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Spinal cord injury ppt free

Log Rollin' Technique



LEVEL: T7-T12

- 2 hrs personal care needs/homemaking
- ADLs
 - Independent
 - Improved cough
 - Improved balance control
- Mobility
 - Manual wheelchair
 - May have limited walking with tracing
 - Driving with hand controls

Cauda Equina Syndrome

- L2 - sacrum
- Lumbosacral
- Asymmetrical
- ♀ LE involvement
- ↓ muscle strength
Flaccid paralysis
- Saddle anesthesia
↓ sensation LE
- LMN lesion
DTR - hyperreflexia
Babinski reflex
Bulbocavernosus reflex
- ↓ anal bladder & sexual dysfunction
EARLY/severe

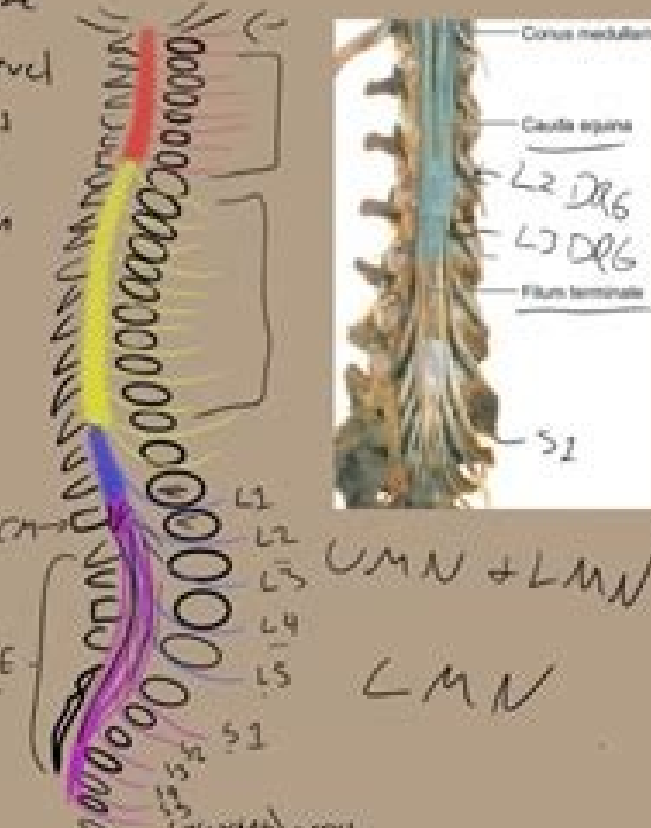
Conus Medullaris Syndrome

L2-L2 vertebral level
sacral cord segments & roots


Symmetrical
↑ anal, urinary bladder, sex dysfunction
mild ↓ muscle strength
hyperreflexia
saddle anesthesia

UMN & LMN lesion
DTR - hyperreflexia
Babinski reflex
Bulbocavernosus reflex

anal bladder & sexual dysfunction
EARLY/severe



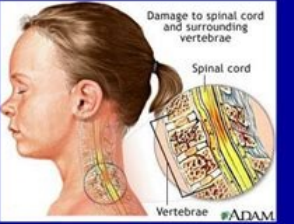
Traumatic Brain Injury (TBI)



Adult Health II
Traumatic Brain Injury—Part 2

Jerry Carley PhD, MA, MEd, CNE
Summer 2010

Secondary Injury



- Activation of biochemical, enzymatic and inflammatory cascades
- Hemorrhagic necrosis, edema, inflammation
- Vascular stasis, decreased spinal cord blood flow, ischemic cell death

Spinal cord injury ppt free download.

2011 Aug; 28(8): 1401-1411 | Collins W. The American Spinal Injury Association (ASIA) classification system, based on a standardized motor and sensory assessment, is used to classify spinal cord injuries. It is used to define two motor, two sensory and one neurological level. Olfactory Ensheathing Cells are capable of promoting axonal regeneration and remyelination after injury. Complete ASIA A lesions can also have zones of partial preservation reflecting some preservation of motor or sensory function below the neurological level, however, if there is motor or sensory function in S4 - S5 the lesion is no longer complete but rather incomplete. Incomplete (AIS B, C, D and E)[edit | edit source]

