



**PHYSIOTHERAPY INTERNSHIP REPORT
AT KAGANDO HOSPITAL, KASESE
FOR SEPTEMBER TO NOVEMBER, 2019**

FUNDED BY INTERFACE UGANDA

Compiled by

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

Interface Uganda decided to extend assistance to Kagando Physiotherapy department through facilitating a one year internship placement for newly qualified physiotherapists. The physiotherapist would be an integral part of the Rehabilitation Team and increase man power and gain hands on skills in preparation for future professional experience.

Interface Uganda has been funding me for the last 4months and I continue to thank the Almighty God plus Interface Uganda for the great opportunity to acquire this work experience and be part of this KARUDEC community. It has been a great experience being at Kagando with a lot of learning ranging from professional, cultural, spiritual and social learning.

Having completed four months of placement, I take this opportunity to share some of the achievements and developments in my clinical, social and interpersonal skills through work based learning.

MY OBJECTIVES FOR THE INTERNSHIP

- To be an integral member of the physiotherapy team to provide 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 skills in physiotherapy management of different conditions that I have learnt from my previous four years.
- To gain physiotherapy work experience in preparation for future employment.
- To continue developing my leadership and managerial skills through caseload management, multidisciplinary team work, self, patient management.
- To engage in patient care delivery and department quality improvement projects within the physiotherapy department and hospital at large.

To share 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 learn more languages like; basic Rukonjo and Swahili to facilitate easy communication with patients and local people in the community.

BENEFITS FOR HAVING AN INTERN AT KAGANDO

- Increase on the manpower to assist the only Physio currently at Kagando hospital.
- Two or more Physios at a setting give 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 and also a great opportunity to learn from the experienced Physio.

CASES SEEN

The table below elaborates some of the cases I managed to handle both independently and sometimes with consultation from my supervisor. The case loads include the new cases and reviews. It should be noted that the frequency at which these cases are seen isn't described in the table below.

| CONDITION | MANAGEMENT |
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| Lumbar spondylosis | Back deep tissue massage, heat therapy. Exercises to improve flexibility, strength, core stability and Range Of Motion, Home exercises and Education. Manual therapy |
| Mechanical low back pain | Heat therapy, Spinal mobs, McKenzie therapy, and low back soft tissue mobilization. Lower limb stretches, general body fitness Exercises. |
| Generalized body weakness after 1month bed ridden secondary to severe malaria | Passive R.O.M to all joints, Taught caretaker better positioning, early mobility out of bed, strengthening exercises, stretches to tight muscles. |
| Club feet | Assisted the orthopedic officer in serial |

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| | <p>casting, and manipulations to correct the feet.</p> <p>Taught mother how to look after the cast.</p> |
| Spastic Cerebral Palsy | <p>Parent education about child's condition,</p> <p>passive range of motion exercises for all joints.</p> <p>Prescribing and fitting a wheelchair or CP seat where necessary.</p> |
| Left Hemiplegia due to CVA | <p>Facilitated active ROM, training transfers, trunk mobilization and strengthening exercises, gait rehabilitation, Tone management. Taught caretakers how to do some of the exercises and handling together positioning.</p> |
| Cervical spondylotic myelopathy | <p>Cervical manipulations, Neck stretches and strengthening exercises. Upper limb strengthening. Transcutaneous nervous stimulation.</p> |
| Patient with cerebral abscess and neurological sequelae. | <p>Positioning and handling education to caretakers and ICU nurses. Passive ROMs. 2hrly turning. Chest physiotherapy.</p> |
| Hypertension and general body weakness | <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> |

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| Hip osteoarthritis | Back care education and ergonomics, Heat therapy, Patient Aerobic Exs, lower limb stretches, and general body fitness Exs to minimize falls, encouraged healthy diet |
| Nonspecific LBP | 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. |
| Severe acute malnutrition (SAM) with edema | Passive R.O.M to all joints, taught mother better positioning, early mobility out of bed, Nutritional counseling, and limb elevation |
| Right CVA secondary to Hypertension – left hemiplegia.(acute phase) | 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. |
| Patient with chest secretions and bedridden. | Chest Physio, ROM Exs, early mobility, prevention of secondary complications from immobility |
| Patient with quadriplegia and grade IV pressure ulcers. | Facilitated active ROMs. 2hrly turning. Daily wound dressing. Sensory and motor stimulation. Prescribed and fitted a wheelchair. Advised on acquiring an air mattress. |

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| Sub-acute ankle sprains after a soccer game | Heat therapy, passive ROM Exs, minimum weight bearing, strengthening and stretches Exs for calf muscles, |
| Closed transverse fracture of right Fibular-Tibia bones. | 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 |
| Neck stiffness | Neck manual mobilization. Stretches and strengthening Exs. Heat therapy. |
| Acute ankle sprains | Cryotherapy and resting the affected ankle. Ambulation with minimal weight bearing through that limb. Then later passive ROM Exs, minimum weight bearing, strengthening and stretches Exs for calf muscles, |
| Non-specific LBP | 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 |
| Child with delayed Developmental milestones | Education to mother about condition, neck strengthening exercises, motor stimulation with toys, trained sitting and standing balance. |
| Piriformis syndrome. | Heat therapy, deep frictional massage, |

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| | piriformis muscle stretches, rubber ring in sitting |
| Patient with sciatica with Back pain | Heat therapy, relaxation massage, sciatic nerve stretches, back stretches and strengthening exercises. Spinal manipulations. |
| Severe acute malnutrition and cerebral palsy. | Parent education about child's condition, passive range of motion exercises for all joints. Prescribed a wheelchair for mobility at home and in the community. |

ACHIEVEMENTS

- ❖ I have continued to become a better and trusted Physio member of the rehabilitation team
- ❖ I have continued to develop my competence in Wheelchair service in that I can now access and prescribe for a client the required wheelchair.
- ❖ My work experience keeps growing each and every day that passes because of the large numbers of conditions I face on my work day. This has improved my confidence and knowledge at work.
- ❖ I have met and made new friends within the hospital and in the community.

CHALLENGES

Kagando, Kasese and surrounding districts are made of mainly peasant and poor communities that depend on farming for their income. Many patients continue to miss physiotherapy appointments especially OPD patients citing inadequate funds.

As observed from the above listed conditions, you will realize Kagando Hospital continues to have increasing numbers of NON-COMMUNICABLE DISEASES like Diabetes, hypertension, strokes and Low Back Pain. More sensitization about these conditions is needed to deal with this challenge.

The community around is of more illiterate people who still do not understand much about physiotherapy. When a patient comes to hospital is most expectant to be given medication of which physiotherapy treatments are physical and we rarely prescribe medications. It takes much to labor hard to explain to a patient.

APPRECIATION

I continue to thank the Almighty God for the Opportunity that I was granted to come to Kagando community, for my stay in this hospital safe and sound, to the service I have and continuing to offer to the people of Kasese and neighboring districts. I continue to pray for the months to come that they may be fruitful not only to me but to all people I interface with.

Sincere appreciation goes to **Interface Uganda** for the continued and timely funding and making my stay at comfortable.

Great gratitude goes to the **KARUDEC** administration especially the hospital management. The friendship and team work has been strong. I have learnt something from everyone.

I continue to extend my sincere heartfelt gratitude thanks to my supervisor, PT. GLORIA

NDEKEZI CHIMPAYE and all the Medical rehabilitation colleagues.