

NEWSLETTER 6
Paray Physiotherapy Study Group

Lumelang bo Mme le bo Ntate

I am happy to send you newsletter N. 6.

It was such a pleasure to be with some of you at last year's physiotherapy workshop at Paray hospital. Even if we had a very rainy and cold weather, the spirit remained high. We are already preparing this year's workshop which will be held in December 2011. If you have friends or colleagues who are interested in our topics or would like to receive the newsletters, I will gladly put their name in the mailing list.

In this newsletter I would like to focus on three topics:

1. Why and how shall we document physiotherapy activities
2. How can we produce our own massage oil
3. How can we use the traditional herb "Lengana" to support physiotherapy patients

Enjoy the reading! I wish you all a happy time.

God bless you

Ntate Thuso W. Fasser

May 2011

1. Why and how shall we document physiotherapy activities?

Regular documentation of physiotherapy is helpful for us, for the matron and the superintendant in order to see how the department is running. Also the management board can understand the variety of services offered by the institution.

Physiotherapy is a basic service today and shall be documented as all other services. We can report on different levels:

A. Bukana: These are short notes about the physiotherapy and its results for communication to the referring doctor. The notes shall be short, clear and simple.

B. Physiotherapy Documentation Form: This serves for hospitalized patients. The information are daily updated and shall include the assessment, the plan, the treatment and the way how therapy is progressing. These notes serve all members of the staff around the patients. This form was enclosed in Newsletter N. 5 from September 2010.

C. Special patient report. In complex cases like disabled children or paralyzed patients we write a physiotherapy report which includes assessment, plan, treatment and the results of the therapy and indications for further treatments or home-based care.

D. Statistics: It's easy to do the monthly statistics about all physiotherapy services and count them up at the end of the year. Look at the monthly statistics recording sheet enclosed in Newsletter N. 5 from September 2010. It's a challenge to be precise and regular but by the end it's helpful. Administrations need figures and short notes about the development in our department.

E. Annual report on Physiotherapy: All institutions write an annual report about their

activities. It's helpful to do so also in physiotherapy. We can structure this report in many different ways. Find enclosed such physiotherapy report as an example.

I wish you good luck and a little bit of patience while preparing your documentation. If it seems very difficult, start with A, B and D. Proceed step by step and you will succeed. Presenting this document to the decision-maker of the hospital will create a good base for further discussions.

2. How can we produce our own massage oil?

Working in physiotherapy and in rehabilitation we can benefit a lot from the knowledge of natural medicine. Wherever you work, in a hospital, health center or in a community based rehabilitation project, medicinal oils are for everyday use. Following you find useful information and easy way how to produce them.

Recipe: PLANT + OIL + HEAT = MEDICINAL OIL

A medicinal oil can be prepared by the bain-marie technique but you run the risk that some water can get into the oil you are preparing. If that happens the oil will get rancid and unusable. Therefore we suggest to put your dried powdered/cut herbs into a pot with the oil and warm it on the stove, very mild and always stirring it for one hour. The oil must never boil/fry.

Oil to be used to prepare medicinal oils: sunflower oil. It is also possible to use palm oil, palm kernel oil and peanut oil. Use the oil available locally.

Units of powdered leaves or flowers + units of oil:

-For small production: 1 unit herbs + 3,3 units oil.

-For larger production: 3 units herbs + 10 units oil.

For "a unit" you can use a container like a tin or mug or small cup. Make sure the container you use is very clean and completely dry before you use it.

Preparation:

-Put the correct quantity of dried powdered leaves into a pot with the correct quantity of oil.

-Put on the stove at low temperature. Allow the mixture to warm up but never boil/fry. Always stir the mixture for one hour. If the mixture is getting too hot, take it away from the stove for some time and continue stirring. Stay there, don't leave the kitchen and you will be sure you will have a good final product.

-After one hour you can filter the oil into another dry clean pot by use of a strainer. If fine herbs go through then use a cotton textile/gauze. Squeeze the plant material to ensure that you collect all the valuable medicinal oil you have produced.

-Now the medicinal oil is ready. You let it become cold and then you can pour it into small bottles to preserve it.

Make sure you never cover the pot with a lid. A lid would cause steam/water drops into the oil.

Labelling: always put a label on the bottle. Write:

-the name of the oil,

-the date when you prepared it

-the expiry date which is normally after one year from preparation date.

-the use of the oil (for example: for rheumatism, for insect repellent, for antiseptic skin care, for inflammation, etc)

Uses: you can use your medicinal oil for different purpose as follows:

-eucalyptus globulus (boleikomo) oil: for massage, rheumatism, cough, catarrh,

colds, asthma, bronchitis.

-rosemary oil: massage, osteoarthritis, circulation, stomach cramps, low blood pressure.

-artemisia/lengana: antiseptic skin care, haemorrhoids, flue, insects bites.

ALL THESE OILS ARE FOR EXTERNAL USE ONLY.

