# Quelques outils pour la prise en charge du blessé médullaire:

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INSTITUT DE RÉADAPTATION
Gingras-Lindsay-de-Montréal

Valida

SAINT-LUC • UCL

## Objectifs de la présentation

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

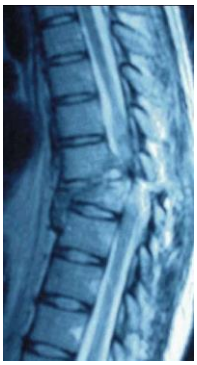
# Plan de la présentation

- Introduction
- Ressources
  - Elearn
  - Autres



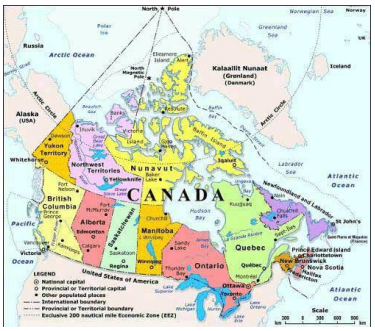
# Les faits

- 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



# 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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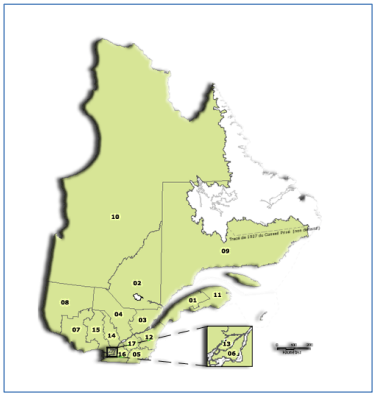
# CEBMOQ

- 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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LM traumatique

Non-traumatique

| Centre d'Expertise | Aigu | Chronique |
|---|---|---|
| | PHASE 1<br>•Soins intensifs<br>•Chirurgie(stabilisation spinale)<br>•Prévention des complications:<br>•Respiratoire • cutanée<br>•GI and urologique<br>•Verticalisation | Si problème aigü<br>•Pneumonie<br>•Fièvre<br>•Infection urinaire |
| | PHASE 2<br>Entrainement à la vie avec:<br>•Paralysie jambes et/ou bras<br>•Vessie et intestin neurogène<br>•Système cutané neurogène<br>Toutes fonctions abordées: alimentation, toilette, habillage, mobilité.<br>Équipe multidisciplinaire: Ergo, Kiné, Infirmière, AS, psychologue, médecin | Service de suivi avec un médecin spécialiste, une infirmière<br>Cliniques spécialisées:<br>•Urologie<br>•Spasticité<br>•Fonction membre sup<br>•Fertilité & sexualité<br>Réévaluation par l'équipe si nécéssaire |

PHASE 3

Integration sociale :
•Integration des compétences acquises dans des situatons de vie
•Réintegration dans la communeauté
•Developpement de nouveaux intérêts
•Programme de retour au travail

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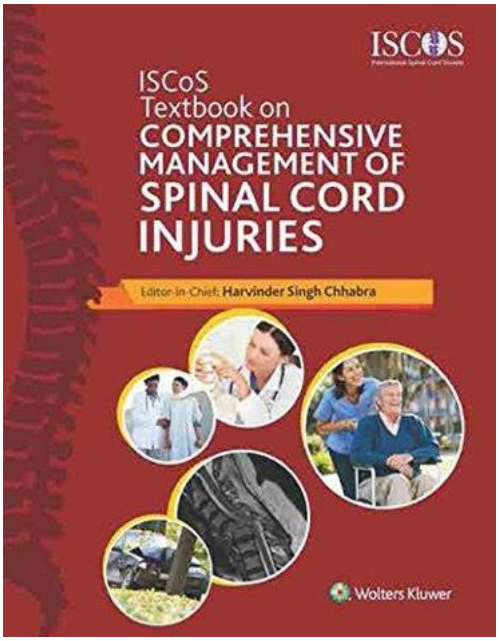
# Les principaux problèmes médicaux

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



# ElearnSCI.org

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| Section VII | Special Considerations | *Laurence Vogel and Ruth Marshall* |
| Section VIII | Translational Research | *Andrei Krassioukov and Douglas J Brown* |
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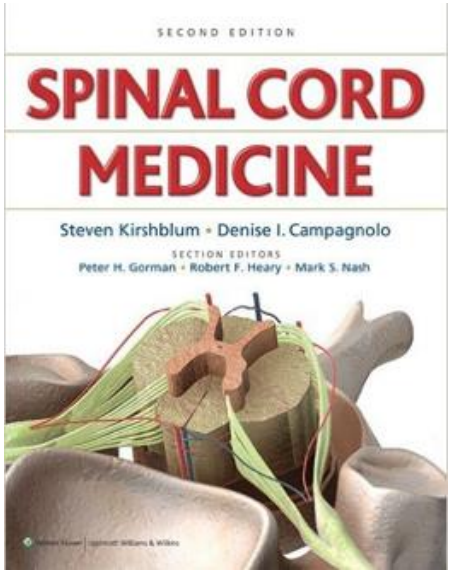


