

# PHYSIOTHERAPY INTERN REPORT AT KAGANDO HOSPITAL, PRIVATE BAG, KASESE –UGANDA.

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**FROM 20<sup>th</sup> MARCH TO 10<sup>TH</sup> JUNE, 2021**

**COMPLIED BY;**

**Abaho Anthony**

**SUPERVISED BY;**

**PT Gloria Chimpaye Ndekezi**

## **INTRODUCTION.**

Kagando hospital is a mission hospital under Kagando Rural Development Center (KARUDEC) which embraces a mission of empowering communities by promoting quality health care, education and religious development.

In order to achieve the above vision, facilities including hospital, nursing school, primary school, water projects and others were put up to provide services to the needs of the community.

Interface Uganda, a United Kingdom based charity organization has been supporting kagando hospital rehabilitation department over the past years by funding a one year internship placement for a newly qualified physiotherapist. The main purpose of this internship is to provide a platform in adverse environment in general hospital and boost the human resource in rehabilitation department at kagando hospital to the intern. And also for the intern to gain skills and knowledge in preparing for the future professional experience.

Through Interface Uganda whose mission is seeking to support orthopedic and plastic surgery while supporting local specialism in Uganda, I was offered a post for physiotherapist intern after completing a bachelors degree of science in physiotherapy of Mbarara university of science and technology for which am grateful for and Interface Uganda has been funding my stay for the past 5 month at kagando hospital.

## **MY OBJECTIVES FOR THIS INTERNSHIP**

To put all the knowledge and skills that I did acquire from my past 4 years in the university into practice given the right scenario.

To become a member of rehabilitation team and provide safe and current evidence physiotherapy treatment with in the hospital and the community

To continue learning and improving my clinical reasoning in physiotherapy management

To be involved in patient care delivery quality improvement projects especially in the rehabilitation department.

To develop my leadership and managerial skills through multidisiplinary teamwork, sharing knowledge and learning from other professionals in kagando hospital.

## CASES HANDLED

The table below shows some of the major cases I have handled independently for the past 3month with occasional Consultation from my supervisor. These include inpatient and outpatient reviews.

cases	Physiotherapy management
37yr/male with a right fore arm deep ulcer involving the anterior compartment	Physio involved in assisting wound dressing and debridement. Performed passive ROM movements to prevent joint stiffness Advised patient to keep the right upper limb in a functional position. Conducted squash ball exercises with the right hand
13yr/ male with epileptic encephalopathy	Suctioning to clear secretions from airway T-roll position to reduce work of breathing. Supported sitting
76yr/male with diabetic mellitus radiculopathy involving Lower limb bilaterally	Strengthening exercises for major group muscles for lower limbs, neurodynamic nerve stretching techniques, straight leg raise, prone knee bend, cycling, and patient cycling.
2 month/female with acute bacterial meningitis	Did and taught care taker slow passive ROM mobilization for hypertonia management. Care taker education. 2hourly turning of the patient.
83yr/female with right hip osteoarthritis.	Strengthening exercises for hip extensors, flexors, quadriceps and hamstring Prescribing walking aid /cane Stationary Cycling, patient education.
25yr/female with grade 4 gluteal sinuses and perineal abscess.	Training patient bed mobility movements Training gait supported with walking frame. Modifying a doughnut seat to ease sitting. Hygiene education.
56yr/male with chronic osteomyelitis for right tibia	Involved in deciding on amputation, Did wound dressing and bandaging of stump Tactile stimulation to desensitize phantom-

<p>85yr/female with co-pulmonae</p>	<p>sensation Patient education about phantom pain.</p> <p>Putting the patient in half sitting, facilitated active movements of the lower limbs. Patient education on diagnosis and breathing exercise</p>
<p>10yr/female known cerebral palsy with locked jaw</p>	<p>Accessory glides of temporal mandibular joint Refer to ENT specialist. Care taker education on dental hygiene.</p>
<p>5yr/male known cerebral palsy with hip flexion contractures</p>	<p>Passive Stretching exercises of the hip flexors Advising the care taker to put patient in prone position always with 2hourly turning. Supportive standing frame.</p>
<p>57yr/male with paraplegia following prostate carcinoma metastasis to the lumbar spine.</p>	<p>Prescribing a mobility device(wheel chair),training wheel chair transfers, Active strengthening exercises for the upper limbs and trunk. Passive full range of motion movements for all inactive joints</p>
<p>75yr/male with left side hemiplegia following right CVA.</p>	<p>Tone management through fast full passive range of motion movements. Supported standing in standing frame. Conducting hip dissociation movements for trunk control. Gym ball exercises for trunk strength. Re-education of fine movements for upper limbs.</p>
<p>63yr/ female with lower limb discrepancy.</p>	<p>Involved in measuring and making shoe raise. Training gait and postural alignment during walking</p>
<p>25yr/male with grade 3 patella tendon strain secondary to trauma for the right knee.</p>	<p>Active Isometric contraction exercises for the right hamstrings and quadriceps. Cryotherapy.</p>
<p>67yr/male with right anterior hip dislocation secondary to trauma.</p>	<p>Assisted in reducing the dislocated hip with the orthopedic officer and immobilizing the hip in flexion. Pain management using cryotherapy</p>

