PHYSIOTHERAPY REPORT

DATE: 3rd august 2024

Demographics

Name. Nalukwago Labiibah age. 17yrs gender. F

Address. Lugoba

Occupation. Student (home schooling)

PC: low back pain

HPC: blunt trauma to the lower back. Patient reports being in a kneeling position with back flexed when she was suddenly hit by a rod to the back. She reports history of failure to control urination and loss of function of the legs.

Nature of pain: sharp pain in the lower back radiating to the lower limbs

Pain is constant throughout the day.

Reports improvement of the pain ever since she started going to the hospital and taking the medication.

Aggravating factors: changing positions, supine and prone lying, flexing the back

Easing factors: side lying, sitting on the ground with legs extended

PMH: no known chronic illnesses.

5/12 hx of the back pain,. Was first taken to kibuli Muslim hospital orthopedic department and the. To mulago national referral hospital physiotherapy and orthopedic department

An X-ray for the PA and lateral views of the lower back were taken on 18.03.2024

FSH: patient is an S4 candidate, being homeschooled and currently doing her mock examinations at home as of the current period. She travels from home to school for her practical examinations.

OBJECTIVE ASSESSMENT

Patient is healthy looking, not in distress.

Found sitting on the ground with legs extended.

Back assessment

On palpating, the patient is tender around L4-L5 and L5-S1.

Pain of the lower back on active and passive side rotations of the lower back, and back extension

Back extension also causes pain at the thoracic spine levels,

Muscle tightness of the lower back and upper back

Lower limb assessment

Bilateral knee joint pain on weight bearing

Bilateral lower limb weakness ( LLL 3/5 and RLL 3/5 gross muscle power)

Tight hamstrings and gastrocnemius muscles

Trunk assessment

Weak trunk muscles and poor dynamic balance

Neurological assessment

SLR is positive

FUNCTIONALITY

Unable to transfer independently from sitting to lying positions

Walks with aid of axilla crutches ( gait pattern not observed)

ANALYSIS

17/F with grade 1 traumatic spondylolisthesis at L5-S1

RX

Pain management

Trunk strengthening

Gait training

Limb strengthening

Williams flexion exercises

Patient education

PT: Nyanzi Abdusalam Juma