

Physical therapy wounds case study



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Wound Physical Therapy Persons with acute or chronic wounds have continued to seek services of physical therapists. According to Sussman, understanding the physiological occurrences in skin repair is paramount for a physical therapist to take care of dermal wounds (2). The following is a case study of a patient who was cut by a rusty metal piece on the foot. The patient is a tobacco smoker and does very few physical activities. With no any documented allergy to any physical agent or medication, the patient has relatively broad range therapy plan procedures. The sharpness of the object and pressure exerted resulted to a deep tissue injury.

Using the wound-tracing technique to measure the surface area of the wound, the wound measured four by one centimeter (length by width). Its regular shape allows wound-tracing using simple equipment and minimum special skills. Use pen and transparent paper in wound tracing; they should be clean and sterile. For the depth of the wound, a cotton tip applicator is appropriate. A ruler takes the dimensions from the paper and applicator for recording. Wound tracing reliability depends on the accuracy of the performer. Care should be taken to avoid a measurement method that could otherwise aggravate the wound. The fresh wound's peri wound had macerated. Having removed the cutting object, the wound looked dirty, and some particles were visible with trails showing that some were inside. The tissue also had swelled, and minimal fluid still exuded from the wound.

Remove the devascularised tissue and the foreign materials using autolytic debridement. Debride only the non-viable tissue. During this process, one should be cautious not to infect the wound and cause inflammation.

Sussman says debridement is important since the non-viable tissue would inhibit healing of the wound by; encouraging bacterial growth, slowing

granulation while at the same time hindering wound contraction (2).

Autolytic debridement is appropriate because it facilitates the natural ability of the body to break down non-viable tissue. The procedure is also gentle, painless, and simple to perform at home. To facilitate wound healing and protect the wound from infections, use povidone-iodine lavage solution. As compared to normal saline water, povidone-iodine is ideal in cleaning contaminated wounds as saline water allows increase of bacteria on the wound.

Having cleaned the wound satisfactorily, perform a simple island dressing after primarily closing the wound. Simple Island dressing has cellulose pad material at the middle that absorbs any fluid oozing from the wound.

(OSullivan et al. 1). Considering that the patient is free of any skin allergies, the dressing would not hinder healing of the wound. The physical therapist should ensure that the dressing is not so tight to inhibit blood circulation around the wound. As a smoker and in a lifestyle involving less physical activities, the patient would be suffering arterial constriction compromising blood flow to ischemic areas. Conduct wound monitoring and assessment occasionally. The physical therapist should look for signs that may indicate slowly or no healing such as bleeding and odor.

Some patients with open wounds may fail to heal in time. The wounds later become chronic creating difficulty in the healing process. OSullivan et al argues that the physical therapist's role is that of the intervention and detecting the barriers preventing progressive healing (1). They should also conduct regular examinations on the patient in an attempt to enhance healing and outcome. If the type of dressing used is inhibiting the healing process, the physical therapist should consider an alternative. A good

dressings are one that absorb moisture when the wound is very wet and donate moisture to the wound when it is very dry.

References

O'Sullivan, Susan B., Thomas J. Schmitz, and George Fulk. *Physical rehabilitation*. Philadelphia: FA Davis. 2013. Print

Sussman and Bates-Jensen. *Wound Care: A Collaborative Practice Manual for Health*

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