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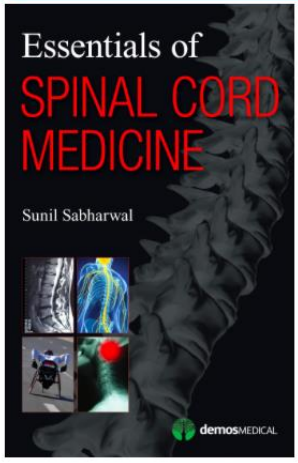


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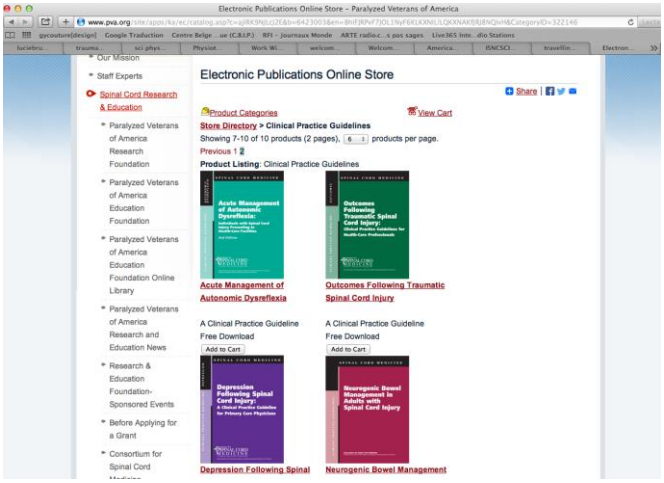
# Paralyzed Veterans of America




www.pva.org



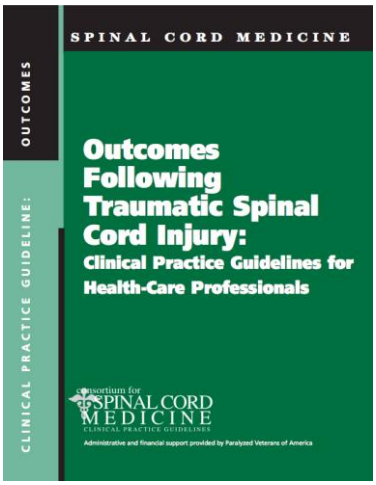


**TABLE 6. Expected Functional Outcomes** **Level C6**

**Functionally relevant muscles innervated:** Clavicular pectoralis supinator; 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<br>• 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<br>• Side rails<br>• Full to king standard bed may be indicated | | | |
| Bed/Wheelchair Transfers | Level: Some assist to independent<br>Uneven: Some to total assist | • Transfer board<br>• Mechanical lift | 3 | 1 | 1–3 |
| Pressure Relief/ Positioning | Independent with equipment and/or adapted techniques | • Power recline wheelchair<br>• Wheelchair pressure relief cushion<br>• Postural support devices<br>• 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-cuff, tendenosis splint, 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; loops 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-cuff, adapted handles) | 3–6 | 4 | 2–6 |
| Bathing | Upper body: Independent<br>Lower body: Some to total assist | • Padded tub transfer bench or shower/commode chair<br>• Adaptive devices as needed<br>• Handheld shower | 1–3 | 1 | 1–3 |
| Wheelchair Propulsion | Power: Independent with standard arm drive on all surfaces<br>Manual: Independent indoors; some to total assist outdoors | Manual: Lightweight rigid or folding frame with modified rims<br>Power: May require power recline or standard upright power wheelchair | 6 | 6 | 4–6 |
| Standing/ Ambulation | Standing: Total assist<br>Ambulation: Not indicated | Hydraulic standing frame | | | |
| Communication | Independent with or without equipment | Adaptive devices as indicated (e.g., tendenosis splint; writing splint for keyboard use, button pushing, page turning, object manipulation) | | | |
| Transportation | Independent driving from wheelchair | • Modified van with lift<br>• Sensitized hand controls<br>• 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<br>• Homecare: 4 hours/day | | 10* | 17* | 8–24* |

*Hours per day.

