



PTs Help Haitians Regain Mobility After Earthquake

By Diane Donofrio Angelucci

Physical therapists quickly acted to help when a devastating earthquake struck Haiti. They continue to work with Haitians on their long road to recovery.

When a massive earthquake rocked Haiti on January 12, Charles Gulas, PT, PhD, GCS, dean of the School of Health Professions, Maryville University of St Louis, felt the tremors. Gulas was volunteering at Hôpital Albert Schweitzer in Deschapelles, Haiti. But those tremors were only a hint of what was to come.

“When the earthquake occurred, even though we were 2 hours outside Port-au-Prince, we had hundreds of patients brought to our hospital,” says Gulas, who had arrived in the country 2 weeks earlier to teach in the Rehabilitation Technician Training Program sponsored by Health Volunteers Overseas (HVO) and the hospital.

He and his colleague, HVO volunteer Denise Lee English, PT, from Turtle Creek, Pennsylvania, aided Haitian staff with triage, assisted in splinting fractured limbs, and helped patients walk with crutches once they had surgery and their limbs had been casted. They also taught family members how to care for the injured. Within the first 2 days, Gulas had heard that the hospital had taken more than 500 x-rays.

The disaster quickly overwhelmed the hospital’s resources, English says. “For example, we used as much pain medication in 1 day as we normally use in 1 month and did not have enough,” she says. “We found ourselves understaffed with nurses, and we were unable at times to provide for the immediate



Tiffani Bacon, PT, helps a pediatric patient ambulate. The child's right leg was partially amputated.
[Photo: Justin Ide/ Harvard University]



English

needs of patients, making it difficult to know the exact extent of a patient's injuries. The injuries were severe—many patients had more than one—making it difficult to know what to deal with first.”

Health care workers quickly exhausted the supply of cardboard, cloth, and duct tape as they splinted fractures. They initially lacked assistive devices and struggled to communicate with patients, who primarily spoke Kreyol. Nonverbal communication often worked very well, however.

As they provided care, they were hampered by a lack of patient information, not knowing whether patients previously



Kelly

had a cast or surgery, what their weight-bearing status was, and other important details, says Jennifer Watters, PT, who spent 3 months in Haiti with Handicap International. However, some providers found unique ways to solve the problem. A patient arrived one day wearing a temporary cast on which a resourceful provider had scribbled health information and the date. “I was so excited—all the information was right there on the cast,” she says.

Need for Therapists

Nancy Malone, PT, founder and president of Hands of Light in Action, Canton, Michigan, found an immense need for physical therapists (PTs) when she arrived at Love a Child Orphanage in Fond Parisien, Haiti, in February as part of a 5-member team. Working in sweltering tents in a dirt and gravel camp, physical therapists helped many patients with external fixation devices, amputations, wound care, and contractures.

“PTs all helped primarily with gait training,” says Tiffani S. Bacon, PT, owner and pediatric physical therapist of Kinetic Kids, Inc, Charlotte, North Carolina. She was in Haiti in early February on behalf of Hands of Light in Action and explains that patients had been lying down, afraid to move. “They didn't think they would be able to bear weight through their involved limb or limbs, and once they were up and out of their tents they just felt so much better,” she says.

“Before the earthquake there was very little rehabilitation

in Haiti, and so most of the Haitians [we saw] had little understanding of the importance of moving and exercising after an injury,” Watters says. “Some of them do not have the expectation that they will improve and often stop using an entire limb once it has been injured.”

Physical therapy was an enormous benefit to patients. “They definitely had more confidence, more independence, a better quality of life,” Bacon says. “They weren't stuck in a sweltering tent. They knew they could get up and move and felt more empowered to do for themselves.”

Exemplifying Resilience

Amid the massive suffering, PTs were moved by inspiring moments. “I was extremely impressed with how resilient the Haitian folks we worked with were,” says Daniel Dore, PT, DPT, director of physical therapy and occupational therapy at Duke University Health System, Durham, North Carolina. Allied with Partners in Health, a Haitian organization, Dore arrived on February 27 as part of a 10-person team. He says that even many patients who had lost multiple limbs did not express self-pity. They simply wanted to know what they needed to do to get back on their feet to return to their families. “I was very impressed with how, even in the poorest of medical conditions and certainly very, very limited resources, family and friends were always there with patients.”

