



**Rehab Dept of KATH Hospital, Kumasi, Ghana**



**Anokye Teaching Hospital**



**Komfo**

**Goats grazing in front of PT dept**

## **Travel Report**

**Date:** August 2016

**To:** International Federation of Societies for Hand Therapy

**Subject:** International Teaching Grant

**From:** Rajani Sharma-Abbott, OT/CHT

**Travel Location:** Komfo Anokye Teaching Hospital (KATH) August 15-20, 2016

### **Introduction**

I travelled to KATH, Kumasi, Ghana in August, 2016 with objectives to teach and train local therapists in various aspects of hand therapy. I spent five days at the hospital. I worked with physical therapists and two occupational therapy students in the physical therapy department and throughout the hospital, attending rounds, clinics and wards to see hand therapy patients.

### **Background**

Komfo Anokye Teaching Hospital (KATH) is located in Kumasi, Ghana. It is a 1200-bed hospital with multiple specialties and it receives patients from all over the northern region of Ghana. It is a trauma center and has a large orthopedic and plastic department. The physical therapy department is a self-standing clinic on the hospital grounds with busy outpatient gym that treats patients from all spans of life. It is moderately staffed with PTs who provide outpatient and inpatient care. The big rehab gym is equipped with basic therapy equipment. The project was established two years ago by a Canadian surgeon to develop hand surgery and therapy specialty in KATH. Since its inception, many hand therapy volunteers have travelled to KATH to develop a sustainable hand therapy program. Two KATH therapists are dedicated to UE caseload and train with the volunteers in a one room clinic with a desk, chair and a mat. Supplies and equipment related to hand therapy is scarce and dependent on donations. Knowledge of local therapists in UE anatomy, evaluation and treatment is in its infancy but the enthusiasm of therapists to learn is great. The type of case load varies, mostly complex trauma patients in later stages of healing presenting with severe stiffness, contractures and chronic pain, children with birth defects, brachial plexus and other peripheral nerve injuries. Chronic wound and infection is common.



Radial Club hand Chronic wound post fracture Brachial Plexus injury

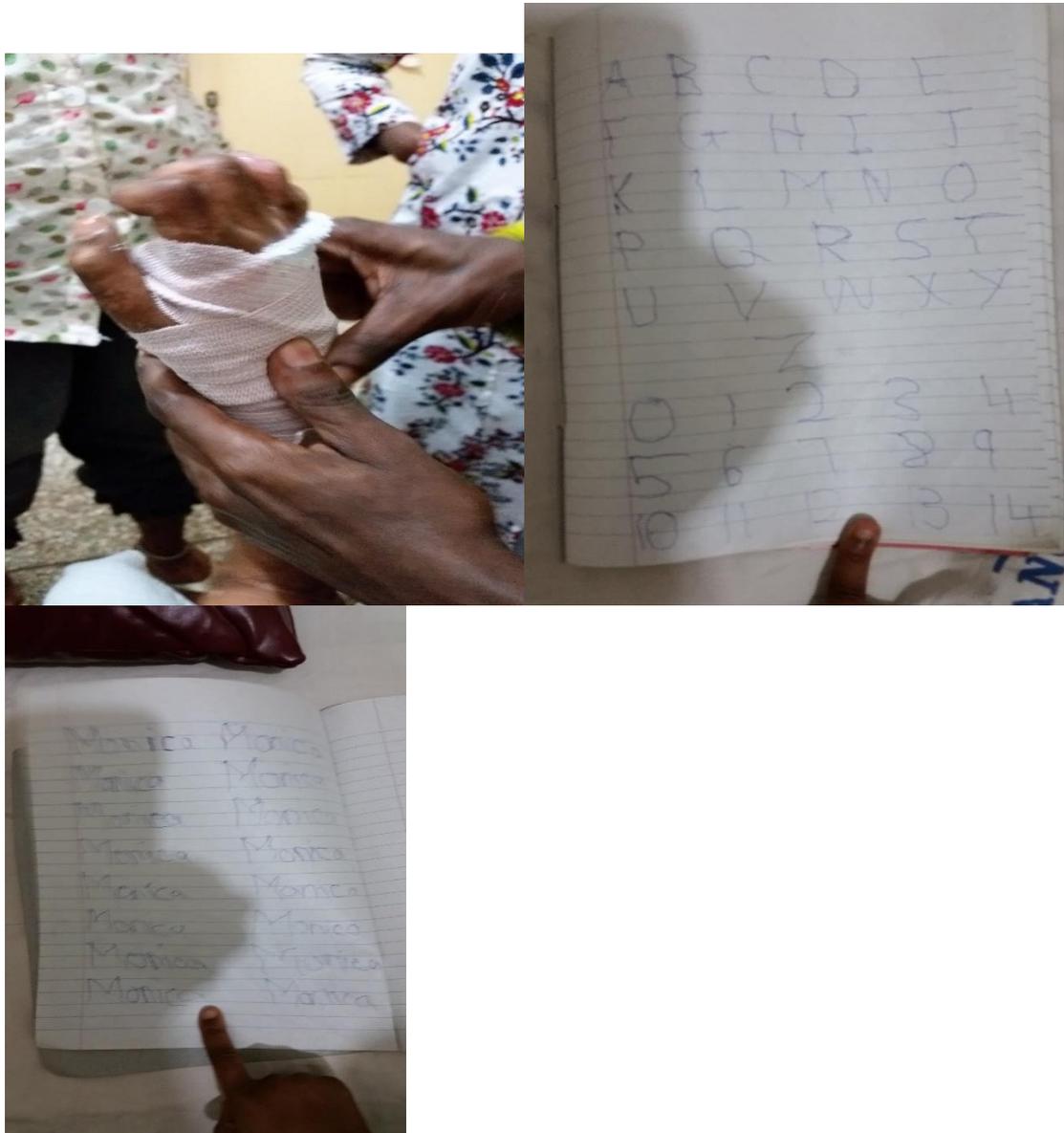
## [My visit to KATH](#)

