and supported by health professionals. They have also found that it is about more than just exercise. The experience of Jenni and Russell who became members in 2012 has been true for many of us.

*We were warmly welcomed and made to feel a part of the Club very quickly. We have enjoyed the many physios and students who have taken the sessions appreciating the different styles of each of them. It's also been a joy seeing the students graduate and then return to the Club to lead the sessions. We have both become a lot fitter and enjoy our Monday and Thursday sessions. We have made some wonderful friends and have also enjoyed our mid-winter dinners and the BBQ's at Peter and Pariya's.*

*It's a great opportunity to spend time together and get to know each other better. There is a good sense of people enjoying each other's company within the Club. We all come from different walks of life, but everyone has a wonderful personal story to share. We are blessed in the Club with special people all contributing to make a wonderful tapestry of lives that have been joined by heart issues which give a common thread of belonging.<sup>1</sup>*

Like all voluntary organisations the basic structure has been a committee, with a chair, secretary and treasurer. The committee reports to the annual meeting, organises social events, and deals with administrative issues as they arise.

Looking back there have been long periods of stability where things just ran themselves, and other times when quite a lot of work was needed to adjust to changing needs or hospital requirements. It is a constant that we try to make sure that a trusted process is on hand when collective decisions need to be made. It is essential that everyone feels their voice has been heard, however straightforward an issue may sometimes appear to those in leadership.

Over the years, as with other clubs, there has been a reduction in formality, and changes in methods of communication from the typewritten to computer text, and

from postal mail to email for most, though not all, members. When the walking and then the tramping groups began, having some ham radio operators among the members was a bonus. In 1986 the Club obtained its own two-way radios and call signs, specially licensed from the Post Office. These were in use until March 1995, when the cost of replacing their batteries became exorbitant and it was possible to purchase a cell phone for the use of the walking groups and on Club nights. Today many of us have smart phones and share photos of grandchildren and holiday adventures, as well as some of the fruit and vegetables that some of us manage to produce in our gardens.

Our first newsletter was started when June Gold was secretary and began with a one-page typed sheet. By 1990 typewriters were giving way to computers as can be seen from the minutes pasted into the minute book from that time. In 1998 George Sutherland developed the newsletter into a colourful quarterly, the *Heartbeat*. It was full of news, advice, jokes, musings on the meaning of life, and a surprising number of recipes to help reduce the risks of Alzheimer's. His was a hard act to follow, but it has been well-continued by David Edwards.

After Dave became secretary in 2010, he did a survey of how many members had email addresses, and in 2011 he and George began looking at converting the *Heartbeat* to a pdf file which could be sent as an email attachment in a readily available format. In March 2014 a trial version was sent to those known to have email addresses. When the next edition was sent out in August, 61 members received their copy by email, and the number of printed copies required was reduced to 42—representing a considerable saving in postage and printing costs.

Dave Edwards also took the initiative to develop our website, which is now located at <http://www.otagophoenix.nz/>. This has become an important home for lists, rules, and useful information. A notice board across from the door at the rear entrance to the Fraser Building where we enter on Club nights, is also an important place to check for news of what is going on, who is on the door roster and other things which might get forgotten.



In 2014 the Club accepted the recommendation of Shirley Begg that we should have our own distinctive red tee shirts sporting the Phoenix logo. Pio Poutu (photo left) also had a cap and a jersey made which are very attractive. The tees have smartened up our collective

appearance considerably. They also helped when in May 2018 several suitably dressed members of the Phoenix Club could be found standing at the Kaikorai Valley "Z" petrol station encouraging patrons to vote in the "Z Good in the Hood" promotion. Later Lorraine Grenfell and Russell Gillions (photo right) were gratified to receive on our behalf a cheque for \$1181.00 for the Ted Nye Fund.



