



Nairobi Spine & Orthopaedic Centre

'Service with Passion, Touching Lives'



In this Issue

Infections of the Spine
Management of Arthritis
Physical Rehabilitation
Foot and Ankle Care
Trauma



List of Orthopaedic Doctors



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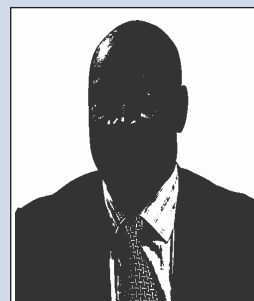
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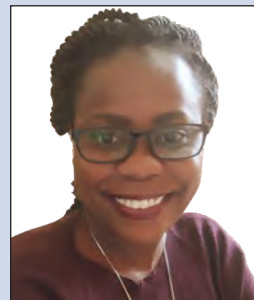
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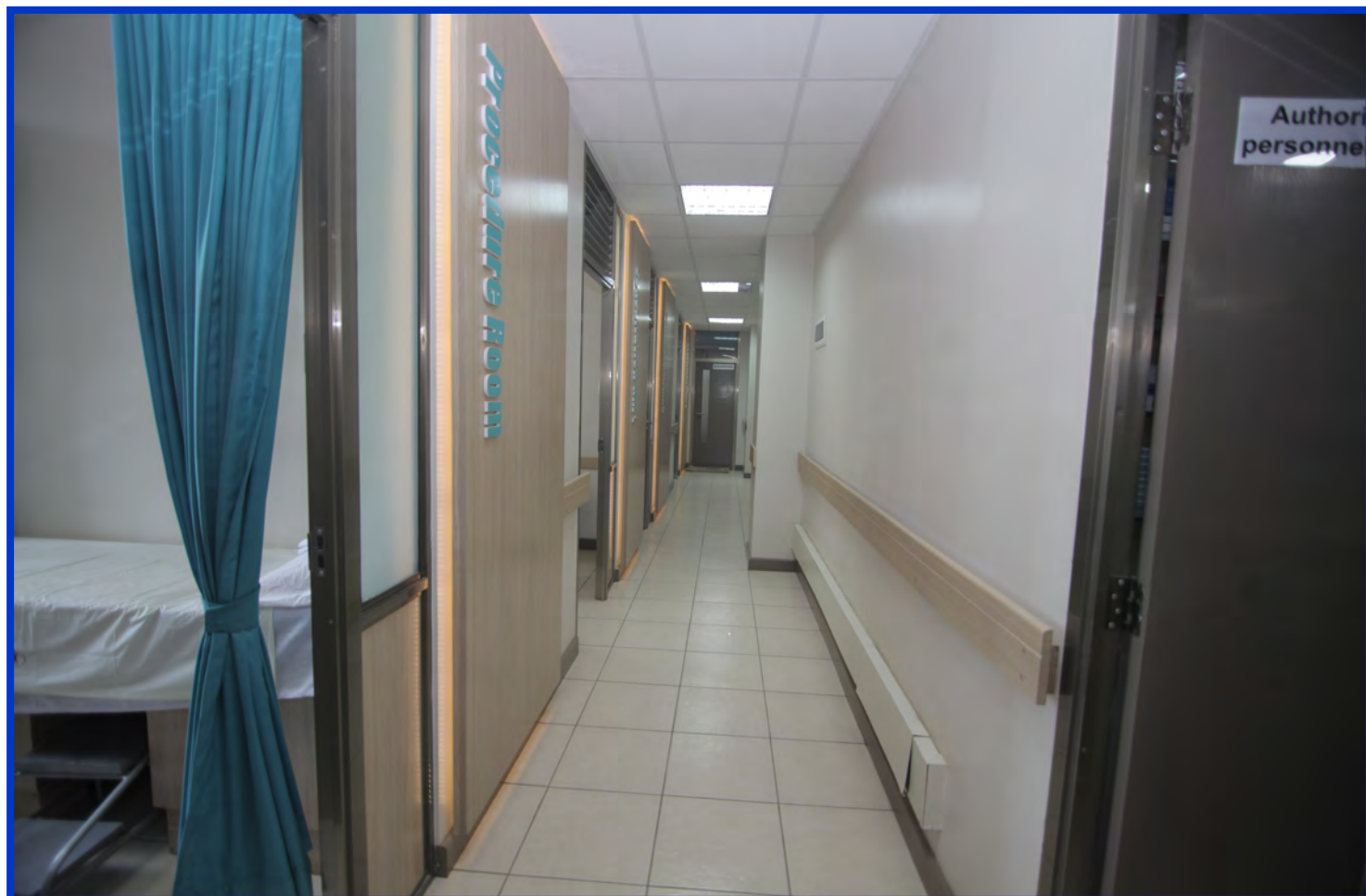
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Editorial

Nairobi Spine and Orthopaedic Center (NSOC) is a specialized medical center offering Orthopaedic health care services. It is situated on the 1st floor, Fortis Building along Kenyatta Road, Nairobi. This Center, first of its kind in Kenya and the Eastern Africa region, is focused on offering quality, compassionate and affordable orthopaedic health care. NSOC services are provided by a group of twelve highly qualified Orthopaedic Surgeons specialized in various sub-specialties including, Trauma, Arthroplasty, Spine Surgery, Foot and Ankle surgery, Sports Medicine, Paediatric Orthopaedics among others.

