KAGANDO HOSPITAL

PHYSIOTHERAPY INTERNSHIP REPORT

AT KAGANDO HOSPITAL, PRIVATE BAG KASESE UGANDA

FUNDED BY INTERFACE UGANDA

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COMPLIED BY;

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ACKNOWLEDGEMENTS

My gratitude goes to Interface Uganda for continuing to fund me for my second annual internship at kagando hospital and to Senior PT Ndekezi Gloria for all her support. Great appreciations to kagando staff and administration for the hospitality exhibited towards my stay at kagando hospital.

INTRODUCTION.

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. I was offered a post for physiotherapist intern after completing a bachelor's degree of science in physiotherapy at Mbarara University of science and technology.

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. After my one year internship at the site (2021), it was of my thought to request Interface Uganda to extend my internship programme as a physiotherapist for one more year and which I am so grateful it did.

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 located in kasese Rwezururu region found in southwestern Uganda.

For my second internship, I am working at all major wards including surgical, medical, pediatrics and maternity wards plus outpatient physiotherapy department, working at these different practices will expose me to many different patients, therapy techniques and give me all the rounded practice experience

KAGANDO PHYSIOTHERAPY DEPARTMENT.

Kagando hospital physiotherapy department has a home based private practice that consists of 1 treatment room with 2 treatment beds with room separators so that two patients are seen at same time. There is also a mini gym with exercise equipments for strengthening, coordination and mobility device.

Most cases seen at outpatient department include sports injuries, adverse neural tension patients, general orthopedic and musculoskeletal disorders; others include neurological conditions and postpartum complications reviewed at the wards as inpatients.

There is a holistic approach when assessing and treating the patient until they feel better with a treatment session of about 30 minutes to about an hour per review .Home exercises are given to patients as treatment and follow-ups are done when necessary.

The rehabilitation department consists of amultidisplinary team made up of 2 physiotherapists, 1 orthopedic officer, 2 orthopedic technologists and a nurse headed by senior physiotherapist plus medical teams with specialists who are consulted if needed.

MY PERSONAL OBJECTIVES FOR THE SECOND INTERNSHIP PROGRAMME.

1. Making the right choice about diagnostic tests especially concerning with musculoskeletal disorders and this is intended not to cause more pain to my patients.

2. To acquire more theoretical knowledge necessary for prescribing a certain physiotherapy treatment or modality in order explore the indications and contradictions of some treatments.

3. Creating efficient and varied training programmes with exercises that patients will likely be able to perform perfectly at home and improve.

4. Strengthening my capacity to teach students skills and physiotherapy practices since kagando is a clinical placement site for physiotherapy students.

PATIENT RELATED ITEMS.

In kagando hospital I have seen all kinds of patient categories mainly spine related pathologies of which majority was low back pain.

1. Orthopedics and peripheral joints ;Achilles tendon rupture , Amputation rehabilitation ,fractures,lumbarsacro plexopathy,congenital anomaly, biceps tendinitis, shoulder capsulitis, inferior hip dislocation, hypermobility syndrome, ankle sprain, diabetic neuropathy.

2. Neurology and general pathology; post cva patients,mengitis,alcohol intoxification,lupus,osteoarthritis, rheumatoid arthiritis,complex regional pain syndrome,COPD, churg strauss syndrome, post-operative patients, cerebral palsy, downs syndrome, muscular dystrophy,hydrocephalaus,necrotizing fasciitis,pyomyositis,Stevenson Johnson syndrome,cellulitis,muscular dystrophy and Guillain barre syndrome.

CASES HANDLED.

The table below shows the major cases I have handled independently with minimal

Consultation. These include inpatient and outpatient reviews.

