Physiotherapy report from Ghana Trip April 2007

By Sally Sheppard

Elective Surgery – Total Hip Replacements

The average length of stay post operatively for a Total Hip Replacement under Motec's management was 6 days. This is a great improvement and the concept of early mobilisation has been taken on board by the staff at St Josephs, where previous practice was to prescribe weeks of bed rest. The in-patient rehabilitation provided by the St Joseph's physiotherapy team was good and previous trips' training was evident. Correct manual handling and moving techniques were demonstrated and hip safety precautions were followed to their best ability. Physiotherapy rehabilitation, including exercise programmes and gait progression were effective and patient orientated.

The main difficulties for the therapist's were:

- 1. Obtaining a check x-ray 1st day post op, which delayed early mobilisation
- 2. Unsafe mobility aids especially walking frames
- 3. No appropriate seating. The chairs, toilets and commode frames at St. Josephs were too low thereby increasing the risk of dislocation.
- 4. Poor discharge planning especially concerning outpatient rehabilitation, wound care and pain relief

Recommendations made are:

- Funding for walking frames, chairs and raised toilet frames to increase patient safety and decrease the risk of hip dislocation
- Physiotherapists to liaise with nursing staff Re: manual handling and early mobilisation
- Discharge advice with Nursing staff input on wound care and removal of stitches
- > To continue therapist training especially as new elective surgery is introduced

Service Development

On discussion with the therapist at St Joseph's the following objectives were agreed on:

1. To set up in-service training programme, to be run on a Tuesday. This session is a team project but will primarily be organized by Lydia. The physiotherapists in the UK will assist by e-mailing information on specific topics to Ambrose.

- 2. To obtain handover from the ward sisters first thing in the morning to obtain information on new patients, discharges and post operative patients. This will enable effective physiotherapy input, with early mobilisation and efficient discharge planning. I have suggested that each therapist takes hand over from one ward each morning. This should help prevent patients being missed and remaining in bed for over a week.
- 3. To aim for effective use of physiotherapy input and time. The therapists should aim to see the patients for 20-30 minutes only. On average 30 patients attend the Out Patient Department every morning, which is the equivalent to 10 patients each. Physiotherapists should discharge patients if they are better or if they are no longer improving with therapy. The problem with this is that the doctors prescribe for example 10 days treatment, so even if the patient is better within 3 treatment sessions, the therapists feel that they should give them 10 as this is what the health insurance pays for.
- 4. In adjunction to effective use of therapist's time, I have encouraged the therapist's not to see patients daily but weekly and rather than providing heat as their main treatment option to concentrate on exercise programmes and function.
- 5. We have agreed on the next visit, that there should be no patients on Tuesday and Thursday afternoon and to dedicate this time to training. The team has expressed a need for hemiplegia training. The level of training needs to be at a student physiotherapists level, as assessment and clinical reasoning skills are poor. The lack of knowledge is great and this is really where Motec therapists can provide the most help.

Recommendations for subsequent visits

- 1. The team would benefit from two physiotherapists on each trip. The caseload, service development, team support and training needs were very demanding.
- 2. To have agreed objectives and ideas on service development set by the Motec therapist's so there is continuity between visits
- 3. Prior to each trip, two or three topics for continued professional development need to be identified, and training in Ghana needs to concentrate on these areas.