NSOC offers outpatient consultancy services in Orthopaedics supported by in-house Radiology, Pharmacy, Physiotherapy and laboratory services. There also exists various medical specialists who also offer a variety of medical services within the vicinity for example physicians, gynecologists etc. this way providing a convenient one-stop service to patients within the same premises and more so where interspeciality consultation is required. In addition, NSOC offers Daycare Surgery services for minimally invasive surgical procedures such as Endoscopic Discectomies, Arthroscopy, correction of common

fractures (broken bones), injured tendons and ligaments among others. Most of the specialists at the center are overseas fellowship trained surgeons who are committed to excellence in health care and offer quality home-grown services in Orthopaedic ailments in Kenya and the region. NSOC also provides value for money to patients by charging a controlled professional fee and ensures quality assurance through regular peer audit on the patient care. This high quality and affordable care is providing Kenyans with local convenience, which means that they no longer have to seek the more expensive alternatives overseas mostly

India or South Africa. NSOC is quickly becoming a Centre of Excellence for a holistic Orthopaedic health care in Nairobi and the region. This is an exciting time to make a direct contribution to the Kenyan Government "big four" agenda through provision of affordable and quality health care. The center is dedicated to millions of Kenyans who suffer from some form of bone, muscle or joint problems, arthritis as well as sports related injuries. When it hurts to your bones or joints hurt from doing normal chores, walk, bend over, climb stairs, type or write, raise your arm or bend your knee, it's time to visit an orthopedic specialist at NSOC.

“The centre is endowed with various overseas fellowship trained surgeons who offer quality home grown health care comparable to most international centres”

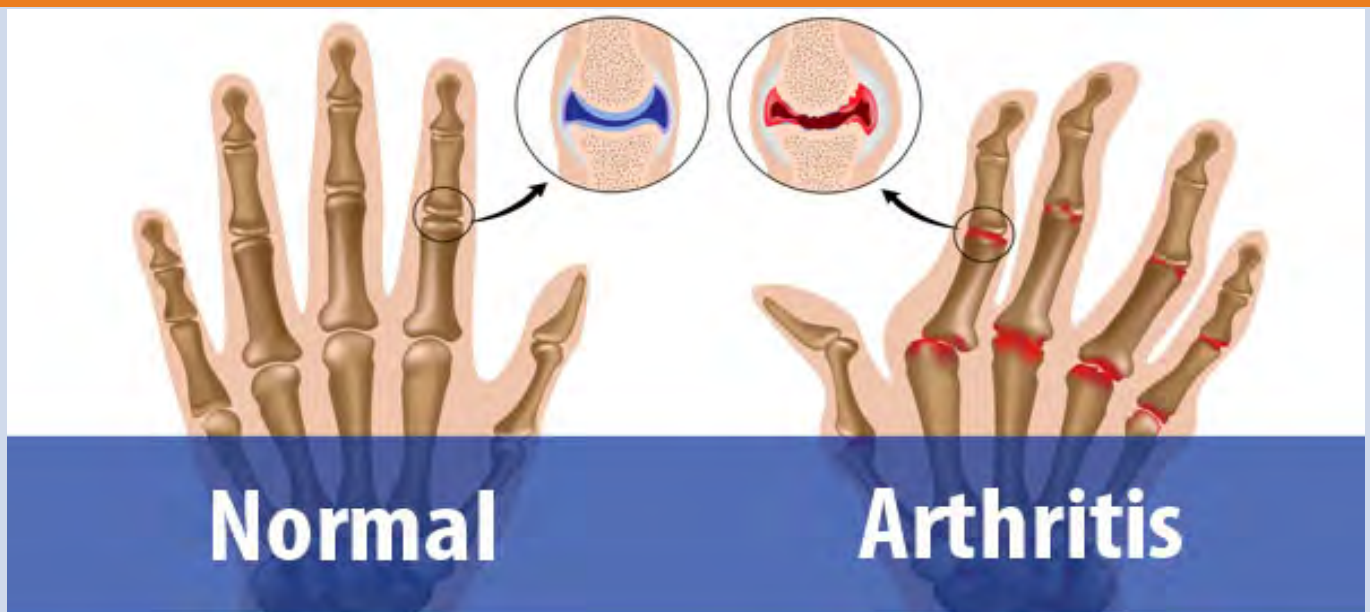


Dr. Bwana Ombachi
Consultant Spine & Orthopaedic Surgeon

Arthritis

What is arthritis?

Arthritis is an inflammation of the joints. It can affect one joint or multiple joints. There are more than 100 different types of arthritis, with different causes and treatment methods. Two of the most common types are osteoarthritis (OA) and rheumatoid arthritis (RA).



The symptoms of arthritis usually develop over time, but they may also appear suddenly. Arthritis is most commonly seen in adults over the age of 60, but it can also develop in children, teens, and younger adults. Arthritis is more common in women than men and in people who are overweight.

What are the symptoms of arthritis?

Joint pain, stiffness, and swelling are the most common symptoms of arthritis. Your range of motion may also decrease, and you may experience redness of the skin around the joint. Many people with arthritis notice their symptoms are worse in the morning. In the case of RA, you may feel tired or experience a loss of appetite due to the inflammation the immune system's activity causes.

