

Quelques outils pour la prise en charge du blessé médullaire:



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INSTITUT DE RÉADAPTATION
Gingras-Lindsay-de-Montréal



Objectifs de la présentation

- Connaître les ressources disponibles pour répondre à nos questions
- Échanger sur les pratiques de réadaptation de la personne blessés médullaire

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Plan de la présentation

- Introduction
- Ressources
 - Elearn
 - Autres

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Les faits

- La lésion médullaire est généralement divisée en 2 causes:
 - Traumatique (chute, accident de la route, sport, violence)
 - Non-traumatique (tumeurs, hernie discale, etc)
- Conséquences: paraplégie ou tétraplégie
 - Paralysie
 - Conséquences multiples
 - Peau, intestin, vessie, os, système sexuel.
 - Douleur, spasticité



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Lésion médullaire

- CANADA:
 - 1300 nouveaux cas traumatiques/ an
 - 85 000 personnes vivant avec une LM
- QUÉBEC:
 - 200 nouveaux cas traumatiques/ an
 - Nombre de non-traumatiques?(sous-diagnostiqué)



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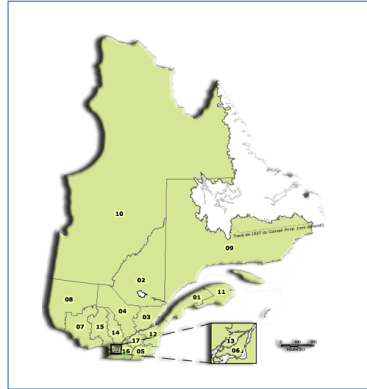
Histoire

- Avant 1997:
 - Les patients LM étaient dispersés dans tous les hôpitaux:
 - Complications nombreuses
 - Hospitalisations prolongées
 - Pronostic affecté
 - Coûts \$\$\$
- ➡ Nécessité de soins spécialisés et continus
- ➡ Développement des «centres d'expertise»:
 - Deux continuums désignés pour recevoir ces patients:
 - Centres de trauma, de revalidation, et d'intégration sociale.
 - Est: **Québec** / Ouest: **Montréal**

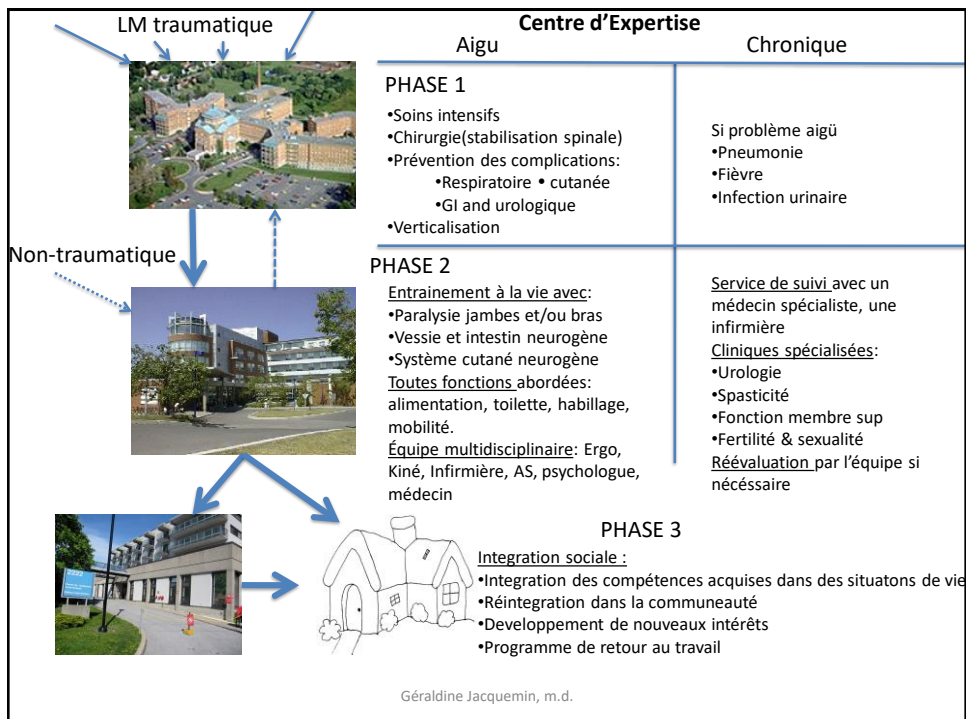
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CEBMOQ

