

FINAL INTERNSHIP PLACEMENT REPORT
PHYSIOTHERAPY DEPARTMENT, KAGANDO HOSPITAL.
FUNDED BY INTERFACE UGANDA.
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INTRODUCTION

Kagando Hospital under Kagando Rural Development Centre (KARUDEC) holds a mission of serving and empowering communities through promotion of quality healthcare, education and spiritual development. In a move to fulfill this mission, Interface Uganda decided to extend assistance to Kagando Physiotherapy department through facilitating a 3 months internship placement for newly qualified physiotherapists. I have had a privilege to be part of this placement for three months.

It has been a great experience being at Kagando with a lot learning ranging from professional, cultural and social learning.

The objectives of this placement were;

- To enhance my experience as an active member of a physiotherapy team that provides quality rehabilitation services to the people of Kaganda and its catchment population.
- To expand my physiotherapy professional skills through participating in clinical reasoning while making diagnosis, treatment and follow up of patients.
- To engage in continuous professional development by actively participating in hospital based trainings, learning from my supervisor in addition to personal learning.
- To participate in patient caseload management with supervision from the physiotherapist.

Benefits of having an intern on placement at Kagando.

There has been a range of benefits of having an intern attached to the physiotherapy unit of kagando hospital.

These include;

- Adding on to the human resource that endeavors to extend medical rehabilitation to the people of kagando and others at Kagando Hospital.
- Having a new and fresh brain that contributed to the assessment, diagnosis and treatment of various cases.
- Being able to attend ward rounds as well as having an outpatient unit running has improved on the practice of multidisciplinary team work since physiotherapy opinion has been offered for better patient management. This was impossible with Ken as the only physiotherapist.
- There has been continued and progressive rehabilitation of in-patients especially for the neurological patients on medical, surgical and intensive care unit wards which was only possible due to the availability of an intern physiotherapist attached to the wards.

While at kagando I participated in assessment and patient management planning of patients with several conditions both in and outpatient through working as a team with my supervisor and other health workers. Also I was able to assess and treat a number of patients independently. These conditions include stroke, low back pain, cerebral palsy, meningitis, fracture rehabilitation, amputee rehabilitation among others. The details are illustrated in a table below.

DATE	AGE	SEX	CONDITION	TREATMENT
Mon 01/08/16	7/12	M	RT POSTERIOR HIP DISLOCATION	ASSISTED IN THE MANUL REDUCTION AND IMMOBILISATION.
	56	M	MECHANICAL LBP	TENS, CORE STABILITY EXES, BACK CARE ADVICE, GD III LX MOB EXERCISES, HEAT THERAPY.

	67	F	CHRONIC LBP	CORE STABILITY EXES, BACK CARE ADVICE, HEAT THERAPY, TENS.
	27	M	POST INJECTION NEURITIS	GLUTEAL STRETCHING EXES, DEEP FRICTION MASSAGE, ASSISTED GAIT REHAB, ANKLE JT MOBS.
Tues 02/08/16	9/12	F	CEREBRAL PALSY	PASSIVE MOVTS, MAT EXERCISES, TRUNK STABILIZATION, SITTING, CP CHAIR REPAIR.
	82	F	LT AK AMPUTEE	STUMP DRESSING AND BANDAGING, HIP STRETCHING AND STRENGTHENING, PRONE POSITIONING.
	14/12	M	CEREBRALPALSY	FLOOR EXERCISES, PASSIVE WEIGHT BEARING, HANDLING ADVICE.
	21	F	PID	RELAXATION AND MACKENZIE EXES.
Wed 03/08/16	20	F	URINARY INCONTINENCE (VVF)	KEGEL EXES, GENERAL LL STRENGTHENING EXES.
	8/12	F	CLUB FOOT	ASSISTED IN MANIPULATION & CASTING.
	64	F	CHRONIC LBP	HEAT THERAPY, TENS, GD I SPINAL MOBS
Thurs 04/08/16	38	F	LT QUADRICEPS STRAIN	COLD COMPRESS, ISOMETRIC QUADRICEPS STRENGTHENING EXES & FREE ACTIVE EXES.
	10	F	RT SIDED	PASSIVE MOVTS, TRUNK

			HEMIPLEGIA	MOBS AND STRENGTHENING EXES, PASSIVE WEIGHT BEARING.
Fri 05/08/16	29	F	LT HIP OSTEOARTHRITIS	REFERRED FOR ORTHOPEADIC REVIEW
Mon 8/08/16	24	M	SCIATICA	HEAT THERAPY, SCIATIC NERVE STRETCHING EXES, BACK CARE ADVISE, LX EXTENSION EXES
	37	F	CALCANEAL SPURS	REFERRED FOR MODIFIED INSOLE
	32	M	MECHANICAL LBP	TENS, CORE STABILITY EXES, BACK CARE ADVICE, BACK STRENGTHENING EXES.
Tues 9/08/16	8/12	M	CEREBRAL PALSY	MAT EXES, TRUNK STRENGTHENING, NECK CONTROL EXES
Wed 10/08/16	81	M	BIL KNEE OSTEOARTHRITIS	QUADRICEPS AND HAMSTRING STRENGTHENING EXES, MANUAL THERAPY
	77	F	CHRONIC LBP	TENS, CORE STABILITY EXES, BACK CARE ADVICE, BACK STRENGTHENING EXES.
	6/12	M	CLUB FEET	FOOT SPLINTING
	50	F	NECK PAIN	GD II CX SPINAL MOBS, NECK STRETCHES.
Thurs 11/08/16	5/12	M	LT ACHILES TENDON SHORTENING	TA PASSIVE STRETCHING, SUSTAINED ACTIVE STRETCHING EXES
Fri	77	F	CHRONIC LBP	TENS, BACK CARE ADVICE, GD II LX MOBS.

