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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SUPERVISED 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 for the past 2 years

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. These include inpatient and outpatient reviews.

CASES	PHYSIOTHERAPY MANAGEMENT
A 70 year old male with a fracture neck of the right femur	Started minimal weight bearing with walking aids after hip arthroplasty. Strengthening of the right lower limbs with eccentric exercises, gait training.
An 45year/male with pots disease	Prescribed a lumbar cosset ,patient education about lifestyle adjustment, bridging exercises
An 85 year old male post prostectomy	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 30 year/ male presenting with cervical spondylotic myelopathy	Accessory glides for the cervical spine, heat therapy, neck stretches and strengthening exercises, upper limb strengthening exercises.
A 2yr/male with severe acute malnutrition-non edematous	Assisted active range of motion exercises to all joints, caretaker education, limb elevation, early bed mobility.
A 10 yr./ male presenting with ataxic cerebral palsy	Trunk strengthening with a roller, standing frame, play therapy, care taker education, balancing exercises, parallel bars training exercises.

A 39yr/ male with unilateral sciatica	Heat herapy,nerve stretches,back strengthening exercises
18 yr/male post skin and tendon release following burn contractures involving right cubital fossa	Physio involved in daily wound dressing, provided a back slab for extensive posture of the elbow, active assisted ROM exercises for the right elbow.
27yr/male post ACL repair following sport injury	Passive ROM exercises for the knee joint, patella mobilization with accessory glides, training 2 point gait with axilla crutches, closed and open kinetic exercises, isometric strengthening exercises for the hip and the leg, VMO's strengthening exercises ,counseling the patient.
57yr/male with rheumatoid arthritis involving the right hand	Heat therapy,corkup splint,encetric wrist extension and flexion strengthening exercises, finger radial walking
40yr/male with rotator cuff strain	Cryotherapy , provided an arm sling, care taker education,isometricstrengthening exercises, care taker education
65yr/ female with chronic lumbar spondylothesis	Heat therapy, TENS, strengthening exercises; 4-point knee lift, stretching exercises; knee hugs, home exercise program
87yr/male with congested heart failure.	Mobilization out of bed, core stability exercises, low intensity cardiopulmonary endurance training.

EXTENSIVE PATIENT REPORT ABOUT REHABILITATION OF POST SKIN GRAFT.

Mr. is a 7yr/male a secondary school student leaving with both parents and 3 young siblings. The patient was admitted following gradual onset of extensive wound involving the right lower limb for one week .He was brought in as self-referral by the parents after the initial management of the wound had failed.

Relevant medical history

Patient is a known sickle cell disease patient diagnosed at 4yrs and already initiated on supportive treatment (hydroxurea) with good adherence.no other food allergies ,no history of trauma, however with history of several blood transfusions.

The surgical medical team diagnosed necrotizing fasciitis where the patient was debrided and later a skin grafting was done.

After the skin grafting was done, one of the plans was to start physiotherapy.

Physiotherapy Examination day 1 post operation.

The patient was a weak looking with stable vitals bp=112/78 mmhg, spo2=99% room air, and temperature=36.9

Musculoskeletal system- patient was lying in supine with right lower limb dressed in bandage, and left thigh dressed.

Gross muscle power for all major muscle groups in upper limbs =3/5, grade 2 edema involving the foot

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

Physiotherapy Treatment.

Short term goal in the first 1 week was to reduce pain and edema, increase gross muscle power a above 3/5 in the upper limb and train bed mobility transfers to parents not to interrupt the graft.

The long term goal after 2 weeks was to train the patient gradually to achieve ambulation with no pain and joint limitation of the affected lower limb.

Development of the treatment.

WEEKS	TREATMENT
Week 1	Raising the lower limbs, alternate wound dressing, play therapy with upper limbs, teaching caretaker's wheelchair and bed mobility transfers.
Week 2-4	Minimum weight bearing, eccentric exercises of the lower limb, walking aid, daily wound dressing, play therapy, caretaker education and scar management.

Provisional conclusion.

Skin graft is the transportation of skin from one area of the body to another graft is an area of skin that is separated from its own blood supply and requires a highly vascular recipient bed in order for it to be successful.

Prior to grafting the process of wound debridement must take place involving removing necrotic tissue ,foreign debris and reducing bacterial load on the wound surface as this is believed to encourage better healing. Skin grafting aims at cosmetic enhancement, prevent infection, achieve wound closure, re-establish tissue loss and reduce functional restriction (Davis et al.2021)

Physiotherapist must work as part of multidislinary team in order to ensure successful surgery while at the same time ensuring long term health and function.to gain the optimal result from any reconstructive surgery scar management needs to recommence and be followed through until scar are mature and optimal range of movement is gained (Akolgo et al. 2022).

BENEFITS OF MY SECOND INTERNSHIP.

Currently am under negotiations with Kagando Hospital on being recruited as a permanent physiotherapist for the hospital since PT Gloria left and I give thanks to interface Uganda for having given me the platform to get this opportunity.

I have obtained a vast of knowledge and experience in managing and assessing a variety of physiotherapy conditions

CONCLUSION

I have enjoyed working in a hospital setting as a physiotherapist and looking forward to give back to interface Uganda by supervising any physiotherapist intern sent to the site.

REFERENCES.

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Below is PT Abaho with a pediatric patient following post skin graft of the right leg during physiotherapy session.