



# *Newsletter*

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*This Newsletter is circulated through the internet, and through all WOC Regional Secretaries in the hope that they will be able to download and distribute it to those “concerned” who may not be connected through the “Net.” It is addressed to all interested in orthopaedic surgery, particularly those who work in areas of the world with great need, and very limited resources.*

“Safe casting of fractures and post injury rehabilitation workshops in Ghana”; a recent workshop is described below. The rural areas of Ghana are widely but not completely covered by a series of Orthopaedic Treatment Centres (OTCs). These were prominently mentioned in the BBC Television series on Disability – “**Defying the Label**”, broadcast on July 26<sup>th</sup>, 2015. A brilliant journalist, **Sophie Morgan**, spent some months investigating the facilities for caring for the disabled, be they of congenital, paralytic or traumatic in origin. Her findings are extremely disturbing.

There is a contrast between poverty, ignorance, superstition and fear, bordering on terror, but each of these factors operates in the remote parts of every under-resourced country. Although Ghana has the reputation of being one of the most

advanced countries in West Africa, modern education has not reached every citizen. The Ghanaian Medical Profession has yet to produce the numbers of trained doctors that its population requires. The effect is that vast areas have no trained doctor; the populace relies instead on bone setters, herbalists and faith healers, of very dubious "faith". Under erroneous claims to spiritual and medical authority, many of these practitioners hold the uneducated and ignorant at their mercy. In desperation for spiritual comfort the uneducated have no other to turn to.

Sophie Morgan was a young carrier journalist who was herself totally disabled in a car crash, which broke her dorsal spine and transected her spinal cord. She is paraplegic; in a wheelchair. As such she has become the most knowledgeable expert in the management of her condition and the most powerful advocate for its care and support.

Ms Morgan persuaded everyone with influence or authority to convey herself, and her wheelchair, all over Ghana to see the good and the bad. She described excellent work being done in the OTC (Orthopaedic Treatment Centres) where, short of wheelchairs, skateboards are developed into a mode of transport and vehicles for work and for play.

But she also saw the appalling conditions under which many disabled are treated as if they were criminals, "possessed" by the Devil. She showed cripples chained to posts, or ostracised like lepers in ancient times, who could, by contagion, pass on their disability. Ms Morgan employed her obvious intelligence, her eloquence and considerable charm to gain access into high government offices.

Congenital deformity may be believed to be demonic possession, so the victim is treated violently to drive his devil out !! Club-foot deformity for example, can be "cured" through "incarnation!" The afflicted child is taken (for a fee) and

“reincarnated”, into a perfectly healthy small mammal, to be released into the jungle to live a happy carefree life. . . .

I have never seen a film so shattering in its intensity and so convincing in its unstated message. I commend this young dedicated journalist, and commend the Charity which has built up around her. Through such information the enormity of the problem of disability, emerges. Its solution is clearly so complex, so universal and so widespread as to defy solution.

But of course this is far from typical of Ghana. Doubtless the same conditions are to be seen in other parts of the world equally deprived of fundamental universal care and education. In its small way, WOC has made great strides towards orthopaedic care through the **OTCs**, supported and staffed from WOC Netherlands. (c.f Newsletter No 161.of December 2014.) This has been based on the already high level of general education, which will in time undermine and expose this evil practice. It requires schooling, but also a mental and social attitude towards fellow-persons. It is the duty of every nation to respond to the need of everyone; not equally, but exceptionally for the disabled.

At the root of disability is the conviction that most can be helped very significantly; none deserve our backs to be turned! The word cure is not appropriate; the word “orthopaedic” refers to “making right” the deformity of a child; not the disappearance of the child.

The contrast between those places where disability amounts, virtually, to a death sentence, and those where mobility is preserved, using skate-boards in place of wheel chairs! and where soccer has become a competitive sport for amputees.! Sophie Morgan’s documentary must be the most moving film on this huge subject of which Orthopaedics had major and authoritative input. (ref N/L 161)

It is the job of Journalism to expose wrongs, but there is also a danger that anecdotal reportage can give a false impression. The work of WOC in Ghana has been beyond price, well illustrated by the group of examiners who make annual visits to Accra, in support of WACS.