- Centre d'expertise pour l'Ouest du Québec (CEBMOQ)
- Mandat officiel:
 - **LM traumatique**
- Population visée:
 - Ouest: 5-6 M
 - (population totale du Québec : 8 M)



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Les principaux problèmes médicaux

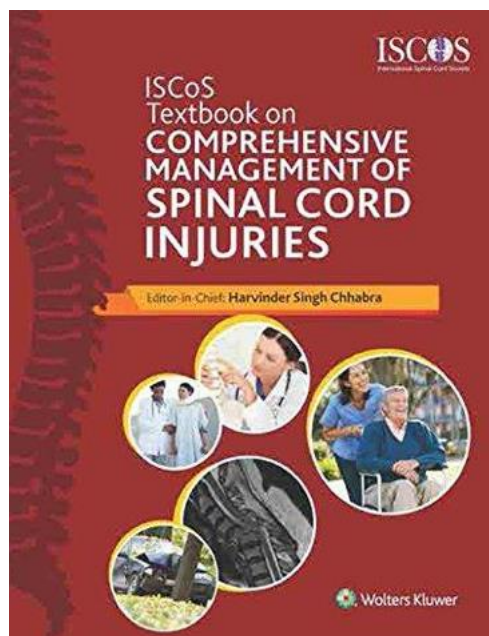
- Complications urinaires
- Plaies de pression*
- Intestin neurogène
- Complications cardio-vasculaires*
- Complications respiratoires*
- Complications musculo-squelettiques*
- Complications neurologiques*
- Douleur
- Spasticité*

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ElearnSCI.org



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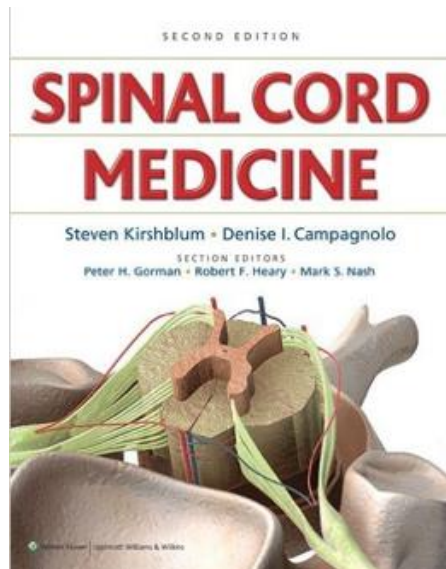
xviii ISCoS Textbook on Comprehensive Management of Spinal Cord Injuries

EDITORS FOR THE WHOLE TEXTBOOK

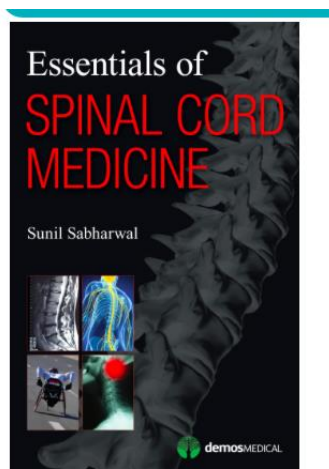
Fin Biering Sorensen, Gaurav Sachdev, Harvinder Singh Chhabra, Jane Hornewell, M J Mulcahey, Ronald Reeves, W El Masri, ISIC Editorial Team