June Hanks, PT, PhD, DPT,



Jennifer Watters, PT, gait trains a patient at Diquini Hospital in Carrefour, Haiti. [Photo: Federico Saracini c/f. Saracini for Handicap International]

CWS, CLT, associate professor, University of Tennessee at Chattanooga, and director of the Advantage Program, Les Cayes, Haiti, recalls the sunny disposition of one patient. “He was everywhere, all over the hospital, in a wheelchair or walking with crutches with his amputated limb, and he was always very happy,” she says. “When we asked, ‘Why are you so happy?’ he responded, ‘I don’t really have a reason to be sad because I’m still alive.’” However, because he admitted that he would regret not being able to play soccer, therapists surprised him with a soccer ball when he received his prosthetic limb. “Just to see the smile on his face when he kicked the soccer ball was pretty incredible. He’s still with us for follow-up rehab, but he is walking independently with his prosthesis and it’s a real encouragement to others,” Hanks says.

As physical therapists tended to immediate needs during the crisis, they also taught the Haitians, who began to teach and help each other, Bacon says. “It was a nice snowball effect,” she says. “When one person would see another person up and moving, then that person would want to do the same. It made our job easier.”

Creating Devices

“We designed and fit a large quantity of assistive devices, splints, and orthoses, due to the high volume of individuals with limb crush injuries. A considerable number of people had external fixators that required ongoing care and had suffered

nerve injuries with resultant foot drop. Thus, gait training was a big part of the mission,” says Timothy Flynn, PT, PhD, associate professor, RHCHP—School of Physical Therapy, Regis University, Denver. He arrived in Haiti in April with his wife Susan Flynn, PT, MEd, who is a pediatric physical therapist, and a colleague.

In addition, because many people lived in tents and were cooking over open fires, PTs treated burns experienced by young children. They also provided preprosthetic training to keep residual limbs strong and flexible to prepare them for the prosthetic limbs.

Hanks explains that during her April visit therapists produced 15 limbs within 2 weeks. “Our guys were working late hours and working really hard, but they were able to do it,” she says.

Fitting limbs was not easy, however. PTs were faced with the challenges of fitting prostheses to limbs on which speedy amputations had been performed as life-saving procedures but without prosthesis fit in mind, she explains.

Ongoing Needs

“From a physical therapy perspective, the needs are going to be continuing for years, with the types of injuries, the crush injuries, the nerve injuries, let alone the amputations, spinal cord injuries, trauma-induced pain disorders, and head injuries,” Flynn says. “There are going to be substantial and ongoing rehabilitative needs.”

“Without physical therapists

there would be three generations of not only poor, but also suddenly permanently disabled Haitian people. The orthopedic surgeon can repair the fracture, but without physical therapy services it’s like making an incision and not sewing it up,” Malone says. “There is already a lot of keloid formation with their incisions, and so they’ve developed contractions. They have had to have manipulations, but the

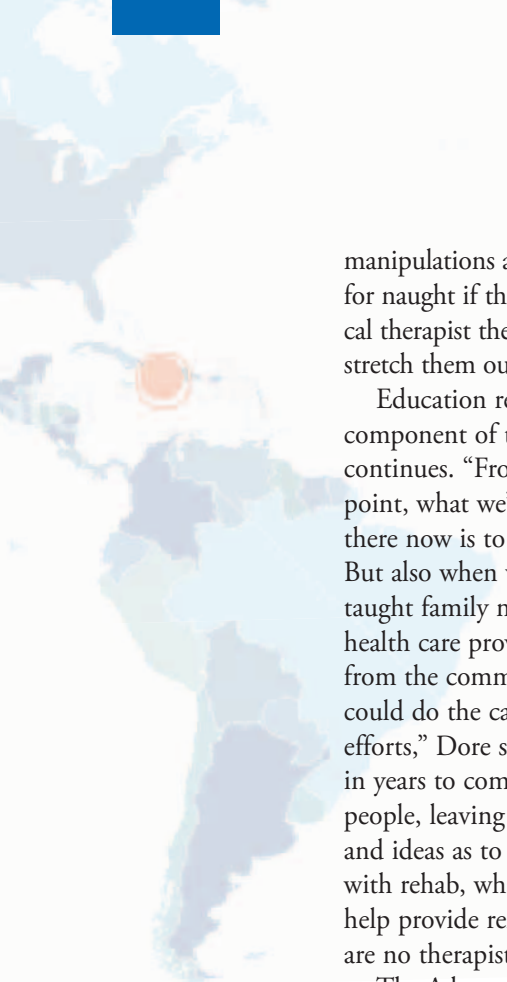


Gulas



(Top) Timothy Flynn, PT, PhD, assists a young boy by soaking his casts off his ankles.

