

PHYSIOTHERAPY INTERNSHIP REPORT AT KAGANDO MISSION HOSPITAL, PRIVATE BAG, KASESE –UGANDA.



FROM 8TH OCTOBER, 2021 TO 8TH JANUARY, 2022

COMPLIED BY;

Abaho Anthony

SUPERVISED BY;

PT Gloria Chimpaye Ndekezi.

INTRODUCTION.

I greet you in the name of the almighty and take this opportunity to wish you a happy new year. This report embraces activities that I have done during my last quarter of my one year internship at Kagando hospital under Interface Uganda.

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 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 12 months 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 with very minimal Consultation from my supervisor. These include inpatient and outpatient reviews.

| Cases | Physiotherapy management |
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| 25yr/female with postpartum stress urinary incontinence | Pelvic floor muscle strengthening exercises.(keggels exercises) Patient education about hygiene. |
| A 5/7 male with erbs palsy involving the left upper limb. | Care taker education on child handling like no traction forces on the left arm, no pressure under left axilla. Taught mother pinning the sleeve of neonate shirt to hold left elbow in flexed position. Passive ROM exercises of the left upper limb. |
| A 50yr/male with congested cardiac failure and pneumonia | Lung expansion exercises, postural drainage. Chest manual physio techniques (vibrations) |
| 68yr/male with complex regional pain syndrome involving the right lower limb secondary to left CVA | Managed with TENS, mirror therapy, pain desensitization, stretching exercises for the affected major group of muscles for the right lower limb. |
| 30yr/male with post-partum cerebral malaria | Chest physiotherapy, PROM exercises for all joints, oxygen therapy, reducing surface area of contact to manage low tone, caretaker education. |
| 3yr female with unilateral calcaneovalgus | Manipulation and casting into plantigrade position for 1/52, taught mother POP care, SFAB splints for day and night bracing after 1 week. |

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| <p>65yr/male with acute left hamstring strain</p> | <p>Cryotherapy ,elevate the limb, compression with creep bandage, isometric strengthening exercises of left hip.</p> |
| <p>32yr/female with Stevenson Johnson's syndrome</p> | <p>Involved in wound dressing, active assisted movements of affected joints, patient education and counseling.</p> |
| <p>43yr/male with grade 1 posterior cruciate ligament tear for the right lower limb.</p> | <p>Cryotherapy ,elevation of the limb, isometric strengthening exercises for quadriceps and hamstrings, locked range of motion brace and partial weight bearing with use of axilla crutches for 2 weeks, After 2 weeks, weight bearing, VMO'S strengthening exercises, brace weaning, closed chain exercises, dynamic balance training with wobbler board.</p> |
| <p>14yr/female with pulmonary edema following blunt trauma.</p> | <p>Chest physiotherapy, intensive spirometer, active cycle of breathing, low intensity cardiovascular exercises.</p> |
| <p>37yr/m post laparotomy following gut perforation</p> | <p>(ICU)Maintaining clear airway through suction, passive range of motion for all joints, trunk strengthening and balance training using gym balls, patient education on wound site care and protection from gaping</p> |
| <p>47yr/male with sciatica</p> | <p>Heat therapy, straight leg raise exercises, stretching and strengthening exercise for hip flexors and extensors, long leg sitting.</p> |
| <p>72yr/male with left side hemiplegia secondary to CVA</p> | <p>Passive ROM exercise for left upper and lower limbs, training trunk dissociation movements, training transfers, neuro and gait re-education with walking aid.</p> |

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| <p>34yr/male with upper crossed syndrome</p> | <p>Strengthening weak muscles, restoration of muscle balance thorough coordination exercises, theraband exercises, side lying external rotation with weights, myofacial release.</p> |
| <p>28yr/female with right patella dislocation following hypermobility syndrome</p> | <p>Assisted orthopedic officer to reduce the patella, prescribed knee brace for the patient. Hip isometric exercises.</p> |
| <p>70yr/ male known hypertensive with Parkinson's disease</p> | <p>Occupation therapy training with home lifestyle adjustment, balance training, core stability exercises, and fine motor skills training, patient education about the condition and importance of adhering to the medication given.</p> |
| <p>63yr/female with adhesive shoulder capsulitis</p> | <p>Pendulum exercises, wall walks, mingling posho as a activity,rotato cuff stretching exercises</p> |
| <p>3yr/male with spastic quadriplegic cerebral palsy and severe acute malnutrition</p> | <p>Tone management through posture and passive ROM exercises, supportive seat ,referred to nutritionist</p> |
| <p>46/female with below knee amputation secondary to diabetes</p> | <p>Strong active resisted movements for unaffected joints ,phantom limb pain/sensation management, bandaging and shaping stamp ,counseling and use of prosthesis preparation.</p> |
| <p>33yr/male with diabetic neuropathies involving the upper limb.</p> | <p>ROM exercises, strengthening exercises for upper limb, fine motor skill training for the hands bilaterally</p> |
| <p>68yr/male with chronic low back pain</p> | <p>Heat therapy, TENS, deep friction massage, McKenzie back extension exercises, bridging exercises, 4 point kneel lift, birddog exercises</p> |
| <p>97yr male with potts disease</p> | <p>Prescribing lumbar cosset, education on life style adjustment, referral for palliative care</p> |

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| 38yr/female with piriformis syndrome | Passive stretches /strengthening exercises for hip extensors and flexors, passive neurodynamic sciatic nerve stretches, home exercise programme. |
| 82yr /male with right hip osteoarthritis | Heat therapy, active resisted movements of right hipjoint,stationary cycling, prescribing a walking aid |
| 5yr/male with down syndrome | Care taker education about the condition, prescribing a standing frame, play therapy in stimulant environment. |

BENEFITS AND ACHIEVEMENTS DURING THIS INTERNSHIP.

I have continuously gained more skills in a holistic approach when providing health care to the patients.

I am happy to report that I have spread the ‘evangelism’ about the need/indications of physiotherapy to my fellow colleagues in the multidisplinary team including intern doctors and many others and they have clearly understood the importance of rehabilitation.

My managerial skills are at the peak as I am involved in the budgeting for rehabilitation outreach programme and monthly reporting.

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

I and my supervisor initiated a quality improvement management project in pediatrics department where there was need to increase more awareness about developmental milestone attainment in children among their parents and health workers.

My clinical reasoning and hands on skills have greatly improved over time. As noted from the above number of cases, it is of no doubt that I have enough exposures to different conditions.

CHALLENGES

The physiotherapy department lacks a few modern therapy equipments that would improve service delivery like treadmill, NMES

APPRECIATION

I am so honored for being given a great opportunity to work and exhibit my skills as physiotherapist while working with a great organization Interface Uganda for one year, but I wish to renew my contract for another year while at kagando hospital under Interface Uganda while furthering my career as a physiotherapist which I don't know if it's possible.

I extend my gratitude to the head of department kagando hospital PT GLORIA for the great work of teaching and guiding me through this entire internship.

I also give my great acknowledgments to the entire Kagando Hospital management and staff for the hospitality and love they have showed me.



Above is Anthony (intern physio) and PT Gloria (supervisor) on their way to pediatric ward.