SECTION EDITORS

Section I	Introduction <i>Douglas J Brown, Ruth Marshall, and Sergio Aito</i>
Section II	Acute Management
Section IIa	Prehospital & Acute Care <i>Douglas J Brown, Peter Wing, and Sergio Aito</i>
Section IIb-d	Management of Vertebral Fracture <i>Alexander R Vaccaro, F Canbar Oner, Michael Haak, Patrick Kluger, and Shinsuke Katoh</i>
Section IIe	Management of Associated Injuries <i>Jean Jacques Wyndaele, Ruth Marshall, and Sergio Aito</i>
Section III	Multidisciplinary Management of Spinal Cord Injury <i>Apichana Kovindha, Claire Weeks, Giorgio Scivoletto, Jean Jacques Wyndaele, Ruth Marshall, and Susan Charlifue</i>
Section IV	Psychosocial Management <i>Stanley Ducharme and Susan Charlifue</i>
Section V	Consequences and Complications <i>Andrei Krasnioukov, Apichana Kovindha, Claire Weeks, Jean Jacques Wyndaele, Ruth Marshall, Sergio Aito, and Claire Weeks</i>
Section VI	PredischARGE Planning and Follow-Up <i>Apichana Kovindha and Ruth Marshall</i>
Section VII	Special Considerations <i>Laurence Vogel and Ruth Marshall</i>
Section VIII	Translational Research <i>Andrei Krasnioukov and Douglas J Brown</i>
Section IX	Prevention <i>Andrei Krasnioukov, Douglas J Brown, and Sergio Aito</i>
Section X	ISCoS Initiatives <i>Andrei Krasnioukov, Eric Weerts, Ruth Marshall, and Sergio Aito</i>

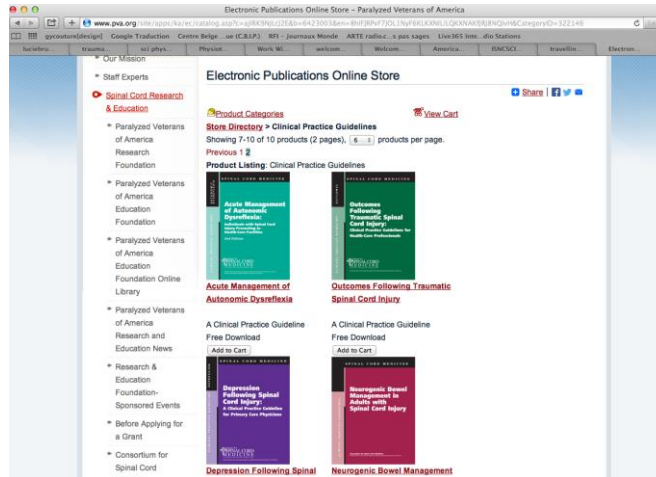


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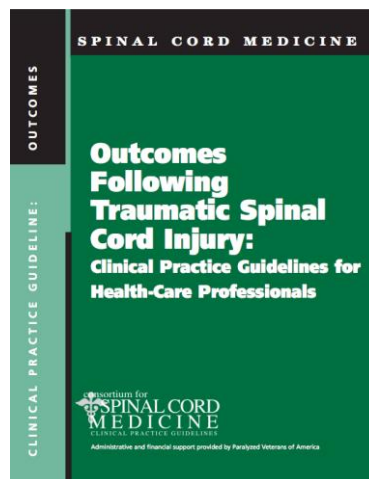
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Paralyzed Veterans of America



www.pva.org

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TABLE 6. Expected Functional Outcomes**Level C6**

Functionally relevant muscles innervated: Clavicular pectoralis superior; extensor carpi radialis longus and brevis; serratus anterior; latissimus dorsi
Movement possible: Scapular protractor; some horizontal adduction; forearm supination; radial wrist extension
Patterns of weakness: Absence of wrist flexion; elbow extension; hand movement; total paralysis of trunk and lower extremities
FIM/Assistance Data: Exp = Expected FIM Score / Med = NSCISC Median / IR = NSCISC Interquartile Range
NSCISC Sample Size: FIM=43 / Assist=35