*"Let the Members Run the Club!"*

We have also been part of fund-raising for other groups. At one stage it seemed that the Phoenix Club was sort of a go-to group for anyone organising a street appeal, until it was decided to limit these to five, and then to three, and currently just to the Heart Foundation with whom we have a much closer relationship, however good the other causes. In 1978 Phoenix Club members were part of the Heart Foundation committee planning for Heart Week and the annual appeal. For its part, that year the National Heart Foundation made a grant, to assist in the payment of supervision for classes on Friday evenings. In 1979 the Club helped organise a Heart Foundation charity dinner. When a defibrillator was purchased, grants of \$2000 were received from the Heart Foundation and \$1600 from other charities.

Following our missing out on a grant application in 2014, it was realised that we needed to formalise our constitution and become a registered charity, and this was eventually achieved in June 2016. Subsequently it was with some relief that in 2017 our next application to Healthcare Otago Charitable Trust was successful. In making the application Geoff Grenfell emphasised the need to ensure that our annual subscriptions should remain affordable to all within the community.

Social events have been important for helping everyone feel welcome and it was interesting to see that some of the research on cardiac rehabilitation has also reinforced the value of just being involved and taking part in enjoyable activities with



*Phoenix Day Out, Otakou Golf Club 1996*

others. At different times there have been dinners, film shows, and talks. In the 1990s golf tourneys were also organised regularly, including at the Otakou Golf Course on the Otago Peninsula.

Since 2008, depending on the weather, Lynley Brown has organised a croquet fun day at the Forbury Park Croquet Club, usually held at the end of January each year.



*Annual Croquet Match, Forbury Park Croquet Club 2013*



*Phoenix Club President Ray Langford Cutting the Cake for the 30th Anniversary, 1998*

There were special efforts and celebrations to mark anniversary milestones in the life of the Club, particularly the 21<sup>st</sup> in 1989, the 30<sup>th</sup> in 1998 and the 40<sup>th</sup> in 2008.



*Geoff Smith taking John Young for a ride*

Most years we have a mid-winter dinner, and as noted, we have enjoyed visits to the home of Peter and Pariya Williams for a shared lunch, walks around their property, rides on some rather wonderful vintage, and not so vintage, machinery, and an evening BBQ.



*Socialising before lunch : the Phoenix Club at the home of Peter and Pariya Williams*

Following our becoming a registered tier 4 charity, number CC53362,<sup>2</sup> on the 1<sup>st</sup> of June 2016, one of the requirements is the filing of annual performance reports to provide a public record of how we operate and what we are seeking to achieve year by year. As well as providing details of the number of person-hours in the gym, and the number of social events held, these indicate that the sources of our funds are subscriptions and donations as well as some grants from funding charities. Our costs include those for the supervision of the twice-weekly exercise sessions for members, maintenance of our equipment, and the expenses for the AGM. Our other events are self-funding.

Some members have been generous enough to make a provision in their will for the Phoenix Club, and this has been much appreciated. Others have regularly added donations to the Ted Nye Studentship Fund. Since 2009 the Club has had to be responsible for raising its own funds to cover the cost of supervision in the gym. This

has been greatly helped on a number of occasions by grants from the Healthcare Otago Charitable Trust. However, when our grant application was declined in 2014, it proved difficult to find alternative funding, and the voluntary door collections we kept up for a couple of years were not popular. What did prove popular was the holding of occasional raffles, especially of trailer-loads of fire-wood organised by Peter Williams. The fire-wood raffles were held in conjunction with BBQ lunches and social afternoons at Peter and Pariya’s property on the Chain Hills between Dunedin and Mosgiel and on the weekend beforehand volunteers from the Club enjoyed getting together with Peter to cut and split the wood.

In Ted Nye’s mind it was important that the focus of the Club itself should be on healthy living rather than on the medical science that supported it. At one stage there had been the concern that members might spend too much time talking about their operations and medical issues, but it was soon apparent that this fear was not going to be realised. However, it is good to know that when we do need to talk about our medical adventures there are always other members with a listening ear and the understanding that comes from having had similar experiences. In 2009 HEHA (Healthy Eating, Healthy Action) ran an article on the Phoenix Club in their newsletter<sup>3</sup> in which Geoff Smith mentioned how important it was for him that he was “able to talk to other people who have been through the same thing”. Just awareness that there are others with similar experiences makes a difference. Another member, Eldora Gilbert, recalled being nervous, “You lose self-confidence after a cardiac event, but once I joined it gave me confidence to extend myself. There are a lot of brave people here who’ve had much bigger operations than myself. I was really surprised.”

