

**MONTHLY INTERNSHIP PLACEMENT REPORT**  
**PHYSIOTHERAPY DEPARTMENT, KAGANDO HOSPITAL.**  
**FUNDED BY INTERFACE UGANDA.**  
**JUNE 2016.**

**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 was privileged to benefit from this placement for the months of June, July and August.

On arrival to Kagando Hospital, I was warmly welcomed by a great team of men and women who devoted their time and attention to serving the Lord through providing quality healthcare and education to the people of Kasese and Uganda at large.

Business at Kagando Hospital commences at 8:30am following a morning devotion session as health workers do their best to fulfill the theme ‘ *We care and GOD heals*’. I was happy to join this team on the 06/06/2016.

**The objectives of this placement are;**

- 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.**

Having an intern attached to the physiotherapy unit of kagando hospital is a blessing in several ways

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.
- The physiotherapy department continued running and availing services to the people even with Ken on his annual leave.

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 as illustrated in the table below.

DATE	AGE	SEX	CONDITION	TREATMENT
Mon 06/06/16	50	M	LBP	HEAT THERAPY, GD II SPINAL MOBS, MACKENZI EXES. BACK CARE EDUCATION
	42	F	CHRONIC LBP	LX MOBILISATION EXES, PNF STRETCHES
	63	M	MULTIPLE JOINT PAIN	CYCLING, ACTIVE ASISSTED EXES

Tues 07/06/16	56	F	BIL ANKLE JOINT PAIN	ANKLE JT MOBILISATION, ACTIVE RESISTED ANKLE MOVTS.
	62	F	RT HEMIPLEGIA	PASSIVE MOBILISATION, CHEST PHYSIOTHERAPY, TRAINING CARE TAKERS HANDLING AND TURNING IN BED
	1/12	M	? CEREBRAL PALSY	MILESTONE EVALUATION, EDUCATED MOTHER ON HANDLING AND MONITORING.
	10	M	FRACTURE MID SHAFT LT FEMURE	ASSISTED IN REDUCTION AND IMMOBILIZATION, TAUGHT ANKLE PUMPS.
Wed 08/06/16	4/12	F	CLUBFOOT	MANIPULATION AND CASTING
	1/12	F	CLUBFOOT	MANIPULATION AND CASTING
	2/12	F	CLUBFOOT	MANIPULATION AND CASTING
	70	M	LT KNEE PAIN, ? SCIATIC NERVE DAMAGE	KNEE STRETCHES, QUAD STRENGTHENIG & ANKLE MOBILISATION.
Fri 10/06/16	56	F	BIL FEET PAIN	ACCESSORY MOVEMENTS OF THE METATARSALS, WALKING.
	72	F	LBP	BACK STRETCHING EXES, HEAT THERAPY, TENS
	62		RT HEMIPLEGIA	PASSIVE MOVTS, FACILITATED ACTIVE MOVTS, TURNING IN BED AND HIGH SITTING.
Mon 13/06/16	62	F	RT HEMIPLEGIA	TRAINING TRANSFERS, GAIT RE-EDUCATION.
	70	M	LT FOOT GANGRENE & LT KNEE JOINT	KNEE STRETCHES AND POSTIONING
	42	F	CHRONIC LBP	GD IV SPINAL MOBS, GLUTEAL MAX AND MIN STRENGTHENING.
	26	M	WRIST FLEXOR TENDON TEARS POST REPAIR	WRIST MOBILISATION, ACTIVE ASSISTED END RANGE WRIST MOVTS, GRIP AND HAND FUNCTION REHABILITATION
	37	F	GLUTEAL TIGHTNESS	GLUTEAL STRETCHING, CYCLING.
Tues 14/06/16	13	M	BED RIDDEN SECONDARY TO SEVERE ANEMIA	TRANSFERING FROM LY-SIT, PASSIVE MOBILISATION OF JOINTS, ENCOURAGING 2HRLY TURNING.
	50	F	DIABETIS MELLITIS	TRAINING LY-SIT, SIT-STAND, GAIT REDUCATION, ANKLE PUMPS

	70	M	DRY GANGRENE LT LL	KNEE STRETCHING, POSITIONING, QUADRICEPS AND HAMS STRENGTHENING.
Wed 15/06/16	57	M	DCM	GENTLE AEROBICS, INCLINE WALKING AND STAIR CLIMBING
	32	F	CCF	ACBT, INTERCOSTAL STIMULATION.
	50	F	DIABETIS MELLITIS	TRAINING LY-SIT, SIT-STAND, GAIT REDUCATION, ANKLE PUMPS
	4/12	M	CLUBFEET	MANIPULATION AND CASTING
	6/12	M	CTEV	MANIPULATION AND CASTING
Thurs 16/06/16	60	M	CHRONIC LBP	TENS, CORE STABILITY EXES, BACK CARE ADVICE, GD III LX MOBS.
	17	M	FRACTURE LT HUMEROUS	GRIP STRENGTHENING EXES, ACTIVE RESISTED MOVEMENTS OF THE WRIST
	2/12	F	CLUB FEET	PROM EXES, MANIPULATION & CASTING
Fri 17/06/16	26	M	RT WRIST TENDON TEARS POST REPAIR	HAND EXES, FACILITATED ACTIVE WRIST MOVTS, GRIP STRENGTHENING HOME PROGRAM.
	60	M	CHRONIC LBP	TENS, CORE STABILITY EXES, BACK CARE ADVICE, GD III LX MOBS.
Mon 20/06/16	2	F	CEREBRAL PALSY	STRETCHING, PASSIVE MOVEMENTS, MAT EXERCISES, STANDING IN A FRAME.
	1/12	F	DOWN'S SYNDROME	EDUCATING MOTHER ABOUT HANDLING, TRAINING AND ENCOURAGING PRONE POSITING.
	59	F	MECHANICAL LBP & RT KNEE OSTEOARTHRITIS	HEAT THERAPY, GD II LX MOBS, COLD COMPRESSION, BANDAGING OF THE KNEE.
	37	F	GLUTEAL TIGHTNESS	PASSIVE STRETCHING, PNF-STRETCHING, GLUTEAL STRENGTHENING EXES
	7	M	RT LEG INJECTION NEURITIS	QUADS AND HAMS STRENGTHENING EXES, ANTERIOR TIBIAL MUSCLE STIMULATION, DEEP FRICTIONAL MASSAGE.
	11/12	F	DELAYED MILESTONES	MAT EXES, TRAINING TRUNK CONTROL EXES, ENCOURAGED SUPPORTED STANDING.
	3/12	M	CLUB FOOT	MANIPULATION & CASTING