	Expected Functional Outcomes	Equipment	FIM/Assistance Data Exp Med IR		
Respiratory	Low endurance and vital capacity secondary to paralysis of intercostals; may require assist to clear secretions				
Bowel	Some to total assist	• Padded tub bench with commode cutout or padded shower/commode chair • Other adaptive devices as indicated	1-2	1	1
Bladder	Some to total assist with equipment; may be independent with leg bag emptying	Adaptive devices as indicated	1-2	1	1
Bed Mobility	Some assist	• Full electric hospital bed • Side rails • Full to king standard bed may be indicated			
Bed/Wheelchair Transfers	Level: Some assist to independent Unlevel: Some to total assist	• Transfer board • Mechanical lift	3	1	1-3
Pressure Relief/Positioning	Independent with equipment and/or adapted techniques	• Power recline wheelchair • Wheelchair pressure relief cushion • Postural support devices • Pressure-relief mattress or overlay may be indicated			
Eating	Independent with or without equipment except cutting, which is total assist	Adaptive devices as indicated (e.g., u-curl, tendexis spout, adapted utensils, plate guard)	5-6	5	4-6
Dressing	Independent upper extremity; some assist to total assist for lower extremities	Adaptive devices as indicated (e.g., button, hook, loop on zippers, pants, socks, velcro on shoes)	1-3	2	1-5
Grooming	Some assist to independent with equipment	Adaptive devices as indicated (e.g., U-curl, adapted handles)	3-6	4	2-6
Bathing	Upper body: independent Lower body: Some to total assist	• Padded tub transfer bench or shower/commode chair • Adaptive devices as needed • Handheld shower	1-3	1	1-3
Wheelchair Propulsion	Power: Independent with standard arm drive on all surfaces Manual: independent indoors; some to total assist outdoors	Manual: Lightweight rigid or folding frame with modified rims Power: May require power recline or standard upright power wheelchair	6	6	4-6
Standing/Ambulation	Standing: Total assist Ambulation: Not indicated	Hydraulic standing frame			
Communication	Independent with or without equipment	Adaptive devices as indicated (e.g., tendexis spout, writing spout for keyboard use, button pushing, page turning, object manipulation)			
Transportation	Independent driving from wheelchair	• Modified van with lift • Sanitized hand controls • Tie-downs			
Homemaking	Some assist with light meal preparation; total assist for all other homemaking	Adaptive devices as indicated			
Assist Required	• Personal care: 6 hours/day • Homemaker: 4 hours/day		10*	17*	8-24*

*Hours per day.

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SCI rehabilitation evidence

The screenshot shows the SCIRE project website. The main navigation bar includes links for Home, Contact, Publications, Legal, and Resource. The 'Rehabilitation Evidence' section is highlighted, and the 'Lower Limb' sub-section is selected. The page content includes a list of topics such as Aging, Autonomic Dysreflexia, Bladder Management, Bone Health, Bowel Dysfunction and Management, Cardiovascular Health and Exercise, Depression, Economic Evaluation, Epidemiology of Traumatic SCI, Heterotopic Ossification, Housing and Attendant Care, Lower Limb, Nutrition, Orthostatic Hypotension, Pain Management, Physical Activity, Pressure Ulcers, Primary Care, Rehabilitation Practices, Respiratory Management, Sexual and Reproductive Health, and Specialty. The 'Lower Limb' section is further detailed with a list of authors (Lam T, Wolfe DL, Deming A, Day JJ, Spradley S, et al.) and a list of topics (Abbreviations, Introduction, Systematic Reviews Lower Limb, Electrical Stimulation to Enhance Lower Limb Muscle Function, Gait Retraining Strategies to Enhance Functional Ambulation, Summary, Key Points, References). The 'Related Outcome Measures' section lists Functional Independence Measure (FIM), The Spinal Cord Independence Measure (SCIM), 6-Minute Walk Test (6MWT), and Walking Index for Spinal Cord Injury (WISCI).

sciproject.com

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ASIA



A reliable computational algorithm to perform the calculations of the ASIA International Standards For Neurological Classification of Spinal Cord Injury (ISNCSCI)

Version 1.0.3:

Not to be used for clinical purposes unless verified by a clinician.

