

Overseas Hand Therapy Building for the Long Term

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BAHT Representative

BSSH/BFIRST Overseas Committee

Overseas Projects

- BSSH - Sierra Leone, Sudan, Malawi, Tanzania plus upcoming visits to Ethiopia and Myanmar
- BFIRST - Bangladesh, Cambodia, Sri Lanka, Vietnam, Zimbabwe plus upcoming visit to Ethiopia
- Other individual/charity funded projects - Nepal.....

Challenges

- Different pathologies
- Varying level of skills
- Limited space and resources
- Language barrier
- Overwhelming patient numbers
- Lack of therapists' status/confidence



Positives

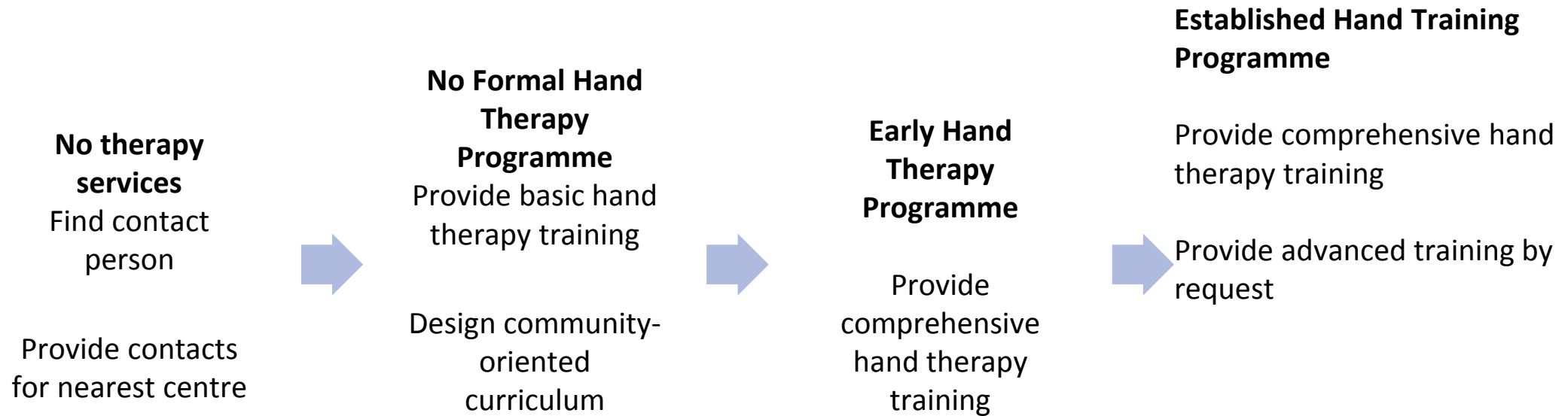
- Skilled and supportive visiting surgeons
- Working as a team
- Engaged patients
- Seeing the increase in therapists' confidence and motivation

- We can make a big difference!

Strategy

- Build and tailor programme around needs in different countries
- Be as comprehensive as possible in our training
- Utilise local resources as much as possible

Identification of the Level of Therapy Needs



No Formal Hand Therapy Training Programme



***Children's Surgical Centre (CSC)
Local NGO Hospital
Phnom Penh
Cambodia
2014-2018***



***Wee Lam, Roma Bhopal, Catherine Hernon,
Vaikunthan Rajaratnam, Gus McGrouther***

Defining the Community Needs at CSC

- The Deformed Hand - post reconstructive surgery for tendon/nerve injuries, burns, fractures
- The Paediatric Hand - congenital hand problems - conservative and post surgical management
- The Paralysed Hand - nerve injuries, brachial plexus reconstruction

Defining the Therapy Needs at CSC

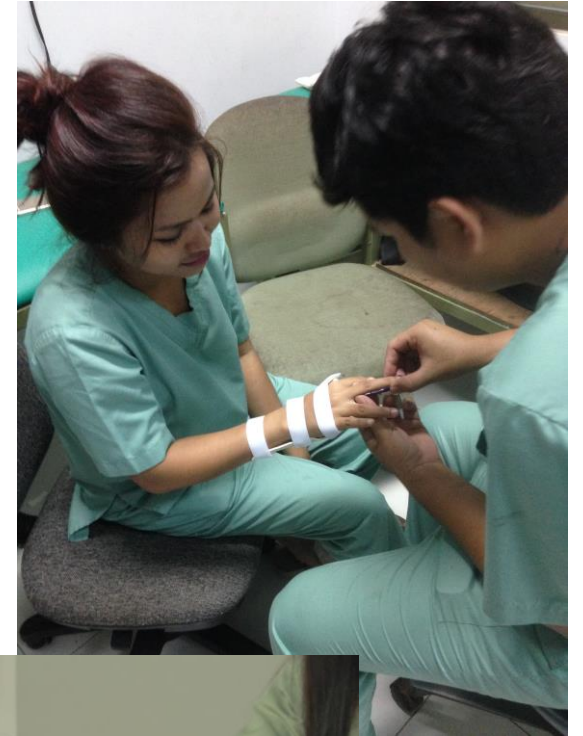
- Initial visit:
 - Four full time physiotherapists with general exercise and casting skills
 - Less experience in hand therapy
- Focus of trips:
 - Establish a common message with the rest of the team
 - Teach new skills specific to surgery being performed
 - Start with simple principles to get quick wins
 - Look at systems to manage patient load