Mutual care has remained an important feature of the social life of the Club from the beginning. Members look out for one another and regularly visit those who may be in hospital. Of course it is part of life that from time to time we find ourselves at funerals, and each year at the AGM we remember those who have died during the year. Since 2017 the Club has appointed a committee member in the role of “Almoner” who on behalf of the Club keeps in touch with those who are unwell or bereaved. There are also some very happy events to celebrate. In 2015, it was particularly special when two of our members, Ruth and Keith McFarlane, were married in Peter and Pariya’s garden.



<sup>1</sup> Email from Jenni Gillions, 20 August 2018.

<sup>2</sup> <https://www.register.charities.govt.nz/CharitiesRegister/Search>.

<sup>3</sup> “Phoenix Club in Good Heart,” OTAGO HEHA Newsletter, December 2009, pp.8–9.



## 6. Education and Research

The 2015 constitution of the Club includes, in its summary of our purposes, two clauses underlining that a commitment to education and research continues to be part of who we are: These clauses are:

*4.2 To support cardiac education and the promotion of a healthy lifestyle using evidence-based guidelines.*

*4.3 To support cardiac-related research particularly relating to the management and support of people who have experienced a cardiac event and to encourage participation in this research by invitation and consent.*

The term “evidence-based” is an essential aspect of what these clauses refer to, but often it is less easy to be sure about what it means than we might think. Personal evidence of what works and feels right for us is always compelling. Scientific evidence derived from the complex statistical analysis used in research studies is particularly difficult to evaluate unless one has the expertise.

Most of us know how easy it is to be convinced by clever advertising and things which promise solutions we really want to believe in. A fair amount of trust in the qualifications of those involved is often what most of us rely on, but we know that it is possible, even for the well-trained, to get it wrong. And there are also those who exploit this with tragic results. A real factor in this is that medical treatment does have widely variable results among different groups of people and placebo effects are perfectly real. In his account of early cardiac surgery in New Zealand, Sir Brian Barrett-Boyes refers to a period in the 1950s in “Waikato Hospital where two adventurous general surgeons performed a series of 15–20 internal mammary artery ligations before this procedure was totally discredited.”<sup>1</sup> “Totally discredited” is strong language, but the difficulty was that following the surgery patients were sure that they “felt” better. It took time for the evidence to accumulate that this was in fact purely subjective.

Collection of evidence, testing the limits and possibilities of exercise for cardiac patients, and contributing to medical research in peer reviewed publications was essential to the credibility and sustainability of the Phoenix Club exercise programme right from the beginning. It was also about ensuring safety.

This very process of accumulating test results and considering carefully what they really meant was also a contribution to the changing nature of physiotherapy. The sorts of things that Gay Wood and Nancy Grant developed with Ted Nye were pointing to the future of physiotherapy. Physiotherapy moved from being a School of Massage under the Hospital, to becoming itself a medical profession. For Gay Wood those developments were brought into focus by debates over chiropractors and their regulation. At the time, Gay was President of the New Zealand Society of Physiotherapists, now Physiotherapy New Zealand. She realised that physiotherapy

itself needed to face issues of regulation and to move towards better documented evidence-based practice. Her experience in the setting up of the Phoenix Club programme and the research on which it was based contributed to her leadership in supporting these developments, and for many years her research and publication relating to the Phoenix Club was ahead of what others involved in physiotherapy in New Zealand were able to achieve. Only after the School of Physiotherapy moved from Dunedin Hospital to the Otago Polytechnic in 1976, and then to the University of Otago in 1996, after some years of offering a conjoint degree from 1991,<sup>2</sup> was research properly supported as an essential part of its program.<sup>3</sup> Before then, generally, teaching staff “did not write papers or present their research beyond a local level. Gay Wood . . . was an exception.”<sup>4</sup>

It was a feature of the work of Ted Nye, not only that he gathered clinical evidence every step of the way, but that he encouraged others including Gay Wood and Nancy Grant to work with him. Ted’s joint publications with Gay Wood and the encouragement he gave to Nancy Grant in her presentation of papers at physiotherapy conferences internationally, as later in his collaboration with Dianne Body and Sandra Mandic, were not only essential elements in testing and refining the role of exercise in cardiac rehabilitation, they were also an insistence on the importance of inter-disciplinary partnership in medical research.