An incomplete spinal cord injury has some preservation of sensory and/or motor function in the S4 - S5 area of the spinal cord. Motor recovery is less common in these patients compared with other incomplete lesions. | 13.0 13.1 Johnston L. Partial preservation of the spinal cord tends to be more common in cervical, lumbar and sacral level injuries. [1][2][24][25] In the early post-injury phase, physical management will mainly involve prevention and management of respiratory and circulatory complications, care of pressure areas and minimize the impact of immobilization such as contractures (Chartered Society of Physiotherapy Standards, 1997). SlideShare uses cookies to improve functionality and performance, and to provide you with relevant advertising. Vibration and proprioception remain intact on the ipsilateral side due to preservation of the posterior columns. Randomised clinical trials are contradictory in their results and so are the opinions of experts.[22] Thyrotropin-releasing Hormone (TRH) shows antagonistic effects against the secondary injury mediators. [12] Brown Sequard Syndrome[edit | edit source] Occurs when just one side of the spinal cord is damaged. A recent systematic review found the prevalence of spinal cord injury to be dependent on the region the studies were conducted in, ranging from the highest prevalence of 906 per million in the USA and the lowest prevalence of 250 per million in Rhone-Alpes, France. Effects of Training on Upper Limb Function after Cervical Spinal Cord Injury: A Systematic Review. These are inflammation, lipid peroxidation and excitotoxicity. Spinal cord injury, prognosis for ambulation based on sensory examination in patients who are initially motor complete. Arch Phys Med Rehabil 1991, 72:119-121. Locomotor Training for Walking after Spinal Cord Injury. | 21.0 21.1 21.2 21.3 Yilmaz T., et al., Current and Future Medical Therapeutic Strategies for the Functional Repair of Spinal Cord Injury, 2015, World J Orthop. Sport, in particular, water-based activities and work-related injuries are also common, while violence-related injuries from a gun, stab or war-related injuries are high in some countries. Global Prevalence of spinal cord injury varies from 236 to 1298 per million of population, with a recent trend in increasing prevalence over the last decade. 2015 Jan 18;6(1):42-55 | V. It is also used to classify injuries as either complete (AIS A) or incomplete (AIS B, C, D or E), with a distinction between different ASIA impairments made on the basis of: Motor Function in S4 - S5, reflected by the appreciation of deep anal pressure or preservation of either light touch or pinprick sensation in the perianal area. Strength in muscles below the motor and neurological level. The S4 - S5 segments is linked to prognosis, with preservation a strong predictor of neurological recovery. Retrieved on 26 January 2016. Bone Marrow derived Mononuclear Cells (BM-MNC)'s transplantation is feasible, safe and have a good degree of outcome improvement. [16][17] Differential Diagnosis[edit | edit source] Diagnostic Procedures[edit | edit source] Imaging technology is an important part of the diagnostic process of acute or chronic spinal cord injuries. Essential Clinical Anatomy. This type of injury has a better prognosis for recovery of function if managed early as the peripheral nervous system has a greater capacity for healing than the central nervous system. The S4 - S5 segments | 21.0 21.1 21.2 21.3 21.4 21.5 21.6 21.7 21.8 21.9 21.10 21.11 21.12 21.13 21.14 21.15 21.16 21.17 21.18 21.19 21.20 21.21 21.22 21.23 21.24 21.25 21.26 21.27 21.28 21.29 21.30 21.31 21.32 21.33 21.34 21.35 21.36 21.37 21.38 21.39 21.40 21.41 21.42 21.43 21.44 21.45 21.46 21.47 21.48 21.49 21.50 21.51 21.52 21.53 21.54 21.55 21.56 21.57 21.58 21.59 21.60 21.61 21.62 21.63 21.64 21.65 21.66 21.67 21.68 21.69 21.70 21.71 21.72 21.73 21.74 21.75 21.76 21.77 21.78 21.79 21.80 21.81 21.82 21.83 21.84 21.85 21.86 21.87 21.88 21.89 21.90 21.91 21.92 21.93 21.94 21.95 21.96 21.97 21.98 21.99 22.00 22.01 22.02 22.03 22.04 22.05 22.06 22.07 22.08 22.09 22.10 22.11 22.12 22.13 22.14 22.15 22.16 22.17 22.18 22.19 22.20 22.21 22.22 22.23 22.24 22.25 22.26 22.27 22.28 22.29 22.30 22.31 22.32 22.33 22.34 22.35 22.36 22.37 22.38 22.39 22.40 22.41 22.42 22.43 22.44 22.45 22.46 22.47 22.48 22.49 22.50 22.51 22.52 22.53 22.54 22.55 22.56 22.57 22.58 22.59 22.60 22.61 22.62 22.63 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