3. How can we use the traditional herb LENGANA to support physiotherapy patients

Some useful information of a common herb in Lesotho:

Common name: African wormwood

Proper name: Artemisia afra

Sesotho name: Lengana

Description

This highly aromatic plant is an erect multi-stemmed perennial shrub of up to 80 cm in Lesotho. The leaves are dark green above, grey-white hairy beneath, of soft texture and similar in shape to fern leaves. Artemisia afra blossoms in late summer, producing butter-coloured flowers at the branch ends, each flower approximately 3 to 5 mm in diameter. Artemisia afra exudes a pungent, sweet smell when any part of the flower is touched. In cold regions the branches die back in winter but rapidly regenerate from the base in spring. In gardens you can find the domestic type of Artemisia afra with bigger and softer leaves and they taste less bitter than the wild one.

Distribution

Artemisia afra is a very common species in South Africa and Lesotho and its natural distribution extends northwards into tropical east Africa as far as Ethiopia. It likes dry, stony territory, grows as little single or on ideal positions also as a gathering of bushes.

Medicinal Uses

Artemisia afra is a well known medicinal plant in Africa and is still used effectively by people of many cultures. Uses range from treating cough, fever, colic, headache to intestinal parasites and malaria. In addition the plant is frequently used as a moth repellent, for infusions, lotions, essential oils, it can be inhaled and its extracts can be used in full body wash.

Attention: The regular use of Artemisia afra tea must be limited to 2 weeks because of strong side effects.

Here some applications:

Steam Inhalation

1 teaspoon of dried leaves boiled in 2 litres of water, 5-10 min. allow to draw, inhale about 10 min. It helps when you have a stuffy, running nose. It is against chronic upper respiratory infections.

To treat a blocked nose plugs of fresh leaves may be inserted in the nostrils.

Full Body Wash and Sitting Bath

Boil 1 tablespoon of dried leaves in 5 litres of water. Wash the whole body as hot as possible, do rinse and put the patient to bed with a hot water bottle. You could add 2 tablespoons of Koena (wild mint) to the washing water. It helps in times of a common cold, of flue and of harmless, feverish conditions and of haemorrhoids.

Partial Body Wash

Face, acne, pimples.

Ointment

An ointment is an oil to which you add beewax or candle wax.

Prepare an oil with 10 gr of dried powdered Artemisia leaves with 100 gr of sunflower oil. Proceed as instructed for oil preparation: warm it without boiling for 1 hour, always stirring (without any lid). Filter it and while still hot mix it with 20 gr of melted beewax or melted paraffin (candle wax) and fill the ointment into little containers. Allow to become completely cold before closing the container.

It is helpful against localized bacterial or fungal skin infections, inflammations, haemorrhoids. It helps to painful joints.

Enema

Only nurses should prepare enemas!!! Ground dry leaves are suspended in milk and used against intestinal worms and against constipation.

Growing, harvesting and drying Lengana leaves

As Lengana grows all over the country you don't need to plant it in your garden. When you harvest the leaves, pay attention that you don't collect them on a field where animals graze. Only if there are too many animals around plant some Lengana in your garden. Pick the leaves before the plant blossoms. put them in a box so the wind can't blow them away and they will be protected from dust. The box must be always open, without any lid. Leave the box in a warm and sunny place for the first 2-3 days and only then bring it into the shadow. Once the leaves are 100% dry, grind them to powder and fill the powder in very well closing tins.

Attention

Prolonged and regular use of Lengana tea creates nausea, abdominal pain and stresses the nervous system.

The tea tastes very bitter, even loathesome and has an ugly smell. In order to be on the safe side prepare for internal use a tea with the domestic Artemisia afra if possible and use the wild growing one for external treatments only.

As the medicinal use of the leaves of Artemisia afra is already very powerful, leave the use of the roots to the expert!

EXAMPLE OF ANNUAL REPORT ON PHYSIOTHERAPY

PARAY HOSPITAL DEPARTMENT OF PHYSIOTHERAPY

PHYSIOTHERAPY ACTIVITY REPORT 2009

We are pleased to report that physiotherapy services were provided continuously throughout the entire year to the hospital, Out Patients Department (OPD) and Expecting Mother Home (Shelter).

Two qualified nurse assistants, with training in physiotherapy skills, worked on a full time basis and were supported for 6 weeks of the year by a full qualified physiotherapist. Physiotherapy services were provided to the children's ward, the male and female wards, the maternity ward, the TB Unit and also to the OPD. A valued and effective programme of activity was provided for expectant mothers in the Ante Natal Clinic (ANC).

The junior nurse assistant, Mme Mankhetse Ralenkoane, followed through the whole year an on-the-job-training in the Physiotherapy Department. The entire staff of the Physiotherapy Department together with the on-the-job-trainees attended a 4 day national workshop in basic physiotherapy held at Paray Nursing School.

Intensive clinical teaching was provided by a full qualified physiotherapist for 5 weeks.

The physiotherapy statistics have in the reported year significantly improved and 4 of the 5 objectives set for this year were achieved with satisfaction.

The infrastructure of the Physiotherapy Department could be improved by the provision of an electric heating system which would allow us to raise the standard of the quality of treatment during the winter time. A new water kettle now makes it possible to create hot water compresses which are widely used in the treatment of patients with low back pain. 500 Maloti were provided for buying electricity.