In 1998 Ted and others contributed to a National Heart Foundation “guide to the prescription and conduct of non-medically-supervised community-based exercise programmes”<sup>5</sup> which summarised a range of useful medical information directed at informing those involved in developing Phase III programmes. Interestingly, he advised that while responsible supervision and good communication with medical advisers was essential,

*it is probably best to separate the community-based (Phase III) programmes from too much obvious medical input. Physical activity should be a normal, desirable aspect of healthy living and there are reasons for its “demedicalisation”. Participants should, therefore, see their involvement in an exercise programme as a normal component of a well-rounded lifestyle and not merely the continuation of some form of medical treatment.*<sup>6</sup>

Other papers have been important as the basis of recommendations for programmes in hospital situations where authorities need to know exactly what is going on in clinics and rehabilitation programmes for which they are responsible.<sup>7</sup> Taken together the result of all this research and writing has been a significant body of work, and a list of known publications relating to the Phoenix Club is included at the end of this chapter.

Dianne Body is one who has also contributed some carefully crafted responses to the work of others, including a gentle exposure of the flaws in some research, demonstrating a very subtle but sure understanding of the issues involved. In one place she has noted that:

*An important component of physiotherapy management is motivating and encouraging the patient to make healthy lifestyle choices and providing acceptable suggestions for ongoing exercise and rehabilitation. It is vital to progress physiotherapy methods based on evidence-based practice but the value of practice-based evidence should not be underestimated.*<sup>8</sup>

We have been well served by modest, but thoroughly considered and incremental, increases in understanding, but as Dianne pointed out, practice, what we do, is also a source of evidence from which we need to learn.

An early consolidation of the theory and practice surrounding experience with the Phoenix Club, was the 1971 publication in Christchurch and London, by Ted Nye and Gay Wood, of *Exercise and the Coronary Patient*. Its purpose was to provide a simple account of their exercise programme. It was designed to help physiotherapists and physical educationalists as well as medical practitioners, rather than be a manual for patients. Nevertheless, with its straightforward explanations and illustrations, the information in *Exercise and the Coronary Patient* appears highly accessible. It also provides a reminder that the things we do in Club sessions are not at all casual. Of particular interest to Phoenix Club members is its chapter on "The Coronary Club." A section on "Unsuitable Games" notes "an ill-defined feeling among physicians concerned with rehabilitation that some games are probably unsuitable for coronary patients although they may be ideal for maintaining physical fitness in normal persons." Judo, wrestling and fencing are mentioned as unsuitable. For different reasons so were bowls and "golf when played in a leisurely style on a flat course" since they made "insufficient demands on cardiovascular endurance"!

Publications since 2010 have brought research to new levels. They are increasingly relating the relevance, of what has proved important for cardiac rehabilitation, to the role of exercise in medical procedures generally. In Dunedin this has been particularly associated with Dr, now Associate Professor, Sandra Mandic at the School of Physical Education, Sport and Exercise Sciences at the University of Otago. A number of her published papers draw directly on research done with Otago Phoenix Club members.

In 2018 Sandra also contributed a chapter, "Community-Based Maintenance Cardiac Rehabilitation," to a book edited by Ronald Watson and Sherma Zibaldi, *Lifestyle in Heart Health and Disease*. The Phoenix Club experience is highlighted as an example of what can be done, but at the same time the chapter spells out the need and the challenge of making such a programme available more widely, socially and culturally. It also notes how "physical activity recommendations for cardiovascular disease patients have evolved considerably since the 1950s," and that in the 21<sup>st</sup> century "comprehensive multidisciplinary cardiac rehabilitation and risk reduction programs play an important role in primary and secondary prevention of cardiovascular disease." Phase III cardiac rehabilitation, described as the maintenance phase, "involves independent continuation of the rehabilitation process through either home-based or community-based exercise programs with a focus on lifelong maintenance of the healthy lifestyle habits and management of cardiovascular risk factors."