Tues 21/06/16	60	M	MECHANICAL LBP	LX MOBILISATIONS AND LX EXTENSION EXES.
	7	M	RT LEG INJECTION NEURITIS	PRESCRIBED AN AFO
Wed 22/06/16	51	F	CHRONIC LBP	TENS, CORE STABILITY EXES, SPINAL MOBS
	4	M	FRACTURE MID SHAFT RT TIBIA	ASSISTED IN REDUCTION AND IMMOBILISATION WITH POP CAST
	70	F	RT HEMIPLEGIA SEC TO LT CVA	PASSIVE MOVTS, TRAINING TRANSFER SUPINE → SIDE LYING, TRUNK MOBILISATION EXES, BRIDGING, HIGH SITTING.
	47	F	SCIATICA	MANUAL TRACTION, SCIATIC NERVE STRETCHING, MACKENZIE EXES
	45	F	LBP	HEAT THERAPY, STM, BACK STRENGTHENING EXES
Thurs 23/06/16	31	M	ANKLE JT SPRAIN	CRYOTHERAPY, ACTIVE MOVEMENTS.
Fri 24/06/16	49	M	LT DELTOID STRAIN	CRYOTHERAPY, SHOULDER ACCESSORY MOVEMENTS, RESISTED ACTIVE AND PNF STRENGTHENING EXES
	62	M	NON SPECIFIC LBP	HEAT THERAPY, STM, BACK STRENGTHENING EXES, LX STRETCHING
	60	M	CHRONIC LBP	BACK CARE ADVICE, LX MOBILISATION EXES, TENS
Mon 27/06/2016	62	M	MECHANICAL LBP	ERGONOMIC ADVICE, HEAT THERAPY, BACK STRETCHING EXES.
	49	M	LT DELTOID STRAIN	CRYOTHERAPY, SHOULDER ACCESSORY MOVEMENTS, RESISTED ACTIVE AND PNF STRENGTHENING EXES
	64	F	RECURRENT LBP	GD II SPINAL MOBS, LX EXTENSION EXES, TENS.
	37	F	LT LL PARASTHESIAS	TENS, SCIATIC NERVE STRETCHES, CYCLING
	45	F	PID	TAUGHT MACKENZIE EXES, HEAT THERAPY, SCIATIC NERVE STRETCHING
	3	M	PROGRESSIVE BIL LL WEAKNESS	GENERAL LL STRENGTHENING EXES, REFERRED TO A NEURO SURGEON

	70	F	RT SIDED HEMIPLEGIA	WEIGHT BEARING, GAIT RE-EDUCATION, RT LOWER LIMB STRENGTHENING EXES.
	42	M	TRAUMATIC LBP	CORE STABILITY STRENGTHENING EXES, ADVISED TO KEEP ACTIVE.
Tues 28/06/16	45	F	PID	TAUGHT MACKENZIE EXES, HEAT THERAPY, SCIATIC NERVE STRETCCHING
	1	M	CEREBRAL PALSY	MAT EXERCISES, TRAINING SITTING AND STANDING
	34	F	UPPER TX PAIN	GD III MOBS, RESISTED SHOULDER MOVEMENTS, TX MOBILISATION EXES
	49	M	LT DELTOID STRAIN	CRYOTHERAPY, SHOULDER ACCESSORY MOVEMENTS, RESISTED ACTIVE &PNF STRENGTHENING EXES, PENDULUM EXES
	70	M	? COPD	ACBT, TRANSFERING LY- SIT, STANDING.
Wed 29/06/16	38	F	CHRONIC LBP	TENS, SPINAL MOBS, LX PNF STRETCHING, CORE STABILITY STRENGTHENING EXES
	20	M	LT HAND EDEMA	CRYOTHERAPY, MASSAGE, WRIST MOVEMENTS, GRIP STRENGTHENING.
	70	F	MECHANICAL BACK PAIN	TENS, HEAT THERAPY & STM
	48	F	CHRONIC LBP	TENS, STM, BACK EXES
Thurs 30/06/16	70	F	LBP	HEAT THERAPY, STM.
	59	F	RT SIDED HEMIPLEGIA	TRUNK MOBILISATION EXES, TRANSFER TO SITTING, FACILITATED ACTIVE MOVTS, REACHING EXES
	54	M	BP INJURY	UL NEURODYNAMIC STRETCHES, RESISTED SHOULDER MOVTS.

The treatment outcomes for low back pain and stroke was evaluated using the Oswestry low back disability questionnaire and the Rivermead mobility index outcome measures respectively. Patients with low back pain reported reduced scores following three sessions of therapy indicating improved functional ability. The stroke patients were discharged with functional mobility scores 6-8 of the Rivermead mobility index.

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;**

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