CASES	PHYSIOTHERAPY MANAGEMENT
A 50 year old female with a left CVA ischemic stroke	Facilitation with passive range of motion movements for all joints, active resisted exercises for un affected side, bubble blowing and drinking using a straw, tongue and lip moments coupled with mirror therapy, fast passive movements.
An 8 year old male with a deep wound to his right anterior leg and foot secondary to cellulitis	Passive range of motion exercises for affected limb , elevation of the limb, strengthening of the lower limbs, gait training
An 85 year old man presenting with a Transient ischemic attack	Active resisted exercises for the lower limbs, gait training, drinking blowing bubbles through a straw, tongue movements together with mirror therapy, care taker education on importance of anti-hypertensive drug adherence
A 50 year old male presenting with spondylitis with a discrepancy in the left lower limb	Heat therapy , TENS, 4-point kneeling lift strengthening exercises , Vastus medialis strengthening exercises, shoe raise
A 29 year old woman presenting with pubic symphisis dysfunction	Patient and caretaker education to maintain minimal movement, Pelvic support devices; lumbo-pelvic belt, sleep with pillow between legs, Wheelchair prescription, pelvic floor strengthening exercises
A 2 year old male presenting with athetoid cerebral palsy	Place in supine to stretch neck extensors, Trunk strengthening with a roller, standing frame, play therapy

A 35 year old man with a right mid femur fracture repaired with intermedullary nail.	Elevation of the limb, isometric strengthening exercises of the affected limb,3 point gait training
18 year old female presenting with Duchene's muscular dystrophy	Prescribe and provided a wheelchair, educated on transfers.
21yr/male with extensive laparotomy	Patient education on life style modification especially on lifting weights, teaching abdominal guarding when coughing
A 35 year old man presenting with Encephalopathy secondary to acute alcohol intoxication	Care taker education on patient positioning and turning in bed, Passive movements, Joint mobilization exercises and chest physiotherapy.
A 40 year old male presenting with Spondylolisthesis	Heat therapy, TENS, strengthening exercises; 4-point knee lift, stretching exercises; knee hugs, home exercise program
45yr female with HIV lumbar spine myelopathy	Having finished medical review, physio involved in training balance with wobble board and gym ball exercises, proprioception and timing exercises, weight bearing exercises; standing frame.
8/12 female with congenital torticollis	Stretching exercise of the left sternocleidomastoid muscle, taught mother stretches using gravity to assist passive stretches, taught about carrying posture.
13yr/male with right pleural effusion	Vibrations to mobilise secretions ,active cycle

	of breathing exercise, deep breathing exercise, strengthening exercise for accessory muscles of respiration
67yr/male with left side hemiplegia secondary to CVA	Passive ROM Mobilisation exercises for the affected joints, weight bearing exercises, standing frame, constraint induced therapy, hydrotherapy, knee rolling, reaching exercises for trunk strengthening
18yr/female with bicipital tendonitis following sports injury	Ice therapy, compression bandage, gentle isometric contractions, and rest from sport activity for 3 weeks

EXTENSIVE PATIENT REPORT ABOUT REHABILITATION OF PUBIS SYMPHYSIS DYSFUNCTION. (PSD)

I choose this case because it provided a plat form for me to improve on rehabilitation skills concerning women's health.

Mrs. is a 28yr/female a business woman in kasese district, married with 3 children. The patient was brought in by the husband 3 days after SVD delivery from a nearby public health Centre as a referral to kagando hospital Obstetrics and gynecology department following acute onset of grinding saddle pain radiating to the thighs bilaterally and lower back after delivery aggravated by standing and any bed trasfers.

Relevant medical history.

A gravida 3 para 3 patient had no history of any longstanding illness reported, delivered by vaginal delivery with 2^{nd} and 3^{rd} stage labour lasting about 45 minutes. no history of trauma before delivery nor drug allergies and no pelvic breeding reported. She was reviewed and examined by agynecologist and physio team whom together diagnosed pubis symphysis dysfunction. Among the treatment plans was to start physiotherapy rehabilitation.

Physiotherapy Examination day 1 post operation.

She was a weak looking middle aged female in pain with bp=110/88 mmhg, spo2=99% room air, and temperature=36.8

Musculoskeletal system- patient in supine with adducted hip bilaterally, no perineal scars/soft tissue injury.

Gross tenderness around the saddle and the pelvic musculature with no trigger points but more pain on pubic symphysis, noted excessive movements of pubis rami unilaterally,trendelenburg's sign positive, Patrick's Faber test positive.