You may also become anemic — meaning your red blood cell count decreases — or have a slight fever. Severe RA can cause joint deformity if left untreated.

What causes arthritis?

Cartilage is a firm but flexible connective tissue in your joints. It protects the joints by absorbing the pressure and shock created when you move and put stress on them. A reduction in the normal amount of this cartilage tissue cause some forms of arthritis.

Normal wear and tear causes OA, one of the most common forms of arthritis. An infection or injury to the joints can exacerbate this natural breakdown of cartilage tissue.

Your risk of developing OA may be higher if you have a family history of the disease.

Another common form of arthritis, RA, is an autoimmune disorder. It occurs when your body's immune system attacks the tissues of the body. These attacks affect the synovium, a soft tissue in your joints that produces a fluid that nourishes the cartilage and lubricates the joints.

RA is a disease of the synovium that will invade and destroy a joint. It can eventually lead to the destruction of both bone and cartilage inside the joint.

The exact cause of the immune system's attacks is unknown. But scientists have discovered genetic markers that increase your risk of developing RA fivefold.

How is arthritis diagnosed?

Seeing your primary care physician is a good first step if you're unsure who to see for an arthritis diagnosis. They will perform a physical exam to check for fluid around the joints, warmer red joints, and limited range of motion in the joints. Your doctor can refer you to a specialist if needed.

If you're experiencing severe symptoms, you may choose to schedule an appointment with a rheumatologist first. This may lead to a faster diagnosis and treatment.

Extracting and analyzing inflammation levels in your blood and joint fluids can help your doctor determine what kind of arthritis you have. Blood tests that check for specific types of antibodies like anti-CCP (anti-cyclic citrullinated peptide), RF (rheumatoid factor), and ANA (antinuclear antibody) are also common diagnostic tests.

Doctors commonly use imaging scans such as X-ray, MRI, and CT scans to produce an image

of your bones and cartilage. This is so they can rule out other causes of your symptoms, such as bone spurs.

How is arthritis treated?

The main goal of treatment is to reduce the amount of pain you're experiencing and prevent additional damage to the joints. You'll learn what works best for you in terms of controlling pain. Some people find heating pads and ice packs to be soothing. Others use mobility assistance devices, like canes or walkers, to help take pressure off sore joints. Improving your joint function is also important. Your doctor may prescribe you a combination of treatment methods to achieve the best results.

Medication

A number of different types of medication treat arthritis:

Analgesics, such as paracetamol are effective for pain management, but don't help decrease inflammation.

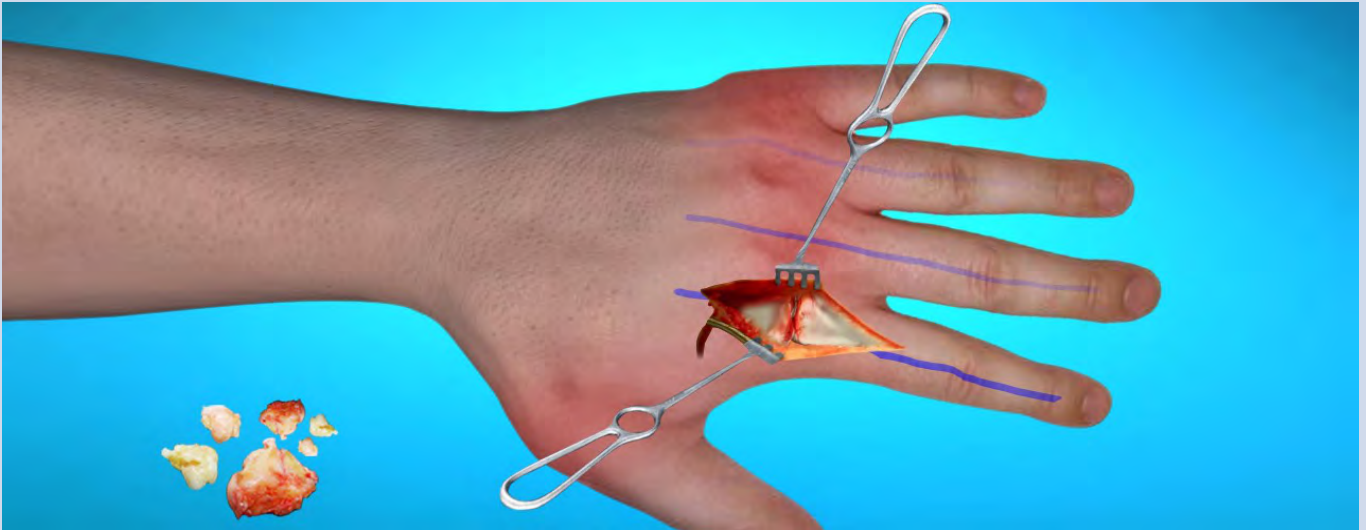
Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil) and salicylates help control pain and inflammation. Salicylates can thin the blood, so they should be used very cautiously with additional blood thinning medications.

Menthol or capsaicin creams block the transmission of pain signals from your joints.

Immuno-suppressants like prednisone or cortisone help reduce inflammation.

If you have RA, your doctor may put you on corticosteroids or disease-modifying anti rheumatic drugs (DMARDs), which suppress your immune system. There are also many medications to treat OA available over the counter or by prescription.