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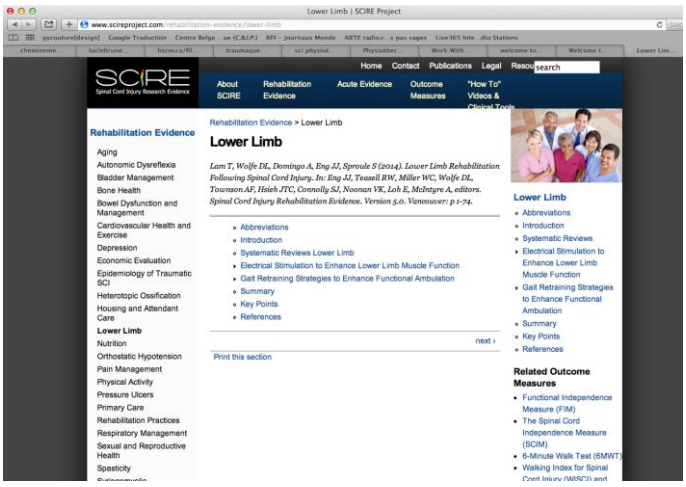
# SCI rehabilitation evidence




sciproject.com

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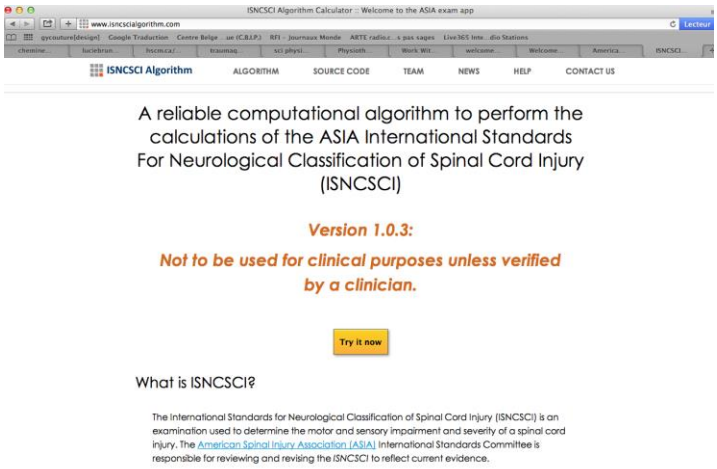
# ASIA

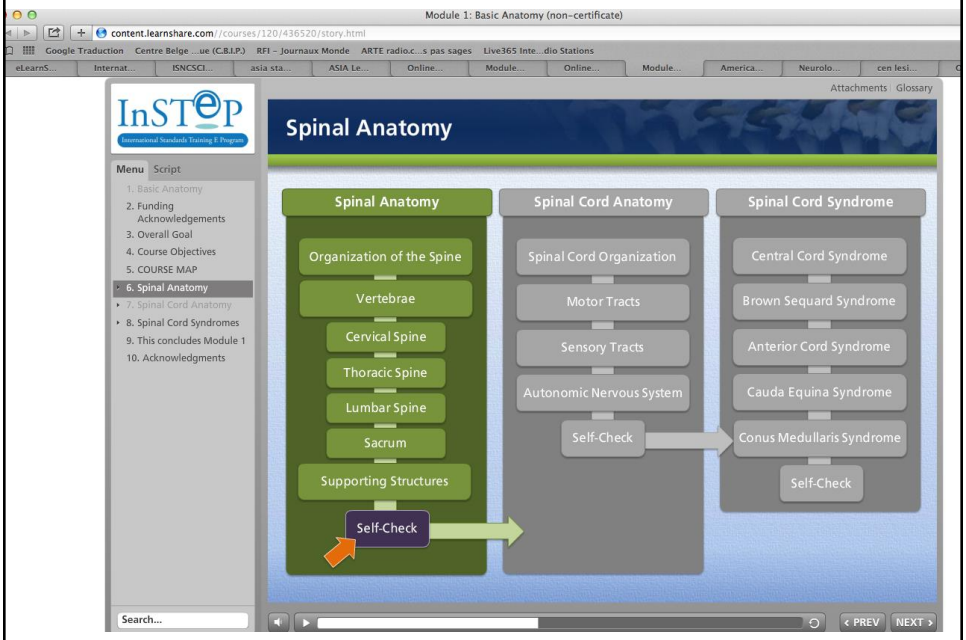



http://www.isncscialgorithm.com Géraldine Jacquemin, m.d.