A BRIEF LOOK AT THE FIGURES

323 patients received 1193 individual treatments.

213 group sessions were given to 466 expectant mothers with a total of 3109 attendees.

387 Postnatal Clinic patients (PNC) received 193 sessions (636 attendees).

40 TB patients received 29 exercise classes (99 attendees). Unfortunately the TB physiotherapy treatment failed to improve.

These figures show the successful improvement of the service except in the department of TB physiotherapy.

Summarizing: 829 patients received a total of 1193 individual treatments and 435 exercise classes.

These figures show a successful increase in the physiotherapy services provided. This was due to the regular allocation of 2 staff members, the improved information available and cooperation between the doctors and physiotherapists and the attention provided by the hospital management.

THE FIGURES IN DETAIL

In-Patients: 165 (+50%). Treatments: 818 (+76%)

Out-Patients: 158 (+20%). Treatments: 375 (-6%)

ANC-Patients: 466 (+25%). Sessions: 213 (+6%). Attendees: 3109 (+26%)

PNC-Patients: 387 (+8%). Sessions: 193 (+28%). Attendees: 636 (+16%)

TB-Patients: 40 (+14%). Sessions: 29 (-55%). Attendees: 99 (-46%)

Total patients: Approximately 829 (+28%). Most of the PNC-Patients were registered already as ANC patients therefore the number is lower than the total of the figures of each section.

Total individual treatments: 1193 (+38%)

Total group sessions: 435 (+5%)

Total attendees: 3844 (+20%)

These figures show a significant increase in all the activities except in the TB physiotherapy. The individual sessions concentrated mainly on In-Patients but major benefits were also gained among the Out-Patient group.

Unfortunately the TB group shows a drop of activity. If problems associated with compliance can be overcome, the service can be increased even further.

THE FIELD OF PHYSIOTHERAPY INTERVENTIONS

Activity was concentrated on preventive exercises for the patients undergoing bed rest. The activities undertaken included breathing exercises, mobilization of patients, gate and walking instruction, measuring and fitting crutches and early neurological rehabilitation exercise for the In-Patients. We are glad to report the much appreciated support of the workshop department in the construction of crutches. The walking aids and wheel chairs available to the Physiotherapy Department removed difficulties associated with the mobilization of patients and allowed this to be undertaken in a safe and adequate manner. Most Out-Patients complained about muscular skeletal problems, neurological disorders or post-traumatic conditions. Doctors referred the patients to the physiotherapist with the necessary clinical data. The physiotherapists themselves reported back to the doctors about the progress of the therapy. They cooperated well together.

UPGRADE TRAINING IN PHYSIOTHERAPY SKILLS

In 2 periods (1-15 January, 2-31 December) the physiotherapy staff was supported by Ntate Thuso W. Fasser, double qualified physiotherapist from Switzerland who provided clinical supervision and further teaching. A national workshop was held at Paray nursing school and was run by Ntate Thuso W. Fasser and Mme Theres Schär, a qualified physiotherapist from Switzerland. A total of 16 nurse assistants from 10 private health institutions attended the 4 day workshop. Among them were the 2 staff members of Paray hospital who had been chosen to upgrade their physiotherapy skills. Many of the basic topics in physiotherapy were discussed and practicals undertaken to transfer the theory into clinical application.

The introduction of natural medicine as a topic has enabled the production of Eucalyptus ointment and the preparation of a massage cream using local herbs in a

pharmaceutical controlled manner. In particular the focus was set on Eucalyptus, Wild Fennel and Artemisia Afra. When Ntate Thuso W. Fasser was not on site the staff had regular telephone contact with him.

THE DIFFICULTIES

We have overcome the difficulty of staff shortage. With two physiotherapy nursing assistants in service, the number of treatments has improved as shown in the figures above. Patients needing intensive rehabilitation (such as paralysed patients) can be treated at the same time. A difficulty remains in providing a regular service to TB patients. We were not able to improve the service and there is still a lack of motivation among the patients and the service is still irregular. We do hope that the newly introduced physiotherapy concept will be successful in the coming year. In terms of physiotherapy materials, we are in the fortunate position of having everything necessary to be able to provide a good quality service. To safeguard our equipment a lockable cupboard is still required.

OBJECTIVES 2010

To strengthen the service and to provide consistency we shall maintain the same objectives as last year, underlining the need to improve TB physiotherapy.

1. Providing constant, sufficient and good quality physiotherapy services to all departments of the hospital, the TB Unit, the ANC and PNC programme and the OPD.
2. Continuation of upgrade training and clinical supervision with double qualified physiotherapist Ntate Thuso W. Fasser.
3. Maintaining the clinical documentation and statistics of all physiotherapy activities.
4. Providing a teaching programme for the two new physiotherapy nurse assistants and introducing them to the practical work.
5. Improving the services in the TB Unit.

THANKS

We would like to thank the doctors, the Matron, the staff and the management for their cooperation and support of our work in the development and delivery of physiotherapy services for the good of the patients.

Physiotherapist Staff 31 March 2010

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