Surgery

Surgery to replace your joint with an artificial one may be an option. This form of surgery is most commonly performed to replace hips and knees. (Total knee or hip replacement) If your arthritis is most severe in your fingers or wrists, your doctor may perform a joint fusion. In this procedure, the ends of your bones are locked together until they heal and become one.

Physical therapy

Physical therapy involving exercises that help strengthen the muscles around the affected joint is a core component of arthritis treatment.

What lifestyle changes can help people with arthritis?

Weight loss and maintaining a healthy weight reduce the risk of developing OA and can reduce symptoms if you already have it. Eating a healthy diet is important for weight loss. Choosing a diet with lots of antioxidants, such as fresh fruits, vegetables, and herbs, can help reduce inflammation. Other inflammation-reducing foods include fish and nuts.

Foods to minimize or avoid if you have arthritis include fried foods, processed foods, dairy products, and high intakes of meat. Some research also suggests that gluten antibodies may be present in people with RA. A gluten-free diet may improve symptoms and disease progression. A 2015 study also recommends a gluten-free diet for all people who receive a diagnosis of undifferentiated connective tissue disease.

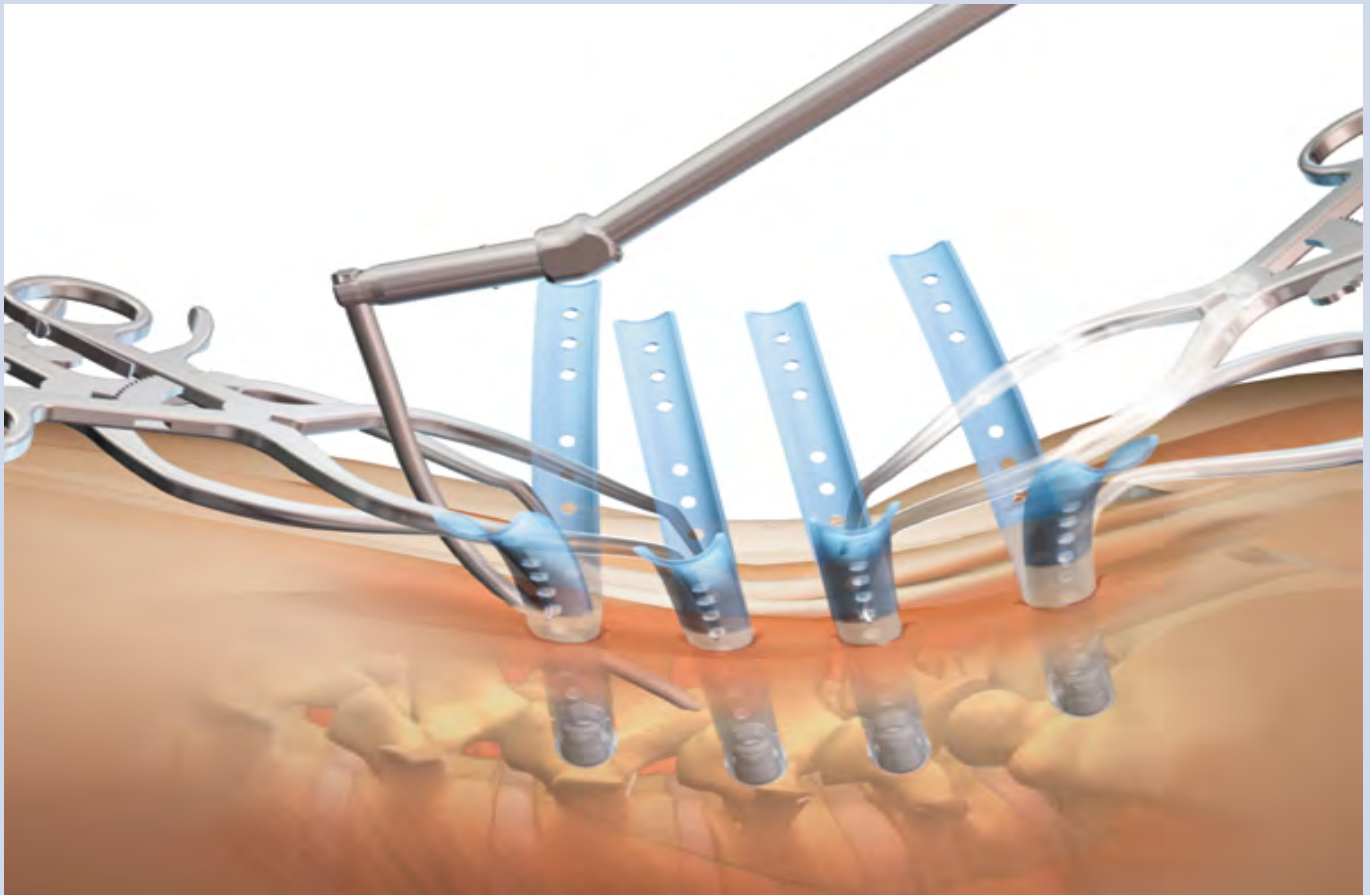
Regular exercise will keep your joints flexible. Swimming is often a good form of exercise for people with arthritis because it doesn't put pressure on your joints the way running and walking do. Staying active is important, but you should also be sure to rest when you need to and avoid overexerting yourself.