The challenges to facilitating this are significant, and community-based programmes are important for harnessing personal commitment in a supportive social setting. Sandra's background—she speaks four languages—and her international academic experience spanning Europe, Canada, the United States and New Zealand, give her sensitivity to cultural factors which are also to be addressed. This is not only in relationship to the incidence of cardiac disease generally, and the fact that New Zealand Māori are prone to cardiac events at more than twice the rate of non-Māori, but also to the fact that Māori are less well served by accessible and culturally meaningful programmes which take seriously a Māori view of health.

Rural communities also present special challenges to services developed around teaching hospitals and main centres. Recommendations about setting up community-based cardiac rehabilitation programmes include several elements which are well-illustrated by the story of The Otago Phoenix Club, including community buy-in, involvement of accredited exercise professionals with input from medical and allied health professionals, regular social events, an emphasis on the physical, social and functional benefits, encouragement of physical activity outside the regular exercise sessions, and good communications through a newsletter and website.<sup>9</sup>

Others of Sandra's recommendations point to areas where the Club will need to be mindful looking ahead, particularly if we wish to help ensure that what we have benefitted from should be more widely available. These recommendations include: "Set up a program that meets the need of the local community", "Acknowledge a person's cultural context and worldview within the program", and "Consider where people live and problem-solve potential transport issues or deliver the program locally".

The real challenge is not simply whether we address these needs for the sake of our existing and future membership, but whether we see ourselves as having the potential to encourage others and help ensure that the vision of more widely, physically and culturally, accessible community-based cardiac rehabilitation programmes are realised.

Sandra Mandic's research and writing has also been associated with the development of teaching relating to cardiac rehabilitation and from 2011 to 2018 the University of Otago School of Physical Education, Sport and Exercise Sciences has offered an undergraduate paper, "PHSE 409 Cardiac Rehabilitation". Each year, several members of the Phoenix Club have been invited to share their own experiences of rehabilitation after a cardiac event (photo below). Students also undertake a field trip to a Phoenix Club exercise session. For several years Ted Nye also delivered a guest lecture to the class.

The PHSE 409 paper is very much a tribute to Ted's vision and also a concrete realisation of the ideas for further education that he raised in 1998 when the Studentship Fund that is named after him was first mooted. It is worth quoting the course description in full:

**PHSE 409 Cardiac Rehabilitation.** This paper is designed to explore fundamentals of cardiac rehabilitation and clinical exercise physiology. The course will provide an overview of cardiac rehabilitation programmes, fundamentals of clinical exercise physiology, review of pathophysiology of cardiovascular disease, insight in the multidisciplinary nature of cardiac rehabilitation, and extensive theoretical experience in clinical exercise testing, and designing exercise programmes for individuals with cardiovascular disease. The content will be delivered through a combination of classroom sessions, seminars, laboratory sessions, and a field trip. Acquired knowledge will be evaluated through students' presentations and written assessments including mid-term exam and literature review.<sup>10</sup>



Warren Knox from The Otago Phoenix Club with students from the PHSE 409 Cardiac Rehabilitation Class 2018

### **Research Publications associated with The Otago Phoenix Club<sup>11</sup>**

Body, Dianne, "Commentary", S. R., Filbay, K. Hayes and A. E. Holland, "Physiotherapy for Patients Following Coronary Artery Bypass Graft (CABG) Surgery: Limited Uptake of Evidence into Practice." *New Zealand Journal of Physiotherapy* 40, no. 1 (2012): pp. 35–36.

