

GREG VIGNA, MD, JD: ASSOCIATED INJURIES IN SPINAL CORD INJURY

/EINPresswire.com/ A recent study of over 50,000 patients with vertebral fractures showed a 'prevalence of associated injuries: head trauma, 17.2%; chest injury, 2.9%; abdominal trauma, 1.5%; pelvic injury or fracture, 2.5%; upper limb fracture, 4.4%; lower limb fracture, 5.9%'. Complications regarding the management of these associated injuries prolong acute hospitalization, prevent timely rehabilitation, prevent aggressive rehabilitation, and is associated with increased morbidity and mortality of these patients. For example there is a '20-40% risk of complications in the management of lower extremity long bone fractures in the spinal cord injury population'. Timely surgery is required on all hip fractures to provide for adequate sitting and transfer training. Chest trauma is associated with increased risk for pneumonia, pulmonary contusions, prolonged ventilation requirement, and increased morbidity and death.

A particularly troubling association with spinal cord injury is the co-occurrence of [traumatic brain injury](#). A study from Shepherd Rehabilitation Hospital in Atlanta found that '60% of their traumatic spinal cord injury population sustained a traumatic brain injury with most co-occurring traumatic brain injuries being mild brain injuries.' This is a significant study because it emphasizes this author's opinion that spinal cord injured patients should be managed at a center of excellence with a scope of services that include neuropsychologist and specialized psychological services that can test and develop [individualized treatment plan](#) for these patients. A brain injured patient requires a coordinated approach among the medical professionals to decrease the problems associated with brain injury which include depression, maladaptive behavior, impaired learning, impaired social communication, impaired vocational pursuits, and other destructive behavior.

Based upon my training and experience of caring for patients who have suffered catastrophic spinal cord injuries with associated injuries a patient can benefit from acute rehabilitation care even if they cannot participate in three hours of therapy a day. The medical centers of excellence will often have respiratory therapists, advanced nursing staff and medical staff to manage patients with multiple medical problems and injuries. The medical staff will often include pulmonary physicians, plastic surgeons, orthopedic surgeons, neurosurgeons, nephrologist, cardiologist, internist, pediatrics, physiatrist, and psychologist to deal with the medically complex patient. The medically complex spinal cord injured patient should be afforded the opportunity to receive specialized rehabilitation care and medical support while they work to a level that they can participate in three hours of therapy per day. It is this author's opinion that the coordinated care provided in this setting is superior to that in acute care hospitals, sub-acute nursing

facilities, or long term acute care hospitals.

Life Care Perspective:

A [life care planner](#) serves as a case manager that provides a plan for current and future care of the catastrophic patient that is both medically reasonable and necessary. It is this author's opinion that a life care planner should be involved early in the management of a spinal cord injured patient with associated injuries. Insurance companies and other payer sources will often argue that spinal cord injured with associated injuries such as long bone fractures, surgical wounds, ventilator dependence, and amputations will make acute rehabilitation impossible. It is this author's opinion that this is not true. Daily medical supervision by a physiatrist, coordinated physical and occupational therapy, speech therapy, psychological services, rehabilitation nursing and other services will improve both functional and medical outcomes while decreasing avoidable complications. As the patient improves, the physiatrist will alter the treatment plan. It is the role of the life care planner to educate the medical providers on the most appropriate discharge disposition where the patient receives the best level of care to meet the unique medical and rehabilitation needs going forward.

Attorney's Perspective:

A lawyer must prove past and future economic and noneconomic damages. Past damages may include medical costs and lost wages. Future damages include medical costs that are reasonable and necessary in the management of a patient that are related or were proximately caused (defined as a substantial factor) for the negligent (careless) acts of a wrongdoer. Future lost wages can be calculated by the actual lost wages multiplied by the life expectancy of a the permanently injured client or they can be calculated by determining the client's lost "earning capacity". Experts in economics and qualified life care planners are necessary to prove these damages, and in a serious case with permanent injuries, it can be assured that the insurance company on the other side will have their own experts to rebut the client's experts. These are critical witnesses in a permanent, serious injury case. Future medical costs of associated injuries requires a knowledge of the client, an intimate knowledge of the medical history of the client, and a thorough understanding of all injuries and how those injuries are effected by both the disability and the injury. For example, a spinal cord injured patient from the waist down will likely require an electric wheel chair after an accident because their shoulders will be exposed to excessive wear and tear from transfers and wheel chair mobility. If this patient sustained a dislocated shoulder during the accident it is likely reasonable and necessary that at some point they will require orthopedic surgery on the shoulder, will require electric wheel chairs at an earlier age, and likely increase aid and attendant care as they age and around the time of the future surgery. All of these issues have costs and the client has a right to be fairly compensated for anything medically necessary and appropriate and reasonably foreseeable to be required.

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