To study the frequency of causes of readmissions in chronic spinal cord injury
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Keywords: Hospital readmissions; Chronic spinal cord injury
Introduction.– Spinal Cord Injury (SCI), one of the leading causes of disability. There is concomitant rise in the complications and readmissions. Patients lacking initial physiatrist care at SCI units and follow-up, land up in complications leading to readmissions, morbidity and mortality.

Methods and methods.– A descriptive study recruiting 51 readmitted SCI patients from Apr 2010 to Apr 2011. The cause of readmission was established and data was analyzed to see frequency of causes of readmission.

Results.– Forty-six (90.2%) were male and 5 (9.8%) females. Mean age 21 years. Thirty-eight (74.5%) patients were AIS A, 5 B, 5 C and 3 in AIS D. Causes were neuropathic pain 27.5%, spasticity 27.3%, pressure ulcers 19.6%, gastrointestinal 9.8%, urinary tract infection 7.8%, DVT 3.9%, heterotopic ossification 2% with burns reported 1%.

Discussion.– In a 5 years' study conducted in Turkey, 56 out of 733 treated patients of SCI were hospitalized due to spasticity (25%), pressure sores (17.9%), urinary infection (16.1%), spinal surgery (8.9%), urological surgery (5.4%), pain (5.4%) and further rehabilitation (21.4%). This study showed that the number of cases with neuropathic pain were 27.5% which is less internationally.

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Factors influencing the success of home modification in paraplegic spinal cord injured individuals in Bangladesh
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Keywords: Spinal cord injury; Home modification; Rehabilitation
Introduction.– This study is designed to identify the factors and barriers experienced by participants in completing home modifications.

Methodology.– A qualitative study design was selected to explore individual experiences of people living in the community post rehabilitation.

Results.– Of the 30 participants, fifteen were successful and fifteen unsuccessful in achieving an accessible home environment. Factors presenting difficulties included: new and challenging environments, financial strains, insufficient space, poor understanding about modification, living in rented accommodation and inadequate support from relatives. Participants who made sufficient modifications had engaged in productive occupation, were independent in most activities, received family support, understood the importance of modification, received

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Deep venous thrombosis in patients with chronic stage after spinal cord injury
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Keywords: Deep venous thrombosis; Spinal cord injury
Introduction.– It is well known that deep venous thrombosis (DVT) is common in patients with acute stage following spinal cord injury. However, the reports of thrombosis occurrence in chronic stage are limited.

Methodology.– Sixty-three patients after neurologically manifested spinal cord injury longer than 3 months admitted to Rehabilitation Department Bydgoszcz, Poland. There were 15 women and 48 men, mean age 32.1 years (13–65 years). The time from injury varied from 4 to 124 months. All patients were admitted for rehabilitation program. The prospective study included clinical assessment, laboratory findings of D-dimers and ultrasound duplex scan.

Results.– DVD in duplex scan examination was found in 5 patients. The time after injury in four of them varied from 4 to 5 months while one sustained the injury 42 months ago.

Discussion.– DVD in patients with spinal cord injury occurred also in chronic phase, mainly by 6th month. As clinical presentation may be atypical or mute we recommend repeated ultrasound duplex scan examination in these patients every 4 weeks and after 6th month when new co-morbidities appear.

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Vertebro-medullary ballistic injuries: Special problems, about 128 cases
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Keywords: Vertebro-medullary ballistic injuries; Associated injuries; Complications
Introduction.– The ballistic vertebro-medullary trauma are characterised by the many associated injuries, that are life-threatening and delay the management in PRM.

Objective.– To show associated injuries and their impact on the management of patients.


Results.– The vertebral level is thoracic (57%), with hemopneumothorax (34%), and lumbar (40%), with abdominal injuries (37%). Other associated injuries: osseous (21 patients) and neurologic (5 patients). Patients were admitted to a PRM service from within a month (67%). Intercurrent complications: pressure ulcers (47%), impairing spasticity (45%), neuropathic pain (40%), parastoeathorapathy, phlebitis, and depressive syndromes (18%).

Discussion.– The vertebro-medullary ballistic injuries are often associated with thoracic and abdominal injuries, which are life-threatening. Osseous and neural involvements that hinder the acquisition of transfers. This causes many deucbitus complications and depressive syndromes, which extend the length of hospitalization. Conclusion: In ballistic injuries management, the course of action in PRM is not determined so much by the neurological involvement but mainly by the associated injuries and the undercurrent complications.

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