## 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_Stds_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.

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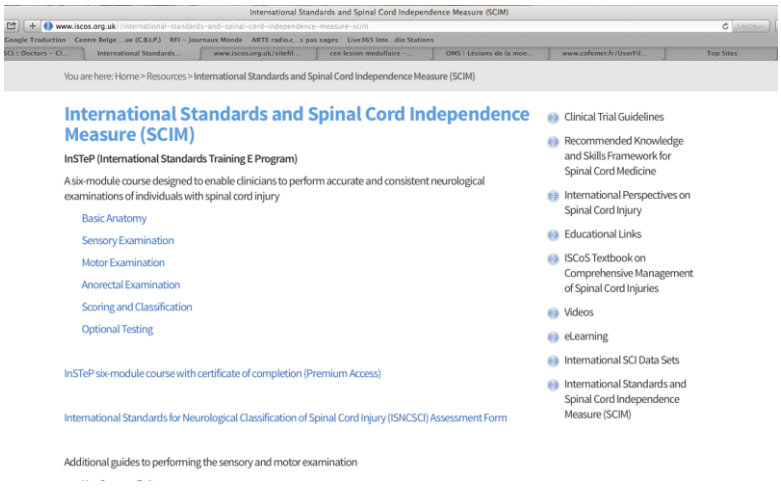


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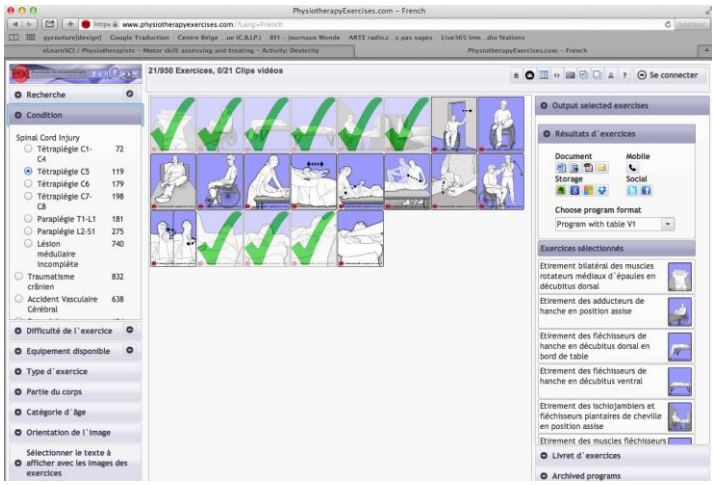
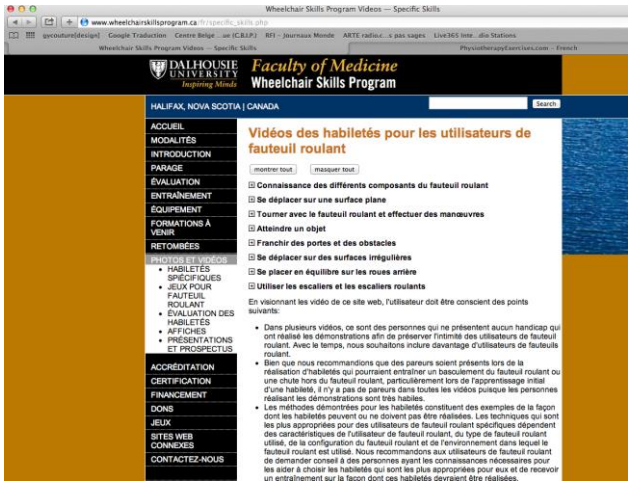
# Physiotherapyexercises.com