12/08/16	48	F	PID	TENS, CORE STABILITY EXES, BACK CARE ADVICE, BACK EXTENSION EXES.
	3/12	M	CLUB FOOT	MANIPULATION AND CASTING
Mon 15/08/16	50	F	LT KNEE OSTEOARTHRITIS	QUADRICEPS STRENGTHENING EXES, KNEE SUPPORT ASSESSMENT AND PRESCRIPTION
	54	M	SPINAL CORD INJURY	PASSIVE MOVTS, TRAINING TRANSFER SUPINE → SIDE LYING, TRUNK MOBILISATION EXES, BRIDGING, WHEELCHAIR MOBILITY
	40	F	PID	MACKENZIE EXES, HEAT THERAPY, RELAXATION EXES.
Tues 16/08/16	41	F	CHRONIC LBP	TENS, CORE STABILITY EXES, SPINAL MOBS
	56	M	RT HEMIPLEGIA	PASSIVE MOVTS, TRAINING TRANSFERS, TRUNK MOBILISATION EXES, GAIT REHABILITATION.
	77	M	STROKE	PASSIVE MOVTS, TRAINING TRANSFERS, TRUNK MOBILISATION EXES, BRIDGING.
Wed 17/08/16	56	M	RT SIDED HEMIPLEGIA	WEIGHT BEARING, GAIT RE-EDUCATION, RT LOWER LIMB STRENGTHENING EXES.
	53	M	CHRONIC LBP	BACK CARE ADVICE, LX MOBILISATION EXES, TENS

	50	M	MECHANICAL LBP	ERGONOMIC ADVICE, HEAT THERAPY, BACK STRETCHING EXES, BACK STRETCHING EXES.
Thurs 18/08/16	55	F	MECHANIC LBP	ERGONOMIC ADVICE, HEAT THERAPY, BACK STRETCHING EXES, BACK STRETCHING EXES.
	56	F	NECKPAIN	MANUAL NECK TRACTION, NECK STRETCHING, MANUAL THERAPY
	56	F	STROKE	PASSIVE MOVTS, TRAINING TRANSFERS, TRUNK MOBILISATION EXES, BRIDGING, WHEELCHAIR MOBILITY
	77	M	STROKE	PASSIVE MOVTS, TRAINING TRANSFERS, TRUNK MOBILISATION EXES, BRIDGING, GAIT RE-EDUCATION
Fri 19/08/16	77	M	LT SIDED HEMIPLEGIA	WEIGHT BEARING, GAIT RE-EDUCATION, RT LOWER LIMB STRENGTHENING EXES, TRUNK STABILISATION EXES.
	40	F	PID	TAUGHT MACKENZIE EXES, HEAT THERAPY, SCIATIC NERVE STRETCCHING
	50	F	CHRONIC LBP	TENS, SCIATIC NERVE STRETCHES, CYCLING
Mon 22/08/16	16/12	F	TETANUS	STRETCHING AND SPLINTING
	56	F	DIABETES MELLITUS	MONITORED AMBULATION, CYCLING

Tues 23/08/16	75	M	LBP	TENS, HEAT THERAPY, SPINAL MOBS.
	77	M	STROKE	PASSIVE MOVTS, TRAINING TRANSFERS LYING, TRUNK MOBILISATION EXES, BRIDGING,

With interest in neurological rehabilitation I introduced the practice of outcome measure based assessment for stroke patients and was interested in evaluating the functional mobility of stroke patients at discharge from the hospital. The few results obtained reveal patients are discharged with low functional mobility scores of the Rivermead mobility index. These results are in line with those obtained in a study titled *Functional mobility of stroke patients at discharge from Mbarara Regional Referral Hospital (MRRH)*.

During the process of multidisciplinary teamwork I gained experience in managing various conditions and clinical reasoning in implementing a management plan. Mostly I expounded my experience in management of clubfeet, urinary incontinence.

Appreciation

I wish to extend my sincere appreciation to interface Uganda for picking interest in funding physiotherapy and hence availing rehabilitation services to the communities.

Appreciation also goes to Kagando Hospital for providing a good working environment and equipment for rehabilitation of patients.

Compiled by;

AMON NUWAHEREZA

PHYSIOTHERAPIST