



PHYSIOTHERAPY INTERNSHIP REPORT

AT KAGANDO HOSPITAL, KASESE

FOR NOVEMBER TO DECEMBER, 2017



FUNDED BY INTERFACE UGANDA

Compiled by

PT. JAMES ODINGA

Supervised by

PT. CHIMPAYE GLORIA NDEKEZI

INTRODUCTION

Happy new year from Kagando Physiotherapy Department.

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. KARUDEC is composed of a hospital, Nursing School, Primary School, water project, Electricity project.

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

I started my stay in Kagando on 26th June, 2017 just a month having completed my 4years Bachelors of Science in Physiotherapy at and Mbarara University of Science and Technology and am running for more 6months until June 2018 after [Interface Uganda](#) extended my funding for more 6months.

MY OBJECTIVES FOR THE INTERNSHIP

- To be an integral member of the physiotherapy team to provide impeccable high quality, safe, cost effective and evidence based treatments to all patients requiring physiotherapy services within the catchment area of the hospital.
- To improve my clinical and hands on skills in physiotherapy management of different conditions that I have learnt from my previous four years.
- To gain physiotherapy work experience in preparation to start future employment.
- To continue developing my leadership and managerial skills through caseload management, multi-disciplinary team work, self, patient and care taker management.
- To engage in patient care delivery quality improvement projects within the physiotherapy department and hospital at large.
- To share the knowledge and life experience I have had in life to the hospital staff, practicing students, patients and communities of Kagando.
- To create more friends and make connections that might help me in future life.
- To build my spiritual life by engaging in church activities at the hospital.

BENEFITS FOR HAVING AN INTERN AT KAGANDO

- Increase on the manpower to assist the only Physio currently at Kagando
- Two Physio at a setting gives room for professional discussions and sharing of knowledge in case of challenging cases.
- An intern comes with fresh knowledge and unique experience immediately after school which is a great addition to the team.
- To the intern, it helps to provide more work experience and hands on skills.

CASES SEEN

The table below elaborates the cases I managed to handle independently with just occasional consultation from my supervisor.

CONDITION	MANAGEMENT
<u>NOVEMBER</u>	
50year old with mechanical Low back pain	Heat therapy, Spinal Mobs, McKenzie Back stretching exercises, back soft tissue massage, Back care advice,
78year old female with lumbar spondylosis	Passive treatment (back deep tissue massage, heat therapy). Active treatments(Exs to improve flexibility, strength, core stability and R.O.M.), Home exercises and Education
6year old Cerebral palsy with aspiration Pneumonia	Passive R.O.M, chest Physio, positioning, education of mother about exercises and condition, managing tone
25year old female patient with urinary incontinence	Pelvic floor Exs, back pain management, gait training, foot splints, general strengthening Exs
40year old male with mechanical low back pain	Heat therapy, Spinal mobs, McKenzie therapy, low back soft tissue mob, Aerobic Exs, lower limb stretches, general body fitness Exs.
3year old with severe malaria and General Body Weakness	Passive R.O.M to all joints, taught mother better positioning, early mobility out of bed, strengthening exercises, stretches to tight muscles, taught and encouraged better positions for feeding.
50year old with pneumonia, Congested Cardiac Failure confined in bed.	Lung expansion exercises, positioning and manual techniques to clear secretions and reduce work of breathing, preventing secondary complication caused by immobility, ambulating, simple cardio-pulmonary endurance training.

<p>2year old female with delayed developmental milestones</p>	<p>Taught and made mother understand baby's condition, play therapy, supported sitting in a corner sit, prescribed standing frame for weight bearing</p>
<p>12year old female with muscular dystrophy(Duchene type) with mobility impairments</p>	<p>Parent education about child's condition, I did range of motion Exs for all lower limb joints, weight bearing Exs in standing frame, balance training on gym ball. PRESCRIBED Active Wheelchair for Kids to improve mobility and get to start school which we also provided.</p>
<p>65year old female with left Hemiplegia due to CVA</p>	<p>Passive ROM, training transfers, trunk mobilization exes, gait rehabilitation, Neuro rehab</p>
<p>1week old female with bilateral club feet</p>	<p>Educated mother about the condition of the baby, did passive R.O.M to the feet joints and ankle and assisted the Orthopedic Officer in casting the feet.</p>
<p>9months old male with bilateral club feet</p>	<p>Educated mother about the condition of the baby, did passive R.O.M to the feet joints and ankle and assisted the Orthopedic Officer in casting the feet</p>
<p>45year old with lumbar spondylosis</p>	<p>Heat therapy, Spinal mobs, McKenzie therapy, low back soft tissue mob, Aerobic Exs, lower limb stretches, general body fitness Exs.</p>
<p>20year old male with mechanical low back pain</p>	<p>Back care education and ergonomics, Heat therapy, Spinal mobs, McKenzie therapy, low back soft tissue mob, Aerobic Exs, lower limb stretches, and general body fitness Exs.</p>
<p>45year old male with mechanical low back pain</p>	<p>Back care education and ergonomics, Heat therapy, Spinal mobs, McKenzie therapy, low back soft tissue mob, Aerobic Exs, lower limb stretches, and general body fitness Exs to minimize falls.</p>