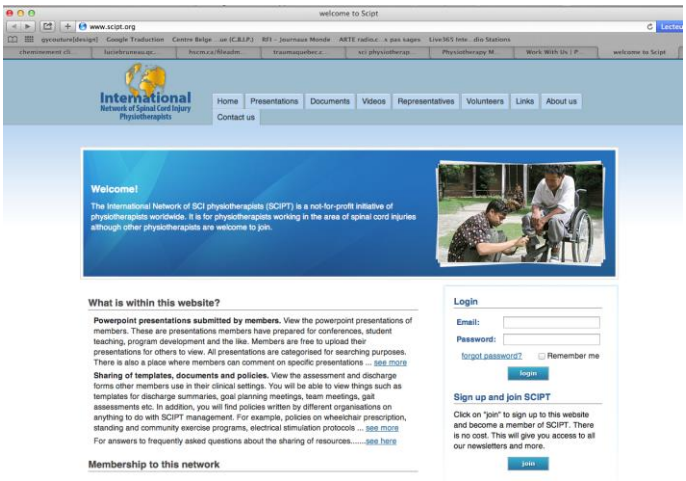





# www.wheelchairskillsprogram.ca



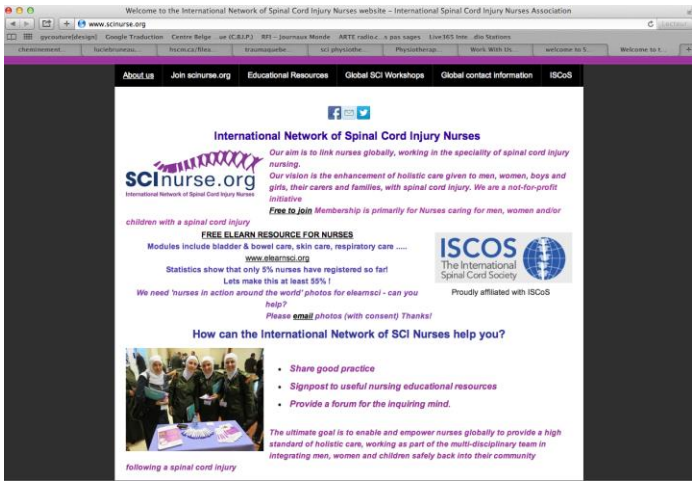
# Association internationale de kinés œuvrant auprès de PBM




www.scipt.org

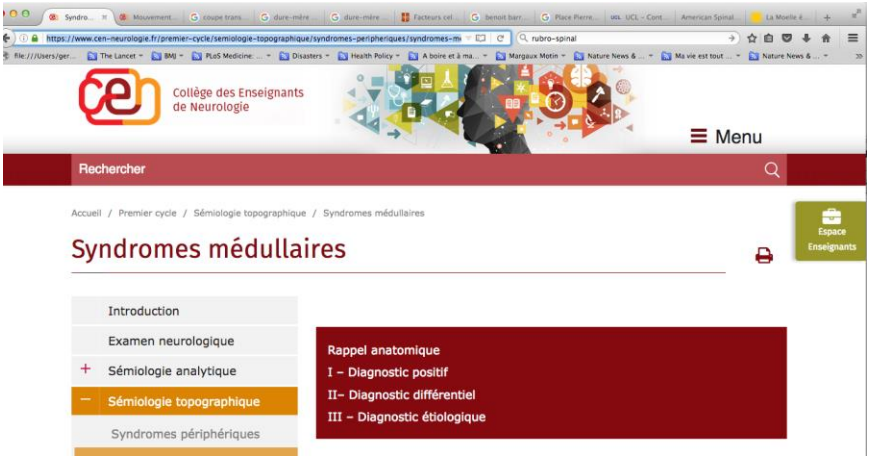


# Association internationale d'infirmières œuvrant auprès de PBM




Scinurse.org

# www.cen-neurologie

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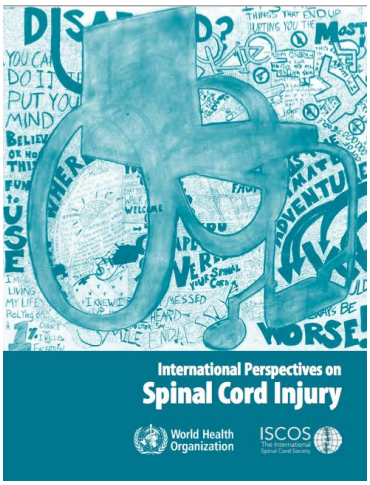


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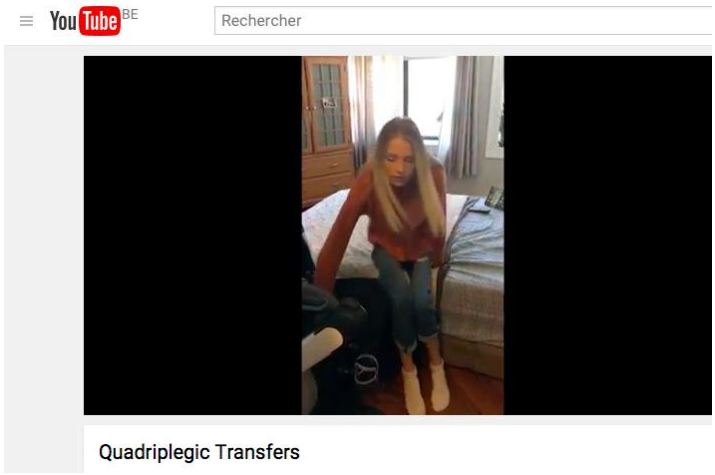


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