(Bottom) June Hanks, PT, PhD, DPT, CWS, CLT, teaches a wife how to do exercises with her husband.



manipulations are going to go for naught if there's not a physical therapist there to continue to stretch them out."

Education remains a large component of the work that continues. "From a rehab standpoint, what we're going to do there now is to provide services. But also when we were there, we taught family members, other health care providers, and people from the community that they could do the carry-on rehab efforts," Dore says. "A big need in years to come is teaching people, leaving them thoughts and ideas as to what can be done with rehab, what they can do to help provide rehab when there are no therapists."

The Advantage Program in Haiti includes several compo-

nents that will help Haitians in the years to come: a rehabilitation clinic and prosthetics/orthotics shop; vocational training program for women with disabilities, the Bernice Johnson Center; a blindness and low-vision training program; and school sponsorship for children with disabilities. In addition, Hanks is developing a disabilities awareness curriculum for Haitian community groups, schools, and churches to overcome the common misperception in Haiti that disabilities prohibit a person from working or being an active contributor to the community.

Peer support has been a valuable tool in motivating patients. For example, previous graduates from the Bernice Johnson Center who learned to overcome their

own disabilities have inspired patients injured during the earthquake. "It has been incredible to see the women listening to and encouraging others as they learn to live with their acquired disability," Hanks says.

Furthermore, the Advantage Program is helping those who were previously employed return to the workforce and helping to train others for jobs, such as making buildings accessible for injured Haitians.

Lending a Hand

Rehabilitation providers are needed to provide follow-up care and to mentor Haitian colleagues, English says. However, the American Physical Therapy Association (APTA), on its Web site www.apta.org, advises PTs who want to pitch in to use extreme caution, choosing a well established organization with ties on the ground in Haiti that offers adequate security and means to obtain food, water, and other necessities. The APTA site lists a number of organizations and also recommends that volunteers have previous experience with major disasters.

Haiti's rehabilitation needs remain enormous. English explains that Haiti likely will benefit from established rehabilitation centers for districts, university-level training programs for rehabilitation professionals by Haitian universities, short course training of rehabilitation technicians, and much-needed orthotic and prosthetic services with training of staff to continue these critical services.

If physical therapists who cannot go to Haiti would like to



Nancy Malone, PT, assists a woman who had a right femur fracture requiring a right external fixation device. [Photo: Victor J Banta]

help at home, Hanks suggests contacting an organization working in Haiti to see what type of items may be needed and how the items could be sent to the area needing them.

For those involved in wheelchair drives, Hanks explains that all-terrain wheelchairs are a high priority because many Haitians are returning to homes with dirt floors and rocky yards.

Hanks also recommends making financial donations to fill many of the needs. For example, although donors have sent prosthesis parts, many are inappropriate for patients. "Sending money is more helpful than sending parts. That allows us to buy what we need when we need it," she says.

Global Needs

There is no question that Haitians remain in a critical situation, but many countries throughout the world also lack essential physical therapy and rehabilitation services. "While the needs in Haiti are enormous and obviously acute ... you have only to look at the other countries that are challenged in terms of resources—be it financial or human—to realize they also need ongoing support," says Nancy Kelly, MHS, executive director, Health Volunteers Overseas, Washington, D.C. Unfortunately, people often pull back on providing aid to other countries when refocusing resources on a country in acute distress. "People need to be aware that there are lots of needs and lots of ways to help. If anything, you just need to give more, not divert support from one site or one country, to provide support to another," Kelly says.

Kelly agrees with APTA's recommendation that it's better to be linked to an organization with strong on-the-ground relationships with institutions and facilities in a country. "It's good to be involved with an organization that is working with the ministry of health, a

teaching institution, or with some other entity to provide support and to help them meet their own identified needs and priorities," she says.

Regardless of whether rehabilitation professionals find ways to organize services at home for those in need or board

a plane to provide services in person, the PTs interviewed for this article say it's important to be aware of the global need for health care services—a need that will continue. **PT**

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