My time in KATH hospital was spent in trauma rounds in the am where surgeons and residents presented cases and discussed possible treatments including therapy management. From the second day, I brought local therapists and students to trauma rounds and provided input on cases as necessary, mostly in positioning and management to prevent unnecessary stiffness. The surgeon got to know the local therapists personally during this time. Robert, a local PT emailed me to say that doctors are referring patients to him for hand therapy now.

The rest my stay was spent providing direct treatment to hand therapy patients. Robert and the students presented each case and we worked together to identify anatomy, pathology, course of treatment and use of therapeutic activities. Pain management, empathy, importance of HEP and orthosis management for chronic stiffness were the things I focused on all through the week, some patients came back later in the week to follow up. The week concluded with my presentation on Evidence Based Use of Modalities in Rehabilitation which was received well by an audience of over 10 therapists.

Case study: A nine year old patient Monica with severe infection after distal radius fracture, amputated at PIP/DIP level of her digits, had minimal function of the nerves and walked around with her hand covered with sleeves of her shirt (she was too embarrassed to show her hand to anyone). She was brought in to see me to fabricate an orthosis to cover her hand and to open her 1<sup>st</sup> web space. The only function she had of her hand was slight adduction of her thumb to index. This became a learning/teaching opportunity for me and Robert and the OT students: do we foster her desire to cover her hand or do we help the patient and her mom to accept what is? If we widen her 1<sup>st</sup> web space, would she be able to complete her lateral pinch motion, lose what function is left?. Through empathy, talking with Monica's mom and listening to Monica about her feelings of her hand, we figured out that writing with that hand is what she misses the most. We spent the session trying out writing with various adaptations/techniques and gave her homework to write 1 page every day with that hand and follow up with us later in the week. In her follow up, she ran up to us, gave a hug and produced 3 pages of writing. We all

were hugging with tears of happiness. We told her that she had a beautiful hand and that it can do many things if she puts her mind to it. We decided that she won't need anything to cover her hand. The OT students (second batch to ever graduate as OTs in Ghana) told me that that was the first time during their clinical rotation where, what they learned in theory about occupation, was utilized in the clinic (they do their rotations in PT dept)



In addition, I was able to teach and train Robert and the OT students in use of plaster of paris (readily available there) to fabricate orthosis of various types, use

of evaluation tools that the department has including dynamometer and goniometers and problem solve through complex cases. I also learned and shared the importance of recognizing limitations posed by severity of the cases and to use empathy as a powerful therapeutic tool. The highlight of my trip was definitely working with eager OT students, giving them OT perspective on all the cases and to let them use occupation as a therapeutic tool.

The program that started 2 years ago to bring hand therapy concepts in KATH hospital is doing well, attracting volunteers throughout the year. There is much to be done in terms of training, equipment and setting the department better to treat hand therapy patients. It is my intention that I will try to network and help Robert Sowa, the PT that I worked with to attend conferences and perhaps shadow in a hand therapy clinic for a few weeks here in the US. I would recommend him to IFSHT for any possible help in this matter.

**I am very grateful to IFSTH for awarding me the grant assist with my trip Ghana to share my knowledge and skills of hand therapy. Like always, I learned so much and felt privileged to be doing international hand therapy trips.**

**Here are some more pictures:** Below: evaluation of a hand





**Robert, a volunteer, two OT students on the right, the woman in the middle is a family member of the staff. Notice Plaster of paris used to fabricate night resting hand orthosis**



**Therapy staff attending my presentation on modalities, right: Robert and OTs students with me second from the left.**

**Triaging with volunteer hand surgeon, note severe contracture of the wrist on the left and brachial plexus injury on the right**