<p>3year old male with Cerebral Palsy(Spastic)</p>	<p>Normalizing tone, training milestones, worked on head control, parents education about the baby's condition</p>
<p>33year old female, left hemiplegia CVA secondary to uncontrolled HTN</p>	<p>Normalizing tone, neuro rehabilitation, early mobility, education about condition.</p>
<p>3year old male in I.C.U recovering from a closed Brain injury secondary to RTA with mother impairments.</p>	<p>Normalizing tone, chest, Physio, brain stimulation through play therapy, parent's education about the child's condition, counselling.</p>
<p>52year old female with Hypertension and general body weakness</p>	<p>Passive R.O.M Exs, positioning to prevent secondary complications from immobility, chest Physio, care takers education about the condition and need for continued care, graded strengthening Exs</p>
<p>80year old female with spondylosis and right hip osteoarthritis</p>	<p>Back care education and ergonomics, Heat therapy, Spinal mobs, McKenzie therapy, low back soft tissue mob, Aerobic Exs, lower limb stretches, and general body fitness Exs to minimize falls, encouraged healthy diet</p>
<p>37year old with Non-specific LBP</p>	<p>Passive R.O.M to all joints, taught mother better positioning, early mobility out of bed, strengthening exercises, stretches to tight muscles, taught and encouraged better positions for feeding.</p>
<p>16year old female with closed transverse fracture of right Fibular-Tibia bones.</p>	<p>Assisted Orthopedic team in reduction and immobilization with P.O.P, taught Isometric strengthening Exs for quads, hams and calf muscles, trained gait with axilla crutches</p>
<p>24year old female with sub-acute ankle sprains</p>	<p>Heat therapy, passive ROM Exs, minimum weight bearing, strengthening Exs for calf muscles, stretches</p>
<p>25year old with male mechanical LBP</p>	<p>R.O.M Exs, play therapy, Retraining of the delayed milestones, parents' education about the condition</p>
<p>8year old male with stiff neck</p>	<p>Neck mobilization Exs</p>

<p>36year old male Right Hemiplegia secondary to a hemorrhagic stroke.</p>	<p>Passive movements, training transfers, trunk mobilization exes, gait rehabilitation</p>
<p>83year old female with chest secretions and bedridden.</p>	<p>Chest Physio, ROM Exs, early mobility, prevention of secondary complications from immobility</p>
<p>3year old female with severe acute malnutrition</p>	<p>Passive R.O.M to all joints, taught mother better positioning, early mobility out of bed, strengthening exercises, stretches to tight muscles, taught and encouraged better positions for feeding.</p>
<p>58year old male with Right CVA secondary to Hypertension – left hemiplegia.(acute phase)</p>	<p>Passive R.O.M Exs, positioning to prevent secondary complications from immobility, chest Physio, care takers education about the condition and need for continued care.</p>
<p>5year old with resolving severe acute malnutrition</p>	<p>Passive R.O.M to all joints, taught mother better positioning, early mobility out of bed, strengthening exercises, stretches to tight muscles, taught and encouraged better positions for feeding.</p>
<p><u>DECEMBER</u></p>	
<p>2year old with Pneumonia and Congenital Heart Failure</p>	<p>chest Physio, mother education about condition and prognosis, encouraged to continue Exs, supported sitting, head and trunk control</p>
<p>5year old male with Cerebral Palsy and resolving S.A.M</p>	<p>Passive R.O.M to all joints, taught mother better positioning, early mobility out of bed, strengthening exercises, stretches to tight muscles, taught and encouraged better positions for feeding, brain stimulation, retraining milestones</p>
<p>42year old male Diabetic patient with neuropathies in the upper limbs</p>	<p>R.O.M Exs, upper limb muscle Strengthening Exs, Hand function rehab, fine motor skills training.</p>
<p>1year and one month baby boy with spastic cerebral palsy</p>	<p>Management of tone, ROM Exs, head control, taught mother better positioning for relaxation, prescribed a Cerebral Palsy sit,</p>

