Post-acute care in Spinal Cord Injury

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The post-acute care in spinal cord injury is the care for the patients in the phase B and C of the rehabilitation process. This care is realised in the Czech Republic at the Spinal Cord Units and Spinal Cord Rehabilitation Units.
The patients are accepted to the Spinal Cord Rehabilitation Unit, when the spinal shock is finished, after the program of the evacuation of the urine bladder and evacuation of the bowel and after to the setting the medical treatment. The patient must be without decubitus ulcers and is able to sit.

The care in the Spinal Cord Rehabilitation Unit is started since 6.-8. weeks after impairment. The patients come to the Spinal Cord Rehabilitation Units from the Spinal cord Units. The rehabilitation continues in the Spinal Cord Rehabilitation Unit for 5 months.

There are 3 Spinal Cord Rehabilitation Units in the Czech Republic

Luže Košumberk, Hrabyně, Kladruby, altogether 104 beds.
Spinal Cord Rehabilitation Unit Kladruby

• The Spinal Cord Rehabilitation Unit Kladruby was opened on the 1st of July 2002.
• In the Spinal Cord Rehabilitation Unit Kladruby there are 40 beds at disposal.
• The team of experts as follows take care of the patients in Kladruby: Medical Doctors, Nursing Staff Physiotherapists, Occupational Therapists Nutrition Therapists, Medical Social Workers Prosthetic Workers Psychologists, and Speech Therapists
The patients are accommodated in the double-bedded rooms with the special electric antidecubitus positional beds with the possibility of the verticalisation of the patients.

The group nursing care system is applied here. The patient’s rehabilitation treatment starts from the 1st day of the accommodation by means of the system of gradual loading.
bed verticalisation

motomed
• This process takes approximately 14 days.
• The patients train evacuation theirs urinbladders by the clean intermittent catheterisation, they use the self clean intermittent catheterisation, if possible. They train bowel function.
• They are verticalised on the wheelchairs and on their beds. They take the training on motomed in the bed or in the wheelchair.
• The nursing staffs help them with the basic self-sufficiency training in bed and wheelchair in the ward under the control of the physiotherapist and the occupational therapist.
Rehabilitation ward

- The rehabilitation in the rehabilitation ward begins usually after 14 days of the patient’s admittance.
- The patients are trained in accordance with their individual programmes.
- They are systematically taught to reach better results.
- The aim of this training is to reach the top of the supposed motion activities.
What means are used?

- **physiotherapy**
  - The individual exercises on the base PNF
  - the rehabilitations methods
    - Kabat
    - Bobath
    - Vojta
    - Brunke
    - Janda and so on

- **electro therapy**
- **magneto therapy**
- **sono therapy**
- **warm therapy**
- **water therapy**
- **group exercises in gymnasium**
- **training on special devices**
  - terapimaster
  - motomed
  - locomat.
We use the individual training patients with tetra and paraplegia in pools.
Sports and fitness training

- The sports: basketball, table-tennis, fitness training, swimming are very popular with the wheelchair patients and very useful for them.
The very important part of training of the patients is ergotherapy, especially education self-sufficiency (ADL).

The patients are trained to manage daily living activities-self-sustaining-either with attendance assistance or without it.

The ability of driving car can be checked in this ward, inclusive the verification of driving licences for hand-controlled cars.
The goal is to be as self-sufficient as is possible
• The patient in this ward can learn writing, grasping, using PC etc.
• They can work in various workshops for example metal, carpentry, artisan, sewing, ceramic, weaving-on the loom, etc.
• The testing and the choosing of the useful aids for the homecare can be carried out during the rehabilitation process, for example: wheelchairs, beds, sanitary accessories for bathrooms and so on.
• The most of these aids are covered from the health insurance.
• The medical social workers with cooperation of medical doctors look for various social benefits for patients, for example invalidity pension.
• The team of experts of our SCRU gives the advice hours for the family members.
• The rehabilitation care in Kladruby is comprehensive.
## Statistic summary of patients treated in the SCRU Kladruby

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
<th>Over age</th>
<th>C</th>
<th>T</th>
<th>L</th>
<th>S</th>
<th>ASIA A</th>
<th>ASIA B</th>
<th>ASIA C</th>
<th>ASIA D</th>
<th>Fall</th>
<th>Car</th>
<th>Water</th>
<th>Sport</th>
<th>Injuries Other</th>
<th>Injuries Total</th>
<th>Suicide-Dio</th>
<th>Vessels</th>
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<td>Total for 7 year</td>
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• The total number of patients during 7 years was 800
• 114 patients in a year in average
• One third out of these number were women
• The average age of these patients was 46 years
• Nearly a half of the patients suffered cervical lesions
• Nearly three quarters of the patients were accepted because of injuries
• The most of injuries was after falls, and then after car accidents
• Three quarters of the patients stay on wheelchair for the rest of their lives
• Three quarters of the patients with cervical lesions do not remain self-sufficient in their daily living activities