

TREATMENT NOTES

TREATMENT OF HAND INJURIES

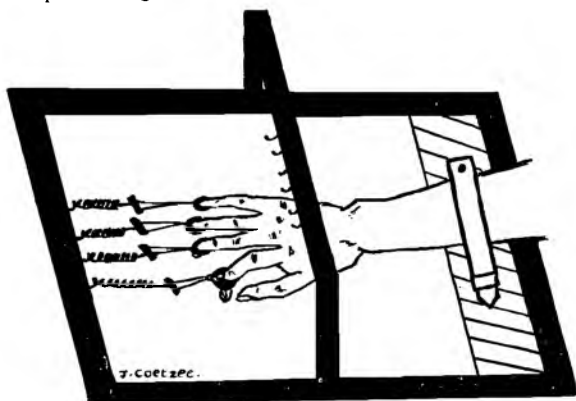
By MISS JOAN E. YOUTHED, Pretoria Dip.:
Member Northern Transvaal Branch.

Illustration: Miss J. Coetzee (Student member).

For the past six months I have been working at the Mpile African Hospital in Bulawayo, and during that time I have had a large number of industrial hand injuries to treat. These invariably result in the traumatic amputation of one or more fingers or in the severance of the flexor tendons.

By the time the tendons are sutured and the wounds healed the hands are immobile—the natural tendency of the African being to nurse it very quietly!

I have found that an effective way of dealing with this is by soaking the hand in hot saline or dettol water, removing all the hard skin callous and drying the hand well under I.R.R. Deep finger kneading (using oil) and active exercises on our "finger machine" followed by class exercises have produced good results.



Finger Machine

Size of Frame: Approx.: 18" + 10".

Over-head hooks: For lumbrical action, and flexion and extension of the M/P joints.

I have also found that bad septic hands have responded well to saline soaks in conjunction with alternate U.V.R. and I.R.R.

TREATMENT NOTE.

KEITH NICOL, M.S.A.S.P., M.C.S.P., H.T., M.R.S.H.,

Somerset West,
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This case is being written because it is an unusual condition and one in which the Physiotherapist was offered a challenge of his knowledge in this form of medical therapy.

Case History.

Mrs. F., aged 28 years, complained of pain in the right hand.

Onset of pain was 15 months' previous.

Cause: Her son kicked the dorsum of her hand with his P.O.P. foot splint.

Aetiology: Mrs. F. complained of pain during the action of gripping or when extending the fingers when the pain became localized to the base of the middle finger. Pressing the palm of her hand downwards on top of a table or actively extending the wrist produced referred pain up the forearm.

There was no pain during the night. The pain felt like a bruise over the dorsum of the hand and the referred pain was sharp into the fingers.

Medical Attention: Mrs. F. saw her Doctor who could not detect anything abnormal under X-ray, he offered to give an injection which she did not accept because the Doctor did not know what the condition was.

A second Doctor was approached who prescribed rubbing in Iodex but this was without effect. Mrs. F. asked if she could be allowed to receive Physiotherapy, to which her Doctor agreed.

Physiotherapy Attention: Having noted the case history as outlined above, a soft tissue examination was carried out.

Examination: Resisted abduction (radial deviation) of the middle finger caused pain.

Resisted lateral deviations of all the other fingers caused slight pain over the dorsum of the proximal phalanx of the middle finger, especially into the radial side of the head of the metacarpal to the middle finger.

On Palpation: There was pain in the tendon of insertion of the abductor to the middle finger, where a thickening and swelling was evident during the final degrees of finger extension at the metacarpo-phalangeal joints.

Diagnosis: I explained to Mrs. F. that she was experiencing the effects of a localized thickening of the second Interossei dorsales tendon to the middle finger, caused by minor trauma 15 months ago.

Treatment: Daily treatments were given for three weeks during which time the hand was rested.

Ultrasonic therapy was given throughout, per water medium starting at 5 minutes duration, progressing to 15 minutes at the lowest intensity output.

As from the second week, in view of the fact that there had been no change in her condition, in addition to Ultrasonic therapy, massage was introduced in the form of deep transverse frictions across the affected tendon.

At the end of the second week faradic stimulation was given as an addition, at a fairly strong intensity.

Progress: At this stage the condition was showing some improvement. The hand was feeling easier and on examination resisted lateral deviation of the fingers did not cause pain, but there was still pain on active extension of the fingers at the metacarpo-phalangeal joints.

After 17 treatments, within the period of three weeks, Mrs. F. no longer complained of pain but only stiffness.

While treatments were discontinued, she was instructed to rest the hand for a further two weeks, not even to knit which was her favourite pastime. Following this period of rest Mrs. F. reported that she had been free of pain and could now use her hand normally. On re-examination the lesion was no longer evident.