<p>4year old male with resolving SAM and mild Cerebral palsy</p>	<p>home exercises and encouraged mother to continue therapy at home.</p> <p>Passive R.O.M to all joints, taught mother better positioning, early mobility out of bed, strengthening exercises, stretches to tight muscles, taught and encouraged better positions for feeding, brain stimulation through play therapy.</p>
<p>40year old male with knee sprains post RTA</p>	<p>Heat, active gentle R.O.M at the affected knee, strengthening Exs for the Quadriceps and hamstrings, accessory glides at the knee joint structures</p>
<p>3year old male with severe acute malnutrition with chest complications</p>	<p>Passive R.O.M to all joints, taught mother better positioning, early mobility out of bed, strengthening exercises, stretches to tight muscles, taught and encouraged better positions for feeding, chest Physio</p>
<p>48year old female with bilateral sciatica</p>	<p>Sciatic nerve stretch, lower limb muscle stretches, McKenzie back extension Exs, back care education, general low impact aerobics</p>
<p>50year old female with Parkinson's Disease</p>	<p>Balance and balance training, strengthening Exs, core stability strengthening, Fine motor skills Training, Did Occupation therapy, gait training, endurance training, home Exs</p>
<p>90year old male with Pneumonia and bedridden</p>	<p>Chest Physio, ROM Exs, early mobility, prevented secondary complications</p>
<p>75year old female with coccydynia</p>	<p>Heat therapy, Mobilizations (PA glides to the coccyx, deep transverse frictions to affected ligaments, massage for coccygeus muscle, and postural adjustments in sitting and adjustment in ergonomics.</p>
<p>45year old male known Diabetic with left hemiparesis</p>	<p>Strengthening Exs, stability, balance and coordination training, simple aerobics, general body fitness Exs, encouraged patient to remain active</p>

<p>50year old female with Sacral Iliac Joint Dysfunction</p>	<p>Pain management with heat therapy, Back care education and ergonomics, accessory glides to SCI joints, spinal mobs, back and core stability strengthening Exs, lower limb muscle stretches and strengthening</p>
<p>12year with stiff Sternal Cleido mastoid muscular pain</p>	<p>Passive then Active Neck R.O.M Exs, stretches for SCM muscle, neck muscles strengthening exercises.</p>
<p>70year old with severe cerebral malaria and developed right hemiparesis</p>	<p>Early mobility out of bed, General body fitness Exs, simple aerobic Exs</p>
<p>64year old male Diabetic, Hypertension, General body Weakness</p>	<p>Early mobility out of bed, General body fitness Exs, simple aerobic Exs</p>
<p>62year old with shoulder adhesive capsulitis</p>	<p>Shoulder mobilization Exs, wall walks, rotator cuff stretches, strengthening Exs for upper limbs muscles, pendulum Exs</p>
<p>60year old female with Below Knee Amputation</p>	<p>ROM in all joints, strengthening Exs for weak muscles, gait training with walking aids, stump care, phantom limb pain management, psychological support, care taker education about patient's condition</p>
<p>90year old male with congested heart failure</p>	<p>Passive R.O.M Exs to all joints, positioning to prevent secondary complications, early mobilization out of the bed, core stability exercise, low impact cardio-pulmonary endurance training, care takers education about patient's condition</p>
<p>6year old with epilepsy and delayed developmental milestones</p>	<p>Mat Exs, Play Therapy activities, trunk stability training, dynamic balance training, head control improvement, retraining delayed milestones.</p>
<p>84year old male with spondylolisthesis in lumbar spine.</p>	<p>Passive movements, training transfers, trunk mobilization exes, gait rehabilitation</p>
<p>10year old with bacterial meningitis</p>	<p>Chest Physio, passive ROM Exs, positioning, care takers education about child's condition</p>

