

Physiotherapy Report – Akosombo VRA Hospital October 2009

By Kate Pascoe

The biggest challenge I faced at Akosombo Hospital is that there was not a physiotherapist working at the hospital sight – the hospital ran without the input of any physiotherapy. With physiotherapy being a vital part of a patient's recovery in many different medical settings I knew I had a lot of work and education to complete.

There has been Physios through MOTEC life visiting the hospital sight on previous working visits. I wanted to develop and expand on the work previously undertaken together with educating and lecturing on pre planned set topics.

I found that the nursing staff performed poor manual handling skills and often complained of lower back pain. I ensured that I worked together with the nursing staff on educating them in manual handling and reviewed the lecture on 'The Spine' with certain nursing staff which was provided by two physiotherapist's on last years trip. There was also a hoist which was never used by the nurses as they claimed they did not know how it worked, in addition they were unable to locate a sling for this hoist. The nursing staff reported that they found it easier and quicker to lift patient manually. I spent time with the nurses to educate them on why it is not good for them to manually lift a patient and also found a sling hoist and gave a demonstration on how to use the hoist. Please see suggestions below for future trips.

The mobility equipment used was not safe, for example frames that did not have any rubber protectors on the bottom and which were broken in parts. There was only one frame to a ward and if a patient wanted to go home with a mobility aid they needed to provide it themselves. Crutches were all axillary crutches which are not used in the UK due to risk of damage to neural tissue. See suggestions below.

There was a real lack of chairs for patients to sit out in post operatively which meant patients rested in bed for the majority of the day. Any chairs that were on the ward were far too low for a patient following hip surgery. I helped the nurses in improvising with pillows and blankets to create higher chairs and educated them on why this is important.

Nursing staff were limited in knowledge of post operative physiotherapy following common orthopaedic operations. They had retained some of the information taught on previous working visits. However nurses still felt that a patient should stay in bed for one to two days post op. I provided the wards with the following:

- Physiotherapy advice sheets post TKR and THR.
- Master copies of basic bed and chair exercises – they now have access to a photocopier.
- Ensured all nursing staff were competent in teaching exercises. This was my biggest challenge as I was trying to get the nurses to take a role of both the physiotherapist and nurse when their time is stretched in their job role.
- The nurses had little to no knowledge on post GA chest physiotherapy. We did touch on this in a lecture provided on the workshop day. It would be advisable to provide further chest physiotherapy lectures on future visits as I noted the hospital has a very bust theatre with many operations.

Having provided a lecture on Stroke Rehabilitation created by Suzanne Helliwell, I discovered that knowledge on physio post stroke was limited. The staff were all very keen to learn and actively contributed their views from the session. In future trips it would definitely be beneficial to provide a practical session on positioning and basic stroke rehab incorporating pillows, blankets etc – all equipment the hospital does have!

The hospital would benefit from advise on women's health physiotherapy. I noted that this department is very active and busy. I provided the department with some leaflets and information on physio post surgery and pelvic floor exercises but this area does need developing in future visits.

I had also pre planned lectures on the ankle and inflammation and healing. These were not actively given to the hospital due to confusion over lecture times with the hospital staff. In future trips it would be worth creating a solid timetable of when lectures are. Most lectures were successfully delivered. I did ensure the hospital had the lectures on their lap top for self directed learning.

Many of the nurses during my stay expressed a desire to study and become a physiotherapist in the future. It is my hope that they succeed in this training and return to the hospital to continue to develop physiotherapy at this hospital themselves.

Suggestions for further working visits:

- Try to bring some sliding sheets to Ghana and educate the nursing staff on the use of these. This would begin to combat the problem of low back pain in the nursing staff and is a relatively in expensive development.
- If a hoist could be donated this would be valuable to the hospital.
- Continue to provide education and guidance on manual handling skills.
- Provide further resources ie worksheets, exercise sheets, post op advise and any books – especially as Akosombo has no physiotherapist, the nursing staff need resources to refer to.
- Hospital in desperate need of SAFE mobility equipment including static frames, rollator frames and crutches. I believe some may have been delivered from the container taken over October 09.
- Expand on practical sessions for stroke rehabilitation.
- Women's health lectures.
- May be an idea to have an OT to visit Ghana and pass on their knowledge of equipment and furniture heights post surgery – although resources are very limited improvisation can be made.