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## WHO ARE THE PEOPLE ATTENDING PHYSIOTHERAPY UNIT, GGH, KAKINADA.

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**Introduction:** Medicine in developing countries is primarily disease-oriented; prevention and rehabilitative care are secondary concerns. Hence, curative care erodes the few resources allocated in to rehabilitative health despite the well-documented benefits of rehabilitation in the management of disabilities. Physiotherapy unit in government hospital GGH Kakinada was established for limiting the disabilities of the patients, so that they can lead socially and economically productive life. **Aim:** To assess the overall morbidity profile of patients attending to physiotherapy unit, GGH, Kakinada. **Objectives:** To assess the morbidity profile of patients attending the physiotherapy unit. To correlate the disability profile with socio-demographic characters. To assess the existing monitoring mechanisms for running the fully functional physiotherapy unit. **Methodology:** A cross sectional observational study was performed in the month of July 2015 from 24-07-2015 to 31-07-2015. All the patients (both new and old) who attended the physiotherapy unit GGH Kakinada between 10.00am-12.30pm in that week were included in study. A total of four hundred and thirty three patients attended the unit. Among them one hundred and three were included in study. Data was collected from the patients and supplemented with information from the records of physiotherapy unit GGH, Kakinada. Descriptive statistics with percentages were computed. **Results:** 52.42% are males, with a mean age  $48.5 \pm 16.56$ , whereas 47.57% are females with a mean age  $47.67 \pm 16.66$ . Among disabilities - Trauma (21.35%), cervical spondylosis (15.5%), osteoarthritis (15%), cerebrovascular accidents (13.5%), frozen shoulder (12.6%), Lumbar spondylosis + sciatica + low back ache (12.6%) and Bell's palsy (4.6%) were the most commonly encountered conditions, with Trauma the most common condition throughout the week. With regard to gender, male patients were significantly more affected by Trauma, cervical spondylosis, and cerebrovascular accidents than female patients. Children aged five or older had a higher incidence of Trauma. Additionally, the overall comparisons by gender and age demonstrated differences for the most common disabilities. There is no monitoring mechanism to assess the existing infrastructure and for taking necessary action. None of the consultant ever visited the physiotherapy unit to monitor the functional capacity of referred patient, nor do they identify corrections in the suggested physiotherapy exercises. **Conclusion:** Existing equipment is not sufficient for people attending physiotherapy unit. Repairs, Replacements and upgradation of equipment is required. Services need to be streamlined in terms of time allotment for each patient. Monitoring the patient while getting the physiotherapy by consultant periodically is must.

**Key words:** Disabilities, Morbidity, Equipment, Monitoring.