<p>3weeks old baby boy born with club feet</p>	<p>Assisted the Orthopedic Officer in manipulation and casting the feet.</p>
<p>60year old male with mechanical LBP</p>	<p>Back care education and ergonomics, Heat therapy, Spinal mobs, McKenzie therapy, low back soft tissue mob, Aerobic Exs, lower limb stretches, and general body fitness Exs</p>
<p>54year old with known DM with Right hemiparesis</p>	<p>Balance and balance training, strengthening Exs, core stability strengthening, Fine motor skills Training, Did Occupation therapy, gait training, endurance training, home Exs</p>
<p>60year old female with mechanical Low Back Pain</p>	<p>Pain management by heat therapy, soft tissue massage, exercises to improve spinal flexibility, strength, core stability and range of motion, back care education</p>
<p>CHRISTMAS BREAK</p>	

ACHIEVEMENTS

- Patient adherence to Physio visits and those lost in follow up was a challenge last time. Am glad to report that this has greatly improved over the last two months even with the cover charge of 10,000ugx per visit still standing. We have taken time to explain to our patients the need for physiotherapy. We have devised means of training care takers for those who still find the charges high to continue exercises at home to reduce on the number of visits.
- We received a Fourth year Physiotherapy student from **Mbarara University of science and Technology** between October-November. Am glad I was also given an opportunity to work with him, guide him and shared knowledge. It was great that at times I was the immediate supervisor. It elevated my clinical, leadership and social skills. This also showed how training institutions have trusted the competence of Kagando Hospital Rehabilitation department as a training Centre for students.
- Continuous Medical Education has been our emphasis and we have conducted a number of CMEs to the hospital staff and Students at the Nursing School about physiotherapy care and conditions and it is great to see how their practice has changed for such conditions. For example clinicians now refer back pain patients to Physio for full assessments before ordering for expensive lab tests, radiographs that come negative yet they drain patients' pockets before even actual physiotherapy treatments are given.
- My supervisor and I started Exercises sessions for the staff at Kagando hospital and students that we have termed as "KEEP FIT." This came about considering the fact that many studies conducted about benefits of being physically active. Our aim is to keep the staff around here physically fit such that they can serve the patients effectively well and we are the best profession to handle that.
- Am so much grateful that **INTERFACE UGANDA** board accepted to add me more 6months. I count myself blessed that even the hospital community is happy to still have me around until June, 2018. A 3month placement, turned to 6months now one year. It will be a great achievement for the Physiotherapy department to curb the increasing work load for one Physio employed there. I am having the best time of my life around here. I can't ask for anything more.
- I have grown professionally, I am confident, I can reason clinically and am continuing to learn more. I am confident that my next job posting will have a **full package of a physiotherapist in me**. That is how greatly this place has developed me.
- Kagando Physiotherapy department keeps growing and producing quality care citing the patients' success stories that are told. I am looking forward to carrying out an **Audit patient's satisfaction about our services** in the hospital and will be glad to share what I find out.

More so, am looking forward to carrying out more quality improvement projects and awareness in **MATERNAL AND CHILD HEALTH** because I realized it is an area where Uganda physiotherapists don't pay much attention to and yet these mothers and children require much from our input.

CHALLENGES

- Still the same challenges of inadequate funding to the Physiotherapy department to carryout therapy outreaches, community sensitisation.
- Inadequate modern equipment.
- The cost of living around here considering the changing economy of the country has gone up and it gets a bit difficult sometimes to cope with the changes in cost of services. I have discussed with my supervisor and she is trying to talk to our administrators to see how the hospital can help reduce on the cost of stay. She plans to hold negotiations about whether the hospital can allow me stay with other interns, receiving lunch with the other interns and if the Physio intern can receive simple medication at the hospital without incurring expenses.
- Medical care for a PHYSIO intern is not covered by the hospital as compared to the medical and nursing interns. I have paid my hospital bills whenever I am ill from the monthly stipend which has sometimes left me with less money to go through the month. I have discussed this with my supervisor and we request for your thoughts on this. In the meantime, the department is trying to work on this end to see what the hospital can do.

APPRECIATION

Sincere appreciation goes to **Interface Uganda** for the continued and timely funding and making my stay at comfortable. Thanks for the more 6months. It is time to continue making Kagando Physiotherapy department the best in the region here and maybe the whole country because me and my supervisor have proved that we can.

Great gratitude goes to the KARUDEC administration especially the hospital management. I continue thanking the hospital staff from the doctors to the members of the rehabilitation team, the nurses and other non-medical staff. The friendship and team work is strong. I have learnt something from everyone.

I continue to extend sincere gratitude to my supervisor, **PT. CHIMPAYE GLORIA NDEKEZI** and all the Medical rehabilitation colleagues.

We Care, God Heals