Horwood, Hayley, Michael J. A. Williams, and Sandra Mandic. "Examining Motivations and Barriers for Attending Maintenance Community-Based Cardiac Rehabilitation Using the Health-Belief Model." *Heart, Lung and Circulation* 24, no. 10 (2015): pp. 980–987  
<http://dx.doi.org/10.1016/j.hlc.2015.03.023>.

Mandic, Sandra, "Community-Based Maintenance Cardiac Rehabilitation." In Ronald Watson and Sherma Zibaldi, eds., *Lifestyle in Heart Health and Disease*: Academic Press, 2018, pp. 187–198.

Mandic, Sandra, Claire Hodge, Emily Stevens, Robert Walker, Edwin R. Nye, Dianne Body, Leanne Barclay, and Michael J. A. Williams, "Effects of Community-Based Cardiac Rehabilitation on Body Composition and Physical Function in Individuals with Stable Coronary Artery Disease: 1.6-Year Followup." *BioMed Research International* (2013) <http://dx.doi.org/10.1155/2013/903604>.

- Mandic, Sandra, Dianne Body, Leanne Barclay, Rob Walker, Edwin R. Nye, Sherry L. Grace, and Michael J. A. Williams. "Community-Based Cardiac Rehabilitation Maintenance Programs: Use and Effects." *Heart, Lung and Circulation* 24 (2015): pp. 710–718. <http://dx.doi.org/10.1016/j.hlc.2015.01.014>.
- Mandic, Sandra, Emily Stevens, Claire Hodge, Casey Brown, Robert Walker, Dianne Body, Leanne Barclay, Edwin R Nye, and Michael J A Williams, "Long-Term Effects of Cardiac Rehabilitation in Elderly Individuals with Stable Coronary Artery Disease." *Disability and Rehabilitation* 38, no. 9 (2016/04/23 2016): pp. 837–843. <https://doi.org/10.3109/09638288.2015.1061611>.
- Mandic, Sandra, Robert Walker, Emily Stevens, Edwin R. Nye, Dianne Body, Leanne Barclay, and Michael J. A. Williams, "Estimating Exercise Capacity from Walking Tests in Elderly Individuals with Stable Coronary Artery Disease." *Disability and Rehabilitation* 35, no. 22 (2013/10/01 2013): pp. 1853–1858. <https://doi.org/10.3109/09638288.2012.759629>.
- Nye, E. R. and Nancy I. Grant, "Coronary Patients and Mountain Walks," *The Lancet*, 7 February 1976, p.314.
- Nye, Edwin Richard, and P. Gay Wood. *Exercise and the Coronary Patient*. London: Wolfe, 1971.
- Nye, Edwin R., M. Allison, Robert Logan, and the National Heart Foundation of New Zealand. *Exercise for People with Heart Disease: A Guide to the Prescription and Conduct of Non-Medically-Supervised Community-Based Exercise Programmes*. Auckland: National Heart Foundation of New Zealand, 1998.

---

<sup>1</sup> Barratt-Boyes, Brian. "The Early History of Cardiac Surgery in New Zealand." *Heart, Lung and Circulation, Supplement* (2003): p.21.

<sup>2</sup> <https://www.otago.ac.nz/physio/about/history/index.html#1961-1995>

<sup>3</sup> Louise Shaw, *In Our Hands: 100 Years of Physiotherapy at Otago 1913-2013*. Dunedin: School of Physiotherapy, 2013, pp.90–94, 102–105, 114f.

<sup>4</sup> *Ibid.*, p.104.

<sup>5</sup> Nye, Edwin R., M. Allison, Robert Logan. *Exercise for People with Heart Disease: A Guide to the Prescription and Conduct of Non-Medically-Supervised Community-Based Exercise Programmes*. Auckland: National Heart Foundation of New Zealand, 1998. p.1.

<sup>6</sup> *Ibid.*

<sup>7</sup> E. Dianne Body, "Proposal for Phase II Cardiac Rehabilitation Programme with Exercise Component," 2000.

<sup>8</sup> Dianne Body, "Commentary", S. R., Filbay, K. Hayes and A. E. Holland, "Physiotherapy for Patients Following Coronary Artery Bypass Graft (CABG) Surgery: Limited Uptake of Evidence into Practice." *New Zealand Journal of Physiotherapy* 40, no. 1 (2012): pp.35–36.