Gross muscle power for all major muscle groups in the lower limb joints, sensation intact Stump which was=2/5, phantom limb pain and sensation.

Limitation in the range of motion for lower limb joints secondary to pain.

Genital Urinary tract system- patient presented with a mixed form of urinary incontinence

Respiratory system –23breath/min, chest was clear

Other systems were unremarkable.

Physiotherapy Treatment.

Short term goal in the first 1 week was to reduce pain and start low grade mobility, increase gross muscle power a bove 3/5, and prevent any secondary complications like urinary tract infections, pundedal nerve compression, low back pain and others.

The long term goal after 2 weeks was to train the patient gradually to be able to regain continence and achieve maximum physical activity with minimal or no pain while using Roland moris questionnaire as an outcome measure to monitor the progress.

Development of the treatment.

WEEKS	TREATMENT
Week 1	Wheelchair to help with transfers,lumbo-pelvic belt, pharmacological pain management, heat therapy and TENS for the low back, pelvic floor muscle strengthening exercises and hip flexibility dissociation movements.
Week 2-4	Elbow crutches with 4 point gait training gym ball exercise, active resisted training exercises for lower limbs , pelvic floor muscle strengthening exercises ,back strengthening

	exercises, teaching life style modifications especially posture when doing activity and coordination exercises. Core stability exercises, low intensity aerobic exercises, hydrotherapy.

Provisional conclusion.

Pubis symphysis dysfunction (PSD) is described as a collection of symptoms and signs of discomfort and pain in the pelvic area leading to hyper-mobility of the pubic symphysis (anterior or lateral). Through different literature, it has also been associated with pelvic girdle pain, pelvic insufficiency, symphysis pain syndrome, pubo-sacroiliac arthropathy and pelvic joint syndrome. Pain can be associated with movement or posture and it is usually referred to the perineum and the upper thighs region, patients usually report of a clicking or popping sound during movement from the pubis symphysis or the sacroiliac joint. The pain felt is usually associated with pelvic ligaments laxity or increased joint mobility as seen in pregnant women due to hormonal effects or the fetus weight (Sirisopa et al, 2021).

Pubis symphysis dysfunction is a common debilitating condition among pregnant women affecting the quality of life of individuals. It is estimated to about 30% of pregnant women are more likely to develop pubis symphysis dysfunction (Gupta et al, 2019).The Sub-Saharan African community has seen an incline in pubis symphysis dysfunction cases due to increased rate of women receiving health services and checkup. The etiology of PSD is due to different factors, these may include: Diastasis, Rupture of the Pubis symphysis, Osteomy, Fractures (pelvic fractures), Pelvis misalignment, Pregnancy / labor

During pregnancy, hormones which are released such as relaxin cause an increased laxity of ligaments and muscles in the hips, pelvis, and pelvic floor. The loosening is aimed to ease labor but it also causes an imbalance between joints and increase mobility which can cause discomfort and pain and some risk factors during pregnancy that may cause PSD include; Sports related injuries ,Late maternal age ,Osteoarthritis ,Fetus weight ,Multiple pregnancy ,Obesity (Cheikh et al, 2021).

Conservative management physiotherapy appears to reduce pain and improve mobility and function for SPD. Post-partum rehabilitation of the associated lumbo-pelvic musculature with specific stabilization exercises is recommended to reduce pain, improve long term outcomes and prevent chronicity. Conservative management of SPD can include pelvic support belts and pelvic floor exercises (Norvilaite et al, 2020)

BENEFITS OF MY SECOND INTERNSHIP.

I have been assessed by my supervisor and I have been credited for my good teaching skills while supervising physiotherapy students last month.

I have improved on my report writing skills and studying especially in medical related items.

There is still building of my personal and professional network through online CMEs and webinars

I have continuously learnt some skills on how to become more attractive to employees and create employee- employers relationship.

CONCLUSION

I am have enjoyed working in a hospital setting as a physiotherapist and great thanks to interface Uganda and kagando hospital management for the support.

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