



A COMPLEX NEURO – LOCOMOTOR REHABILITATION CASE OF A PATIENT WITH POLITRAUMA ASSOCIATED WITH MULTIPLE COMPLICATIONS / SEQUELA– CASE REPORT



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Abstract

Introduction: This paper, approved by the bioethical commission no. 9181/11.April.2018, features a complex post polytrauma case; this is a severe condition entailing multiple anatomic lesioned structures – at least one of them life-threatening² – that provoke morphofunctional and social disability¹ and, we can assert this case as a politrauma.

Materials and methods: 68 years-old female patient, admitted in multiple occasions in our Clinic’s Division for a quadriplegic type of motor dysfunction, sphincter disorders, numbness, tingling, and pricking sensations, sensitivity to touch, dysarthria and severe locomotor and self-grooming dysfunction. The functional incapability was caused by the multitrauma – multiple cranial fractures including the viscerocranium, partial focal seizures, C6 vertebra body and from T11 to L1 spine fractures, pelvic ring breach, and calf bones displacement-with multiple surgeries adjoined to a treated rheumatoid arthritis. At first admittance, the patient was bedridden with retention type neurogenic bladder and urinary catheterization and recently operated sacral bed sore. During the repeated hospitalizations, the patient suffered complications typical for her condition: multiple urinary tract infections, sacral bed sore and superficial venous thrombosis, all of them being successfully approached and treated by a multidisciplinary team. The clinical and functional evaluations were objectified through the assessment scales/scores: AIS, FIM, QoL (Quality of life), Asworth, FAC, and WISCI II³.

Results: The patients’ evolution was favorable with improved results in all the assessment scales/scores. She had an increased motor control and muscular strength growth on all levels, now she can perform sitting position without any help, standing and sitting exercises at trellis, achieve the initialization of few steps with support by the kinesio-therapist and perform between the parallel beams around 5 steps. Her dysarthria, mood – initially/organic depression – and related behavior, improved her motivation on continued rehabilitation is now positive.

Conclusions: This case represents a suggestive example for the poly-traumatized patients admitted in our Clinics’ Division and the complex approach of each pathology in the wright time for the improvement of the specific neuro-locomotor impairment and the quality of life of our patients.

References:

1. Poly-trauma Rehabilitation Procedures – Veterans Health Administration - VHA – Handbook 1172.1, Transmittal Sheet, 2005
2. Larousse
3. Guide for the Uniform Data Set for Medical Rehabilitation, Version 5.1 Buffalo, State University of New York at Buffalo – from Uniform Data System for Medical Rehabilitation, UBFA – cited in Braddom)