Dr. Michael Maru
Consultant Arthroplasty,
Orthopaedic/Trauma surgeon



Minimally Invasive Spine surgery (MISS)



Minimally invasive spine surgery (MISS) uses advanced technology and innovative techniques to treat back pain and neck pain caused by a variety of spinal disorders. Some of the spinal conditions MISS can treat are:

- Degenerative disc disease
- Herniated discs
- Fractures
- Spinal stenosis
- Infection

Infection through computer-assisted technology and highly specialized tools, minimally invasive surgery is an attractive option for patients who want a quicker recovery after surgery, less post-operative pain, and smaller incisions.

Minimally invasive spine surgery minimizes soft tissue damage (eg, muscles). MISS may be a less risky, less invasive option compared to traditional open spine surgery. Although there are advantages of MISS, the goals of MISS procedures are the same as open traditional procedures.

The 2 main goals of minimally invasive spine surgery are:

- **Decompression:** This is used to take pressure off (to decompress) your spinal cord or nerve roots. That pressure can cause pinched nerves and pain. The goal of this procedure is to relieve the pressure and reduce your pain.

- **Stabilization:** Sometimes a mobile segment can be the source of pain or abnormal movement can cause pain. When this happens, a stabilizing surgery may be needed. This is typically a fusion, often done with instrumentation.

There are 3 main minimally invasive spine surgery techniques:

- **Mini-open:** This is similar to an open procedure, but has fewer risks, such as less blood loss during surgery and less risk of infection because the incision is much smaller. Advances in visualization have made mini-open procedures possible.
- **Tubular:** This surgery involves a tubular retractor, which acts as a tunnel that passes through your back muscles to access your spine. MISS with a tubular retractor is commonly referred to as a "muscle-splitting" approach. Compared to open spine surgery, there is less muscle damage and less blood loss when using a tubular retractor.
- **Endoscopic:** This spine surgery uses a tiny video camera called an endoscope—which is smaller than a dime—to pass through small surgical incisions (usually less than 2 cm) to access your spine.

This procedure is commonly referred to as a "keyhole surgery" because an endoscope guides surgeons by showing them an internal view of your body on screens in the operating room.

These 3 types of MISS can be used in specific spine surgeries, such as discectomy, foraminotomy, and laminectomy and laminotomy.

Sometimes a fluoroscope is used during minimally invasive spine surgery. Fluoroscopes are x-ray machines used to guide your surgeon during your procedure. They give your surgeon the best views of your spine.

Keep in mind, though, that for degenerative conditions, surgery should be a last resort for treating your pain. All patients must have tried some conservative treatment before surgery should be considered.

If you've tried non-surgical treatments, such as pain medications, rest, and physical therapy, in the last 6 to 12 months and they're not working for you, then you may want to consider spine surgery, and minimally invasive spine surgery may be an option for you.



“Keep in mind, though, that for degenerative conditions, surgery should be a last resort for treating your pain. All patients must have tried some conservative treatment before surgery should be considered.”



Dr. Akil Fazal

Consultant Spine & Orthopaedic Surgeon

Trauma

- ❑ In general use is defined as a deeply distressing or disturbing experience. eg "A personal trauma like the loss of a loved one"
- ❑ In surgery it means a physical injury.e.g. "Fracture after a road traffic accident. Synonyms: injury, damage, bruise, cut, laceration, abrasion, contusion.



Trauma can involve any part of the body or organ either as an isolated injury or multiple organ or multiple regions of the body in what is termed as multiple injuries.

The body is divided into several Main regions these are the Head, chest, abdomen, spine and the extremities (limbs)

Most immediate life threatening injuries are to the head ,chest and abdomen. spine injuries and fractures of the pelvis are also in these category. these injuries as can lead to inability to breath, massive blood loss, failure of blood to circulate and loss of consciousness and in more severe situations shutdown of vital life supporting brain centers. Musculo-skeletal trauma describes injuries involving the limbs (upper and lower) the spine and the pelvis. In musculo skeletal trauma one can sustain a pure soft tissue injury or an injury involving both the skeleton (bones) and soft tissues.

Most often the mention of soft tissue injury is thought by many to imply a milder injury than one involving a fracture. This is a dangerous assumption that can lead to loss of limb or life. It's imperative to note that the broad word soft tissues encompasses vital structures like blood vessels. Nerves, muscles, ligaments, tendons and skin. The skin is often ignored but is a very effective barrier to infections and when compromised negatively changes the outcome of the injury in a very major and significant way. Injury to the spine demands prompt recognition

and action to prevent further damage and protect the spinal cord. Injuries of the spine can be immediately life threatening especially those of the neck area. Even when not life threatening the sequelae can be devastating with compromised limb function and paralysis, leading to loss of mobility and a compromised quality of life.

People who manage trauma patients will involve a wide range of medical personnel with the orthopaedic surgeon taking the lead in musculo skeletal injuries.

People you are most likely to encounter in fracture care will be plaster technicians who apply casts for straightforward fractures to the orthopaedic surgeon who manages fractures from the simple to the complex with his tools ranging from simple plaster casts to complex operative procedure in usually summarized as ORIF (open reduction and internal fixation). This simply means operative exposure of the fractures aligning it and holding it in position using implants with names like nails, plates, screws and wires to mention a few.