Conclusion: In extending my acknowledgement to the Doctor who referred this case for Physiotherapy, I wish to point out that this is another instance in which if more cases were entrusted to the Physiotherapist with which to apply his or her knowledge and ability, then our patients would benefit all the more. It must be recognized that we are continually treating soft tissue injuries to the extent that our sound training does not continually warrant precise instruction as to how to apply our forms of treatments. We are the personnel who know how much time, or amperes or wattage per square cm. that is necessary to be given for any one case, especially if consideration is always given to the following points of approach:

1. The diagnosis labelled by the Doctor in charge of the case.
2. Interrogate the patient to assess him or her as an individual. To assert the cause, level or location of the lesion.
3. To carry out a clinical examination on each and every condition referred to the Physiotherapist.

If a little more time is taken over the latter two points and recorded on a Case Sheet whether in private practice

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STUDENTS COLUMN

WITWATERSRAND UNIVERSITY

Wither Wits

The first part of a University year is always a busy time for students, more of course in the social than academic field, as the thoughts of examinations are not as acute.

Once again the physiotherapy students played an active part in the Annual "Rag" held mercifully early this year, on May 6th.

The third year students produced a most artistic and colourful float to depict the general theme of "Merry Myths"; it was of Neptune, presented by Mr. Taitz, one of the two male students, and his array of mermaids.

The first year students also had a float aspiring to the realms of Greek Mythology.

Second and Fourth year students were to be seen in various costumes among the many free lance walkers.

It is such hard work to prepare for this day and a great deal of thought goes into the production, it is sad to hear that this year was not as financially profitable as had been hoped, but I think all ex-students will agree that it is always worth the effort.

The department would like to extend its best wishes to Miss Balkind, a final year student and Miss Tankelowitz, a third year student, who became respectively Mrs. Sher and Mrs. Zuk during the Easter vacation.

We are also happy to announce that once again the Physiotherapy department is playing a prominent part in the field of sport, as Miss Counihan, a final year, has been elected as chairman of the University Hockey Club for 1960.

All the staff and students extend our sympathy with Miss Chapman, final year, in the recent loss of her father.

At the moment the students are busily thinking up ways and means for an Old Student's reunion later this year we sincerely hope we will have a large attendance.

Overseas

The most recent old students to have sailed for the United Kingdom are Miss Denny and Miss Hosking, we send them our good wishes for a pleasant time.

Also Miss Bjorkman is at present in Sweden staying with her family, we understand she is soon to be married, and send her our best wishes.

On her recent brief visit to the Free State, Miss Blair stayed with Mrs. Estelle Deane (neé Alberts) and family and had tea with Mrs. Ann Beyer (neé Joslin) and infant son. On her return journey she called on Mrs. Barbara Carlean (neé Brownlee) who was busy in her department at the Harmony Hospital.

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or in Hospital service, then it will be time well spent because in this way you will live with and feel the condition you are supposed to be assisting in its recovery.

If you as the Physiotherapist do not agree with the above points of approach then you, having accepted a case can not be confident of your ability to take the necessary responsibility of curing your patient's condition.

Surely when a case having been referred for physiotherapy, you do ponder to consider whether or not you expect to produce sufficient improvement to satisfy yourself as well as the patient.

PRETORIA HOSPITAL SCHOOL OF PHYSIOTHERAPY

School News

Diploma Ceremony

The ceremony of the presentation of Diploma Certificates was held in the School Hall, on Friday, March 19th, at 2 p.m. Dr. H. J. Hugo, Director of Hospital Services presided, the Guest Speaker was Miss J. Blair, Senior Lecturer in Physiotherapy at the Witwatersrand University. Miss A. M. Bodoano gave a report on the years work and Dr. Swanepoel, Superintendent of Pretoria Hospital gave a vote of thanks.

Parents and guests attended the ceremony and the School was honoured to have as guests Mr. R. S. Ferreira, M.E.C. and Mrs. Ferreira.

Following the presentation of 20 diplomas, the following prizes were given:—

Award of Prizes:

Miss J. Lawrance—Distinction in Pathology, 2nd Class in Physiotherapy.

Miss R. Sloman—2nd Class, Kinesiology and Electrotherapy.

Miss M. Cousins—2nd Class, Physiotherapy and Treatments.

Miss M. van Wyk—2nd Class, Treatments.

Miss N. Humphris—General high standard.



THE PRINCIPAL OF THE SCHOOL (centre) AND DIPLOMA STUDENTS.

(Back row) J. M. Welsh, E. Grobler, H. Mulder, M. Boomkamp, T. Glick, J. Lawrance, C. E. Douglas, E. Pienaar, M. A. Ellwood.

(Front row) M. Cousins, D. A. Gibbs, R. Sloman, Miss A. M. Bodoano, Principal, M. J. van Wyk, J. R. Wood, N. Humphris.

Teacher's Course :

Miss E. Jennings, M.C.S.P., of the Staff of the Pretoria School of Physiotherapy is taking a one year Physiotherapy Teachers Course at the University of Pretoria. We wish her every success, and look forward to having her back in the School at the end of the year in a full time capacity.

The School is very pleased to have back with the students Miss Anne Hendry, after a long absence due to sickness, we congratulate her on her perseverance and courage, and wish her every success in her Final Examination.