[Try it now](#)

What is ISNCSCI?

The International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI) is an examination used to determine the motor and sensory impairment and severity of a spinal cord injury. The [American Spinal Injury Association \(ASIA\)](#) International Standards Committee is responsible for reviewing and revising the ISNCSCI to reflect current evidence.

<http://www.isncscialgorithm.com> Géraldine Jacquemin, m.d.

Availability

Motor Exam Guide from:

http://asia-spinalinjury.org/wp-content/uploads/2016/02/Motor_Exam_Guide.pdf

Sensory Exam Guide from:

http://asia-spinalinjury.org/wp-content/uploads/2016/02/Key_Sensory_Points.pdf

Scoring Diagram and Worksheet:

http://asia-spinalinjury.org/wp-content/uploads/2016/02/International_Stdts_Diagram_Worksheet.pdf

Online ISNCSCI calculator: www.isncscialgorithm.com

Video: <https://www.scireproject.com/outcome-measures/video/how-to/>

<http://asia-spinalinjury.org/learning/> Géraldine Jacquemin, m.d.

Module 1: Basic Anatomy (non-certificate)

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Attachments Glossary

Spinal Anatomy

Menu Script

1. Basic Anatomy
2. Funding
3. Overall Goal
4. Course Objectives
5. COURSE MAP
- 6. Spinal Anatomy**
 - 7. Spinal Cord Anatomy
 - 8. Spinal Cord Syndromes
 - 9. This concludes Module 1
 - 10. Acknowledgments

Spinal Anatomy

- Organization of the Spine
- Vertebrae
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacrum
- Supporting Structures
- Self-Check

Spinal Cord Anatomy

- Spinal Cord Organization
- Motor Tracts
- Sensory Tracts
- Autonomic Nervous System
- Self-Check

Spinal Cord Syndrome

- Central Cord Syndrome
- Brown Sequard Syndrome
- Anterior Cord Syndrome
- Cauda Equina Syndrome
- Conus Medullaris Syndrome
- Self-Check

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International Standards and Spinal Cord Independence Measure (SCIM)

www.iscsc.org.uk /international-standards-and-spinal-cord-independence-measure-scim

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IS - Doctors - C - International Standards... www.iscsc.org.uk/site/... con leson medullaire... CMS / Leçons de la moe... www.cofemer.fr/UseFile... Top Sites

You are here: Home > Resources > International Standards and Spinal Cord Independence Measure (SCIM)

International Standards and Spinal Cord Independence Measure (SCIM)

InSTeP (International Standards Training E Program)

A six-module course designed to enable clinicians to perform accurate and consistent neurological examinations of individuals with spinal cord injury

- Basic Anatomy
- Sensory Examination
- Motor Examination
- Anorectal Examination
- Scoring and Classification
- Optional Testing

InSTeP six-module course with certificate of completion (Premium Access)