<sup>9</sup> Sandra Mandic, "Community-Based Maintenance Cardiac Rehabilitation." In Ronald Watson and Sherma Zibaldi, eds., *Lifestyle in Heart Health and Disease*: Academic Press, 2018, pp.187–198.

<sup>10</sup> <https://www.otago.ac.nz/cs/groups/public/@sopeses/documents/webcontent/otago110467.pdf>

<sup>11</sup> There are numerous other publications of Ted Nye relating to cardiac rehabilitation, besides these particular ones known to highlight activities of The Otago Phoenix Club.

## 7. The Ted Nye Studentship Fund

**T**he Ted Nye Studentship was set up in 1998, the year of the 30<sup>th</sup> anniversary of The Otago Phoenix Club, in order to encourage the study of cardiac rehabilitation.

At a sub-committee meeting planning the celebration dinner for the 19<sup>th</sup> of September 1998, there was discussion about making a “gift to mark the occasion—maybe fund a person to learn cardiac rehabilitation.” Later it was suggested that it be called “the Ted Nye special fund”. That November, Ted shared his ideas about “setting up a trust to help a student study cardiac rehabilitation.” This was referred on to the AGM where the idea was approved, and the fund named after Ted himself. Later some of the thinking behind the creation of the Studentship Fund, was set out as follows:

### ***General Objective***

*To further the knowledge of, and research in, the subject of cardiac rehabilitation, with a view to its being widely available to all in need, and its being based on sound scientific principles.*

### ***Potential Recipients***

*All medical and paramedical professionals, including students, who have shown a practical interest in the subject of cardiac rehabilitation.*

### ***Implementation***

*By the giving of financial support to suitable applicants who can satisfy the grant-awarding body of their serious interest in the topic of cardiac rehabilitation. Support could be given for a variety of purposes, including the following:*

- 1. An investigative project into aspects of cardiac rehabilitation, including physical, physiological, biochemical, psychological or ethical.*
- 2. Support for attendance at a scientific meeting dealing with cardiac rehabilitation with preference given to an applicant presenting the results of his/her research.*
- 3. Support for the preparation of a major review article, thesis or book dealing with rehabilitation.*
- 4. Support for the planning and execution of a suitable new initiative in cardiac rehabilitation where a programme was not already in operation.*

It was evident that it would take a while for capital to build up, and it was agreed shortly afterwards that the project begin with an annual book grant of \$100 to be given to a deserving student. This was awarded in the form of a prize, and the sum increased over the years. By 2011 it had been \$350 for some time and so in 2012 it was increased to \$400. The Otago Phoenix Club has continued to invite further

donations to the Ted Nye Studentship Fund and made it the subject of a special appeal for the 50<sup>th</sup> celebrations. As noted, in June 2018, thanks to the good efforts of Russell Gillions, Lorraine and Geoff Grenfell, and other members of the Club, this got off to an encouraging start with a donation of \$1181 from Z Energy.

In 2015 and 2016 the Constitution of The Otago Phoenix Club was updated, and the following clauses were included to define the purpose the Fund and help secure its future.

- 13.1 In the Club's thirtieth year it was decided to start a fund, to be known as the Ted Nye Studentship Fund, in honour of the founder of the Club Professor Ted Nye, credited by many members of this Club in being instrumental in allowing them to "get their lives back."*
- 13.2 The funds held in the Ted Nye Studentship Fund ("the Fund") are held solely for the purpose of encouraging studies and research into exercise and cardiac conditions by providing scholarships or other benefits to students undertaking a course of study in exercise and health or a related field as determined by the School of Medicine and the Scholarships Office of the University of Otago.*
- 13.3 The Officers of the Club for the time being are the administrators of the Fund.*
- 13.4 Members and others may donate money to the Fund by specifying to the Treasurer that the money donated is to be credited to the Fund.*
- 13.5 The Fund shall be administered as an identifiable discrete fund, acknowledging always that the use of the Fund is limited to the purposes set out in this part of the Constitution.*
- 13.6 The Fund is to be invested for the purpose of generating income, contributing towards maintaining the capital of the Fund, and making distributions that further the purposes of the Fund.*
- 13.7 The management of the fund may be delegated to the University of Otago Foundation Trust, to be managed as a sub-fund within the trust as a whole, maintaining the character and purpose for which the Fund was originally created by the Club.*
- 13.8 The separate results and position of the Fund, and information concerning the award of grants from the Fund are reported to members at each Annual General Meeting of the Club.*