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Training of hospital staff on safe Plaster Casting and Rehabilitation after injury, featured prominently in the April working visit to **Ghana**. Two district-type hospitals (**Akosombo VRA and Nkawkaw Holy Family**) were involved in the workshop which was also attended by nearby hospitals, and a few from more than a hundred miles away.

A team consisted of two plaster cast instructors (**Sue Osborn, Amy Beth Tite**), one musculo-skeletal physiotherapist - **Amy Washbrook**, and one trauma surgeon, **Mr Akin George**- (WOC-UK - sponsored) were organised by the Rehabilitation Charity, **Motec**.

The training programme included a mix of lectures, audio-visuals and hands-on sessions. The lectures focused on basic anatomy and the identification of common limb fractures on x-ray, as well as the principles of fracture management, manipulation, pain control, casting techniques, *et cetera*, including fracture healing and rehabilitation. Two trauma surgeries were performed at **Nkawkaw**, before the class (- manipulation and plaster cast application of fresh injuries), with the consent of the patients.

Over 100 participants attended the four day training course, for which **Benecare Medical** of Manchester donated the training material. Other British companies including DeSoutter Medical (donated a plaster saw) and DJO Global Medical

Services & Devices, sponsored one member of the team. Beth Tite and her friends raised lo money in support of the training project. World Orthopaedic Concern UK sponsored the surgeon.

As a result of the project's popularity, Motec will be enjoying the magnanimity of **Benecare Medical Services** who have donated a "container load" of casting material to Ghana, addressed to our target hospitals.

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### **NOTES from the SICOT Meeting in Guangzhou, September 2015.**

It is generally observed that the problems of replacement arthroplasty belong to the developed world, because coxarthrosis belongs (genetically) to Northern Europe. But there are exceptional locations. . .

**"Functional outcome measurement for total hip arthroplasty in West Africa"** - introducing the **Ouaga** score". **Jan Noyez, Lieven Dossche**, (Antwerp & Roeselare, Belgium).

Dr **Lieven Dossche** presented this contribution on the problems of assessing both the indications for joint replacement in parts of West Africa, and the functional outcome in relation to the social and domestic requirements, following THR.

"THR in sub-optimal conditions presents special problems, because of the "geo-pathology" of femoral head necrosis. The condition of sickle-cell disease is well known, and yet Dr. Lieven says that there is something else, possibly in the genetic make-up of the peoples of West Africa, which predisposes them to early coxarthrosis. Genetic studies have not yet

identified this trend, but in the adult established case, destructive coxarthrosis is curiously common – without an identified haemoglobinopathy. (*there are other sorts, than Sickle Cell Disease..*). This calls for exceptional skill, surgical facilities and case selection, with a full appreciation of the risks.

**“Barriers to Start the Treatment of Clubfeet in LMICs”.**

**Huub J.L. van der Heide** (Leiden, The Netherlands)

**Dr Huub** described the difficulties of managing and supervising CTEV under circumstances of restricted facilities, and at great distance. Several years of experience managing the numerous “club feet” in West Africa, convinces **Dr Huub** that the crude application of “western” standards is neither appropriate nor feasible. There is a call for judgment, related to facilities, and for ancillary support for the prolonged aftercare of each patient.

As the management of CTEV has become no longer an “operative” subject, increasingly there is a dependency on community carers, including midwives (who by that name are rare) and school teachers. The instruction in corrective treatment of club foot (avoiding that foreign eponym), should concentrate on the basic principle of gentle, continuous, repetitive corrective splinting, constantly and continuously supervised. In other words involving the sort of carer who is intimately connected with the family, - principally the mother herself.

The management of the condition demands **time** and **dedication**. This in

turn will depend on confidence, which in turn depends on evidently successful outcomes. CTEV should no longer be considered a “Surgical” disease, except for those patients who have not been treated from birth. (i.e. neglected cases).

## **ETHIOPIA**

In advance of a project just beginning this week: a team of training experts have left Liecester (UK), bound for the northern Ethiopian city of Gondar, the one-time ancient Capital of the country. It lies among the hills, upstream of Lake Tara, and close to the origin of the giant Blue Nile. The well prepared team contains consultant orthopaedic and plastic surgeons, a very senior SpR in orthpaedics and ancillary plaster and rehabilitation experts. We are promised regular reports. <wickslaurence@yahoo.co.uk>

(M.Laurence)