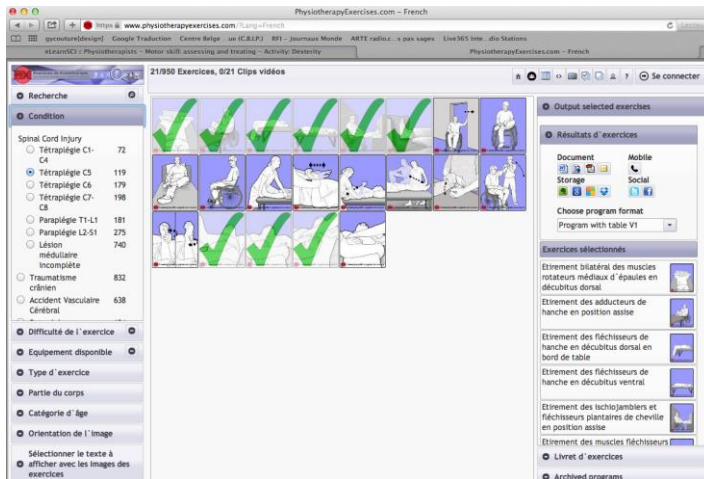
International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI) Assessment Form

Additional guides to performing the sensory and motor examination

- Clinical Trial Guidelines
- Recommended Knowledge and Skills Framework for Spinal Cord Medicine
- International Perspectives on Spinal Cord Injury
- Educational Links
- ISCoS Textbook on Comprehensive Management of Spinal Cord Injuries
- Videos
- eLearning
- International SCI Data Sets
- International Standards and Spinal Cord Independence Measure (SCIM)

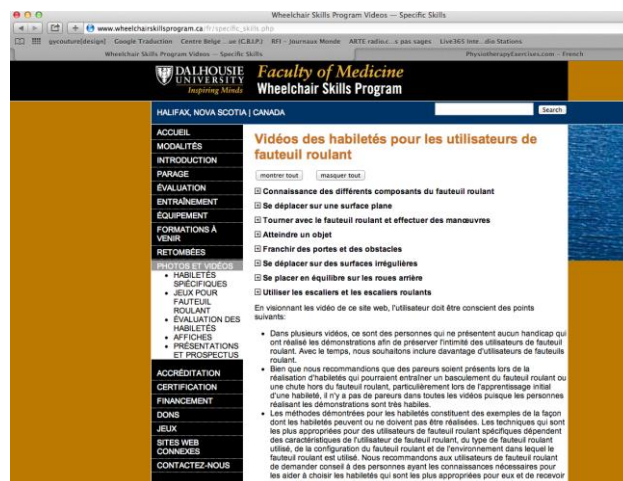
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Physiotherapyexercises.com



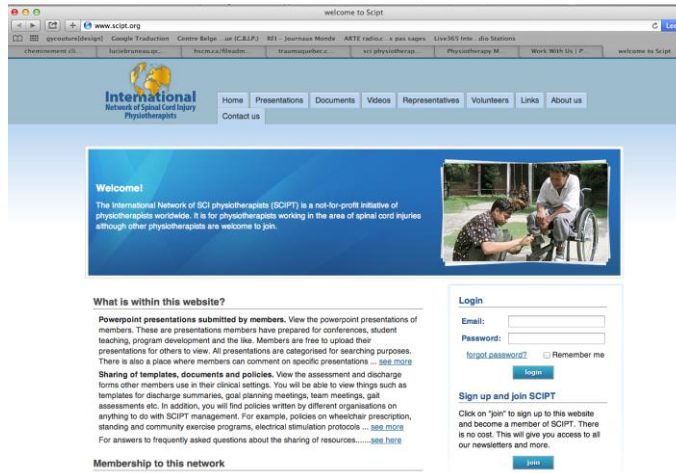
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www.wheelchairskillsprogram.ca



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Association internationale d'infirmières œuvrant auprès de PBM



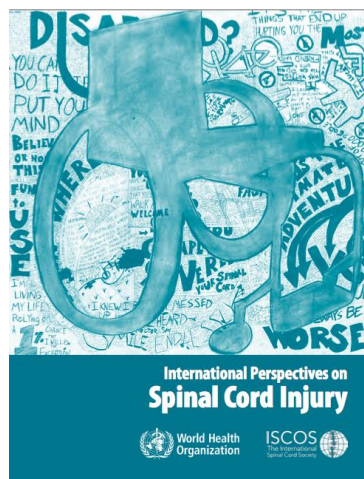
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