Following consultation with Ted Nye in 2015, in terms of clause 13.7 above, moves were made to transfer the Fund to the University of Otago Foundation Trust whose investments give a higher rate of return than those available directly to the Club.

Elsewhere the constitution includes the statement that "in the event of the winding up of the Club, all monies donated and interest earned by the Ted Nye Studentship Fund less grants awarded are to be donated to the University of Otago Foundation Trust (Registered Charity CC20440) to be used in a way consistent with the original purposes of the Ted Nye Studentship Fund, or otherwise as the University of Otago may determine."

## Whole-hearted

The once-young man understood hearts  
The dogged pulse, the craving urge  
To beat, beat, beat.

He understood the *thisological*  
And equally, the *thatological*  
Combining to keep  
A heart at peace  
Closely wrapped in its scarlet treasure chest.

Knowing this he knew  
How much/can be known  
Yet unexplained.  
The way a heart sings  
The way a heart swells  
How, even strapped steady by ivory bands  
A heart can sink and lurch and lift.

Many not-young men  
Hold onto their hearts  
Lest they fly into their mouths  
And away, away, away.

But this man stayed whole-hearted,  
Strong hearted  
Good hearted  
The treasures of his chest  
Brought out, shown and shared  
One steady beat at a time.

*Kathryn Fitzpatrick*



# **THE PURPOSES OF THE OTAGO PHOENIX CLUB**

## **(2016 Constitution Section 4.0)**

1) To support cardiac rehabilitation for people affected by cardiovascular disease and/or a cardiac event, in their return to active life and the maintenance of a healthy lifestyle and particularly through supervised exercise in a supportive environment.

2) To support cardiac education and the promotion of a healthy lifestyle using evidence-based guidelines.

3) To support cardiac-related research particularly relating to the management and support of people who have experienced a cardiac event and to encourage participation in this research by invitation and consent.

4) To support other organizations sharing similar purposes, including other cardiac rehabilitation groups in Dunedin and the Otago Branch of Heart Foundation New Zealand.

**The Otago Phoenix Club** was one of the first cardiac rehabilitation clubs in the world and certainly the first in New Zealand. The pioneer was the remarkable polymath, healer, teacher and friend, Dr Edwin Richard Nye, Knight of the Order of the Pole Star, NZOM, a physician at the Dunedin Hospital who in 1968 had the vision and the courage to do something practical with the evidence he was gathering that heart patients could regain their lives through supervised exercise. Ted Nye brought together a team of enthusiastic physiotherapists and heart patients to create a group which continues to demonstrate the theoretical and practical value of his then revolutionary ideas.

***Taking Our Pulse*** is the story of the group Ted Nye founded, The Otago Phoenix Club, and how it continues to be part of the rehabilitation and restoration of confidence of successive generations of patients and their families—improving their quality of life, providing social support, contributing to cardiac education and medical knowledge, and having fun along the way. It pays tribute to some of the remarkable personalities who helped develop The Phoenix Club's deceptively simple patterns of activity that sustain its life as a voluntary group in changing circumstances. It acknowledges the importance of the Club's relationships with the Heart Foundation of New Zealand, the Otago Therapeutic Pool Trust, the School of Physiotherapy, the Southern District Health Board, the University of Otago Dunedin School of Medicine and School of Physical Education, Sport and Exercise Sciences, and the support of the wider community.

**David Edwards** is Editor of *Heartbeat*, the newsletter of The Otago Phoenix Club, and a former secretary of the Club. **John Roxborough** is a former president.