<p>58yr/male with L2-L1 spondylitis</p>	<p>Isometric exercises for quadriceps, gluteals and hamstrings. Patient education and prescribing a hip spike orthotic and training a 2point gait.</p> <p>Heat therapy ,bridging exercises, knee roll exercise Accessory glides grade 2 and 3 mobility grades. Home programme exercise and patient education.</p>
<p>68yr/male with L1 fracture following a fall.</p>	<p>Patient education about the diagnosis Providing a lumbar corset and referring the - patient to orthopedic surgeon</p>
<p>16yr/female with organophosphate poisoning</p>	<p>Suctioning to clear secretions Clapping and chest vibrations to mobilize secretions Positioning patient in half sitting.</p>
<p>11/12 female with hydrocephalus and false joints</p>	<p>Prescribing a supportive seat with a head supporter. Weight bearing exercises for the upper and lower limb. Referring to neurosurgeon and orthopedic surgeon.</p>
<p>2yr/ male with second degree burns for right upper limb.</p>	<p>Advised open wound dressing Did and taught passive full range of motion exercises for the right elbow and wrist. Taught mother games that facilitate elbow and wrist movements.</p>
<p>66yr/male with altered balance secondary cerebral malaria.</p>	<p>Gym ball exercises and reaching out Walking patient on uneven floor Ambulating with ankle weights on a straight line. Wobble board exercises</p>
<p>45yr/female with L4 spondylolisthesis</p>	<p>Isometric strengthening of the trunk and spine stabilizer(bridging and cat-camel exercises Core stabliser strengthening exercise</p>
<p>3yr/male with unilateral genu valgus</p>	<p>Physio assisted orthopedic officer in</p>

50yr/male with metacarpal fracture for the right hand following animal assault	manipulation and casting of the affected limb Assisted orthopedic technologist to make a negative for the kafo splints.
50yr/male with COPD.	Assisted the orthopedic officer in reduction and immobilizing the fracture Performed and taught isometric contractions for wrist flexors and extensors.
49yr/male with plantar fasciitis	Brisk walking, active cycle of breathing, low intensity aerobics and patient education.
25yr/ male with lateral collateral ligament tear of right knee following a sport injury	Patient education about diagnosis Active Plantar stretches ,plantar rolls using a can, pressure relief insert applied in the shoes
32yr/male unilateral amputee with non-tender swollen stump	Cryotherapy, prescribed a knee brace, patient education on sport break, isometrics for right knee flexors and extensors.
	Taught patient on how to bandage the stump for good prosthetic use.

Kagando hospital also has other outreach programmes where the hospital staffs travel to several villages within the hospital surrounding to extend health services to the natives and these include; palliative care, nutrition care and rehabilitation outreaches.

The above outreaches are organized by the respective department, during mid may this year the rehabilitation department conducted an outreach to the nearby village where I was sent as a clinician and 2 orthotic technologists to follow up on some clients. The table below shows the activities that were done during the outreach.

6yr/male with cerebral palsy for wheel chair follow up	Adjusted his head rest to suit comfort ability, put new caster wheel, increased his lumbar wedge to suit his trunk and also adjusted the calf length.
15yr/male with muscular dystrophy for wheelchair follow up	Increased seat depth, changing trunk supporters
7yr/male with cerebral palsy for wheelchair follow up	Fixing loose brakes ,placed new back rest
6yr/ female with muscular dystrophy ,scoliosis and immobile	Assessed client for wheel chair, advised caretaker on modified seat at home with

49yr/male amputee unilateral	illustrations. Assessed stamp for prosthetic use, referred client to orthotic technologist.
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## **BENEFITS AND SOME ACHIEVEMENTS DURING THIS INTERNSHIP**

I have continuously gained more skills in physiotherapy management and practice, through learning from my supervisor and sharing information with other fellow physiotherapists incase i face a challenging case at the ward or clinic.

My confidence with patients has grown over time as I don't find it difficult in diagnosing a condition which was the case in the past simply because of good assessment skills that I am gaining with time.

Also my teaching skills have been boosted as I was given a responsibility by my supervisor in educating physiotherapy students who were in their clinical placement at kagando hospital on different ways of managing physiotherapy related cases.

My managerial skills are also improving as I am involved in decision making in internal and external affairs concerning rehabilitation department at Kagando hospital.

There is continuation in learning and getting newly information which is evidence based through weekly CME'S together with free access to internet which keeps me updated.

## **CHALLENGES**

Due to the second wave of the covid pandemic, there will be no more cme's following the standard operating procedures and so I will not be presenting to the other members in the multidisiplinary team about rehabilitation cases.

## **APPRECIATION**

Once again, I extend great thanks to interface Uganda for continuously supporting my stay at kagando hospital and thank the good Lord for gift of life.

Extend my thanks to the head of department kagando hospital PT GLORIA for supervising me.