Commonest causes of trauma in Kenya are RTA 41 percent, assault 21 percent, falls 8 percent Others include sports, domestic accidents like doors slamming on fingers of children and animal attacks to mention a few

The easiest way to reduce the immense trauma burden is prevention. These measures include safe driving and enforcement of traffic rules, simple things like better designed guard rails in highrise apartments ,safer well lit neighborhoods to mention a few. A more detailed article on trauma prevention and its impact in trauma prevention will be done on next issue



Dr. P. Kamau Njoroge
*Consultant Arthroplasty, Orthopaedic
/Limb Recon. Surgeon*



Infections of The Spine

The spine is made of small bones and adjacent soft tissue called discs. This are bound together by ligaments and muscles that make the spine a functional unit to protect the spinal cord and the nerves as well as making it a supportive and motion transmission unit.

The spine having tissues like any part of the body is also predisposed to infections that affect other organs of the body. This are commonly bacterial infections, but fungal infections may also occur as well as parasitic infestation such as hydatid disease found in nomadic communities. The common bacterial infections include Tuberculosis and other pus forming bacteria.

Infection of the spine is usually secondary to infection elsewhere in the body that reaches the spine by dissemination through the blood vessels, transmission through the lymphatic channels as well as through direct extension from adjacent infected tissues. Direct infection by penetrating injuries as well as during surgical procedures on the spine may also be sources of infection. The primary origins

include skin infections (boils), lung infections (Pneumonia or Tuberculosis infection), infections of the urinary tract or the gastrointestinal tract among others.

Infections of the spine result in destruction of the bones and soft tissues of the spine, pus formation and compression of the spinal cord and the nerves. The patients usually present with pain in the neck or back, fever and paralysis if the nervous system is compressed. The primary source of infection may sometimes be obvious e.g. a skin boil.

Your Doctor will take a full detailed history to confirm that there is a spine infection and also ask questions pointing towards a primary source of infection.



The doctor will examine the patient to check if the patient has fever and check for swelling or deformity in the area of pain. He will also examine for the presence of paralysis to rule out any compression of the nervous system. Fever may not always present in a patient with a spine infection.

The Doctor will then order blood investigations, X-rays, CT scans or MRI scans to confirm the diagnosis. There are two medical managements of infections of the spine. These include treatment by drugs (antibiotics) alone or surgical

treatment combined with drugs depending on the stage of the disease.

The drugs commonly will be antibiotics aimed at pus producing bacteria or anti-Tuberculosis drugs in case of Tuberculosis infection. The surgical treatment may involve drainage of pus, decompression of nervous tissues, correction of deformities and stabilization of the spine.

However it is good to know that most infections of the spine when identified early are treatable and patients, even those with paralysis, attain full recovery with minimal residual deformity.



Dr. Bwana Ombachi

Consultant Spine & Orthopaedic Surgeon



Complete Foot & Ankle care



The Foot & Ankle Service at Nairobi Spine and Orthopaedic Centre provides complete evaluation and diagnosis as well as both surgical and non-surgical treatment for individuals with a variety of foot and ankle problems, including athletic injuries, fractures, arthritis and deformities.

We specialize in treating all foot and ankle problems, including diabetic foot treatment, advanced foot and ankle reconstruction, post-traumatic ankle reconstruction, rheumatoid reconstruction, plantar fasciitis and vascular necrosis.

We employ the most advanced medical, surgical, and rehabilitative techniques to achieve rapid recovery and optimal long-term results. We are dedicated to keeping our patients' feet in the healthiest condition.

Surgical and Non-Surgical Options

Nairobi Spine and Orthopaedic Centre is equipped with some of the most modern, state-of-the-art equipment available. A thorough evaluation of the entire lower extremity may require comprehensive diagnostic testing, including X-ray which is available within our facility.

Many foot and ankle problems can be remedied with conservative care, such as lower extremity-specialized physical therapy, bracing, cast immobilization, orthotics / prosthetics and injection therapy.

For patients with conditions that fail to respond to conservative care, surgical intervention may be necessary. Foot and ankle surgery includes the treatment of fractures, repair of tendons and ligaments, correction of deformities, management of ankle instability and post-traumatic and rheumatoid foot and ankle reconstruction.

Reconstructive Surgery

Reconstructive surgery of the foot and ankle, including revision surgery and arthroscopy / sports medicine, consists of complex surgical repair that may be necessary to regain function or stability, reduce pain, and/or prevent further deformity or disease. There are many conditions or diseases, ranging from trauma to congenital or acquired defects, that may necessitate surgery, for example, failed hind foot fusions, diabetic foot complications, rheumatoid arthritis, and more common problems such as bunions and hammertoes.

