

Compensatory Rehabilitation in The Complete 10,11,12 Thoracic Level Injury

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Abstract

To study the effect of Compensatory Rehabilitation in the Complete 10,11,12 Thoracic level injury.

Keywords: Addiction research, Addiction; Addiction therapy; Complete Spinal Cord Injury; D10-D11-D12; Spinal Cord Injury Measures (SCIM); Walking Index Spinal Cord Injury (WISCI II); Institutional Rehabilitation; Public Utility Services Training

Background

Road traffic accidents are increasing day by day which will result in Spinal cord Injury to the victims. In Spinal cord Injury nervous system is affected which is not re-gene ratable so whatever damage occur its permanent for rest of life. Thoracic spinal cord injury patient have spared Upper extremities & some trunk muscle with use of those & some assistive devices patient can achieve the independence in his life. Ability can overcome the disability [1].

Methodology

Inclusive criteria

- Age: 18- 45 Yrs
- Traumatic Vertebral Fracture D10-11-12
- Patients having Spinal Cord Injury ASIA-A

Exclusive criteria

- Age : <18 & >45 Yrs
- Non Traumatic Spinal Cord Injury
- Any Degenerative or Infective cause of Spinal Cord Injury
- ASIA- B, C, D, E
- Traumatic Spinal Cord Injury with Amputation is excluded

Cohort Study

- 31 patients having complete spinal cord injury at D10-D11-D12, admitted but jaya rehab have been selected as a sample.
- All 31 patients have been assessed with, Spinal Cord Injury Measures (SCIM) and Walking Index Spinal Cord Injury (WISCI II).
- All 31 patients underwent for rehabilitation training in the form of Upper Extremity Strengthening exercises, Lower Extremity Stretching as well as Selective Strengthening, Core activations, Core strengthening, Trunk facilitations, Trunk Balancing, Pre- Functional Training, Functional training, Pre Gait Training, Gait Training, Bilateral KAFO with locked knee joint which have been progressed to Bilateral KAFO with free knee joint or high level AFO, Activities of Daily Living Training,

Transfer Training, Vocational Training, Public Utility Services Training, Psychological Counselling and Motivation, Sports and Recreation.

- All 31 patients have been reassessed after 3 months with Spinal Cord Injury Measures (SCIM) and Walking Index Spinal Cord Injury (WISCI II).
- Statistical Analysis of Data – the pre and post Spinal Cord Injury Measures (SCIM) and Walking Index Spinal Cord Injury (WISCI II), differences have been analyzed with Paired T test [2,3].

Result

- 31 patients having complete spinal cord injury at D10-D11-D12 have shown significant improvement in, Spinal Cord Injury Measures (SCIM) and Walking Index Spinal Cord Injury (WISCI II) after Institutional Rehabilitation [4].
- Statistical analysis of pre and post, Spinal Cord Injury Measures (SCIM) and Walking Index Spinal Cord Injury (WISCI II) has shown p value < 0.05 (Figure 1).

Compensatory Rehabilitation to the Complete Thoracic Spinal cord Injury patient in the form of Use of spared muscle groups & other assistive devices can give the more independence to the patients in their Activities of Daily Living as well other areas of life (Table 1 and Figure 2).

Conclusion

Compensatory Rehabilitation is the main tool for the Complete Thoracic Spinal cord Injury patient to gain the independence in their life again [5].

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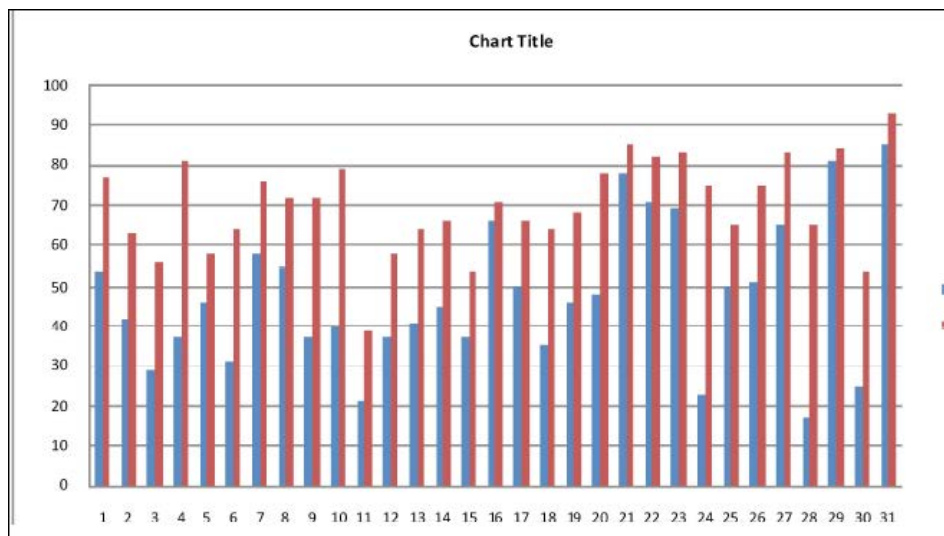


Figure 1: Spinal cord Independence Measure of Spinal cord Injury patient.

Table 1: SCIM & WISCI of patients.

SCIM	Pre	Post	WISCI	Pre	Post
1	54	77	1	0	12
2	42	63	2	6	12
3	29	56	3	0	3
4	37	81	4	3	12
5	46	58	5	3	7
6	31	64	6	3	9
7	58	76	7	6	12
8	55	72	8	5	9
9	37	72	9	0	12
10	40	79	10	6	12
11	21	39	11	0	6
12	37	58	12	2	6
13	41	64	13	2	12
14	45	66	14	6	9
15	37	54	15	6	9
16	66	71	16	2	9
17	50	66	17	2	9
18	35	64	18	0	9
19	46	68	19	3	9
20	48	78	20	6	12
21	78	85	21	9	12
22	71	82	22	6	9
23	69	83	23	0	15
24	23	75	24	0	18
25	50	65	25	2	6
26	51	75	26	9	12
27	65	83	27	15	20
28	17	65	28	2	9
29	81	84	29	12	14
30	25	54	30	6	9
31	85	93	31	12	9

Chart Title

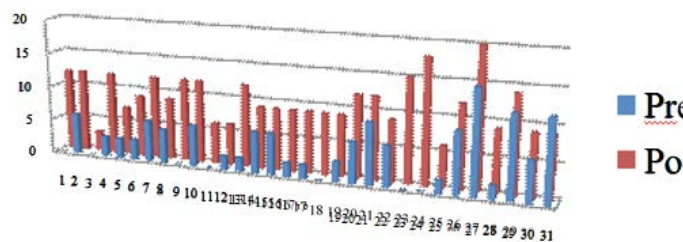


Figure 2: Walking Index of Spinal Cord Injury patient.

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