Designing a Hand Therapy Curriculum for Cambodia

TOPICS	LEARNING PROCESS	TIME
Anatomy	Anatomy workshops	1 yr
Deformity 1 Burn contractures	Scar/Contracture Management workshop	1 yr
Deformity 2 Tendons	Tendon Rehabilitation tutorial/ workshop	1-2 yrs
Deformity 3 Fracture and dislocations Osteomyelitis	Splinting and Mobilisation workshop	1-2 yrs
Nerve 1: Paralysis, cerebral palsy and spasticity	Tendon/Nerve Transfer Protocols and Strengthening exercises tutorials/workshops	1-2 yrs
Nerve 2: Brachial Plexus		1-2 yrs
Congenital Hand Deformities	Splinting and Mobilisation workshops	1-2 yrs

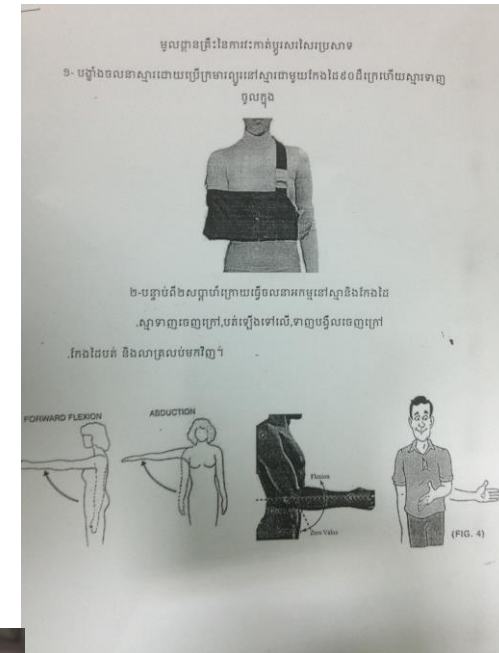
Delivering curriculum

- Setting realistic goals
- Problem based learning
- Skill development with practical workshops
- Guidelines, therapy documentation
- Encourage independent practice and teaching others
- Continuous support via remote communication



Progress

- Variable progress with aspects of curriculum
- Development of good splinting skills
- Production of treatment guidelines
- Patient information sheets



Reflections

- Sustainable programmes need training of local experts
- Requires long term partnerships and friendships
- Curriculum was needed to focus training needs
- Need to raise status of therapists/team based approach
- Better outcomes with surgery that does not require intensive follow up
- Post-op instructions and protocols are essential
- **Need for locally available splinting materials**
- More attention to documentation



'Overseas Hand Therapist: Key areas of development

Essential Skills:

- Technical Skills
- Understanding of pathology/surgery
- Decision making
- Exercise progression
- Record keeping

Desirable Skills:

- Leadership
- Organisational/communication
- Data collection

- VISITS
- FELLOWSHIPS
- ONGOING MENTORING

Summary

- No perfect system
- Be flexible, adaptable and community-orientated
- Think essential *and* desirable qualities to empower the local therapist
- How can we utilise existing resources?

Proposed BAHT Strategy for Overseas Work

5-year strategy for BAHT Overseas Work:

'Our proposal is to use BAHT resources to deliver maximum possible benefit for patients in need of hand therapy in low to middle income countries (LMICs).'

BAHT Strategy

***To develop an** educational resource for hand and upper limb disorders:*

*Within two years we will have developed and maintained a hand therapy curriculum capable of being tailored to the needs of individual institutions and countries and delivered by BAHT members. **We will have a mature educational resource designed and populated by BAHT members and tested in LMICs. This educational resource will be freely available to all BAHT members performing educational work in LMICs.***

Volunteers needed!

Powerpoint lectures

Assessment documentation

To go and to host

Thank you