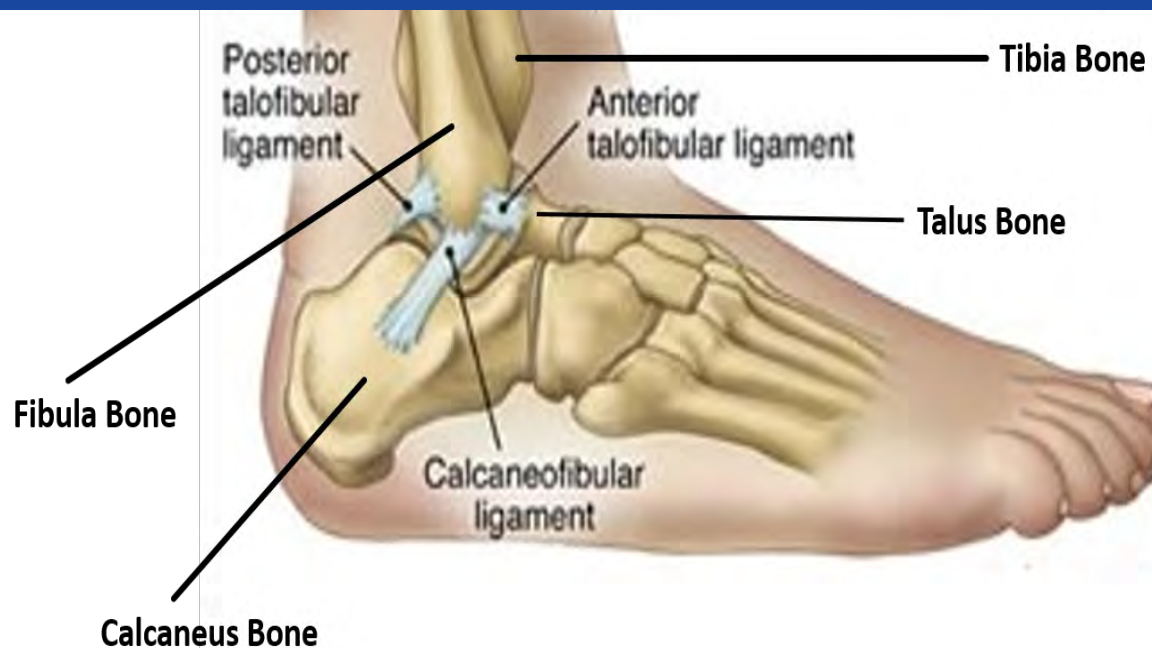


Reconstructive surgery may require any of the following: tendon repair/transfer, fusion of bone, joint implantation, bone grafting, skin or soft tissue repair, tumor excision, amputation and/or osteotomy (whereby a bone is cut to shorten, lengthen or change its alignment). Bone screws, pins, wires, staples, other fixation devices (both internal and external), and casts may be utilized to stabilize and repair bone in reconstructive procedures.



Dr. Ezekiel Oburu

is a fellowship trained orthopaedic foot and ankle specialist at Nairobi Spine and Orthopaedic Centre.



Orthopaedic Sports Medicine



I like to refer to sports medicine as the beautiful and fun part of orthopedic health care. This is because it is neat in surgery compared to others, great in outcomes with low levels of complications, usually the patients are not sickly both before and after the surgery except for isolated cases and often the patient quickly regains pre injury levels of function.

The discipline of sports medicine dates to the early 1900s when clubs began to appoint team doctors and especially with contact and collision sports. It peaked in the 50s but orthopedic sports medicine took a flight in growth in the late 70s and early 80s with the advent of arthroscopy -camera assisted and minimally invasive surgery. Since then and till this century inventions in sports medicine, growth in sports nutrition, science, exercise medicine, sports physiotherapy and sports/athletics trainers has been phenomenal. And so has professional and college sport. This has made competition stiff and sometimes injuries more. Surveillance and regulation has made need for sports medicine huge. The approach to care of the injured player is always multidisciplinary.

The Kenya Society for Sports Medicine was launched recently to spearhead the work of sports medicine and player welfare in Kenya due to a huge and unmet demand for such services. In addition, Nairobi Spine and Orthopedic Centre (NSOC) prides itself with having the best and some of the most experienced sports surgeons offering quality and efficient care for sports related injuries. Specialists from NSOC have offered services to national teams and international events. The center is a one-stop shop for a comprehensive care for sports or sports like injuries provided by highly qualified orthopaedic surgeons, physiotherapists nutritionists and a network of other professional affiliates.

What issues do we handle or manage under sports medicine?

- Teams requiring orthopaedic specialists for games and tournaments
- Precontract medical assessments for players
- Technical input for federation or team sports medicine guidelines or policies
- Treatment for injuries sustained from sports and/or related illnesses

A lot of people who are not professional players can also sustain injuries that are similar to those of players and those are also managed under this discipline. Examples include anterior and posterior cruciate ligament tears in the knee, collateral ligament tears, shoulder rotator cuff tears, shoulder dislocation, acromial- clavicular joint injuries, ankle sprains and fractures, snapping or painful hip, dislocations of patella joint, knee pain, hamstring, groin strains, patella or quadriceps tendon tears, achilles tendon tears, painful foot or hip, concussions, elbow injuries

or dislocations, wrist sprains or cartilage injury, cartilage injuries among others.

NSOC Orthopaedic specialists provide the following surgeries and the corresponding physical therapy rehabilitation, in a state-of-the-art theatre and physiotherapy rooms with specialized equipment:

1. Knee Procedures

- ACL Reconstructions
- PCL Reconstruction
- LCL and MCL reconstructions
- Posterolateral Corner Repairs
- Patella and Quadriceps Tendon repairs, debridements and reconstructions
- Knee arthroscopies
- Cartilage OATS procedure and microfracture drilling
- Chondroplasties
- Plica resection
- Arthroscopic knee washout, debridement and synovectomy
- MPFL Reconstructions and patella realignment including tubercle transfers
- Arthroscopic loose body removal
- Arthroscopy assisted tibial plateau fixation
- Tibial spine avulsion fixations

2. Shoulder Procedures

- Rotator Cuff Repairs – mini open and arthroscopic
- Basic Shoulder arthroscopy
- Muscle tendon transfers
- Arthroscopic labral repairs (Bankart's, ALPSA and SLAP tears)
- Management for recurrent shoulder dislocations
- Arthroscopic decompression for shoulder impingement
- Clavicle ORIF
- ORIF of upper limb fractures especially perihumerus injuries
- AC Joint repairs
- Biceps tenotomies, arthrodesis

and repairs

3. Elbow arthroscopy

4. Wrist

- Arthroscopy and TFCC repair
- DRUJ repairs
- ORIF
- Ganglion cyst excisions

5. Hip arthroscopy

- Debridement for impingement syndromes,
- snapping hip
- labral repairs
- Injections for pain syndromes

6. Ankle and Foot

- Arthroscopy for impingement and cartilage diseases
- Ligament repairs
- Achilles tendon repairs
- Haglunds debridement
- Joint Fusions
- ORIF for fractures
- Syndesmosis Repairs

7. Non invasive and minimally invasive procedures

Management for muscle strains such as hamstrings, quadriceps and groin injuries. These include PRP or autologous serum injections, joint injections, ultrasound massage and therapy etc.



Dr. Mailu J.M.

Consultant Sports Medicine & Child Orthopaedic Surgeon

Physiotherapy

This type of rehabilitation deals with movement dysfunction in order to restore wellness to people following musculoskeletal or neurological disorders. Musculoskeletal injuries will be those involving muscles, bones, tendons and ligaments. Examples of these are Osteoporosis, Tendinitis, Back pain, neck pain, knee and Shoulder injuries.

Neurological disorders involve the nervous system and may cause paralysis to the body. Example are stroke, Multiple sclerosis, cerebral palsy and many others.

Physiotherapy deals with restoring and maintaining functional movement, reducing pain and promoting health in individuals.



As physiotherapists we treat a wide array of conditions including:

- Spinal pain and injuries (e.g. Disc prolapse)
 - Headaches
 - Sports injuries (e.g. Ligament tears)
 - Fractures (e.g. broken arm or leg)
 - Musculoskeletal problems (e.g. Carpal tunnel syndrome)
 - Post- surgical rehabilitation (e.g. Following a knee / Hip replacement)
 - Biomechanical problems (e.g. Flat feet)
 - Arthritic conditions (e.g. Osteoarthritis)
 - Neurological disorders and diseases (e.g. Chronic Obstructive Pulmonary disorders)
 - Pediatric conditions (e.g. Cerebral Palsy)
 - Oncology problems (e.g. post cancer breast mastectomy, Lymphedema)
 - Gynecological problems (e.g. Incontinence – weakness of the pelvic floor muscles)
- If you have any of the injuries or conditions listed above, a consultation with a physiotherapist is a step in the right direction.

Benefits of physiotherapy

Physical therapy helps people of all ages who have medical conditions, illnesses or injuries that limit their regular ability to move and function.

A customized physical therapy program can help individuals return to their prior level of functioning, and encourage activities and lifestyle changes that can help prevent further injury and improve overall health and well-being.

1. Reduce or eliminate pain – Manual therapy techniques, therapeutic exercises, taping and electrotherapy help relieve pain and restore muscle and joint function.
2. Improve Mobility – If you are experiencing trouble standing or walking physiotherapist will give you stretching and strengthening exercises to help restore your ability to move.
3. Recover from stroke- It's common to lose some degree of function and movement after stroke. Physical Therapy helps strengthen weakened parts of the body, improve gait and balance and educate on activities of daily living.
4. Recover from or prevent a sports injury- Physical therapists understand well how different sports can increase your risk for specific types of injuries. They can design appropriate recovery or prevention exercise programs for you to ensure safe return to your sports.
5. Improve your balance and prevent falls – Physical therapists design exercises to improve coordination and safely and

carefully challenge your balance as a way to mimic real- life situations.

6. Manage age-related issues – As individuals age they may develop arthritis, osteoporosis or need a joint replacement. Physical therapists are experts in helping patients recover post joint replacement and manage arthritic or osteoporotic conditions conservatively.
7. Manage heart and lung diseases- Patients who have heart problems require cardiac rehabilitation in order to strengthen heart muscles. For chest problems physical therapy improves quality of life through strengthening, conditioning and breathing exercises and help patient's clear secretions in the lungs.

8. Manage women's Health and other conditions- Women who have specific health concerns, such as with pregnancy and post-partum care. Physical therapists can offer specialized management of issues related to women's health such as Bowel incontinence, Breast cancer rehabilitation, Lymphedema, pelvic pain and urinary incontinence.

Physiotherapists are extensively trained in manual therapy which means we are “hands on” with our patients. To complement our manual skills, we sometimes make use of different modalities to reduce pain and inflammation.





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