

SRI LANKA SPINAL CORD NETWORK

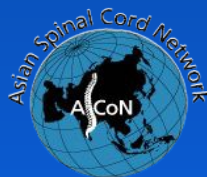
11TH ANNUAL ACADEMIC SESSIONS

"MANAGEMENT OF SPINAL CORD INJURIES - INTERDISCIPLINARY APPROACH"

20TH - 21ST OCTOBER 2023



IN COLLABORATION WITH
COLLEGE OF SPECIALISTS IN RHEUMATOLOGY & REHABILITATION SRI LANKA
ASIAN SPINAL CORD NETWORK
SAARC SURGICAL CARE SOCIETY
&
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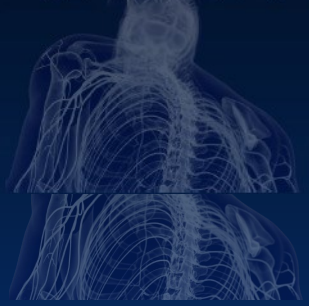


இலங்கை முண்ணான் வலையமைப்பு

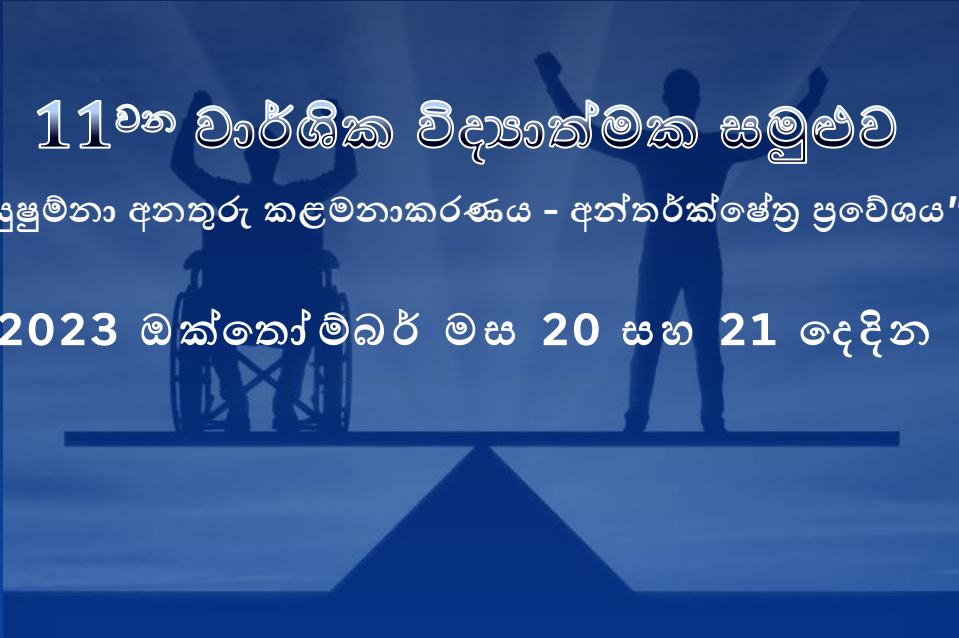
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ஊஜுமிதா றநகூரு சீலிடெ ஙீ லுகா சாலச

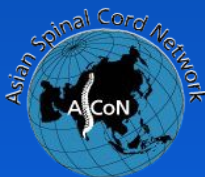


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2023 ஸக்தர்மீவர் மச 20 சத 21 ஢ெ஢ித

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Sri Lanka Spinal Cord Network

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SRI LANKA SPINAL CORD NETWORK THE PRESIDENT



It is with great pleasure I announce the 11th Annual Academic Sessions of the Sri Lanka Spinal Cord Network under the auspices of the College of Specialists in Rheumatology & Rehabilitation Sri Lanka, the SAARC Surgical Care Society, and the College of Surgeons of Sri Lanka in accordance to the theme of “Management of Spinal Cord Injury – Interdisciplinary Approach”.

The first day (20th of October) of the program will be for medical officers, nursing officers, and therapists including the healthcare personnel dealing with disability care. The second day (21st of October) session will be for the general public, school teachers, police officers, Community leaders, grama-niladaris, and any other interested individuals.

The scientific program is conducted by experts in the field of health care. The knowledge gained will be of immense value in the care of persons with disabilities not only within hospitals but also for disability care within the home setup. Hence, I invite interested parties to join in person to make it a success.

Dr Narendra Pinto
The President
Sri Lanka Spinal Cord Network



It is with great pleasure that I write this note for 11th annual academic session of Sri Lanka Spinal Cord Network (SLSCoN).

SLSCoN and College of Specialist in Rheumatology and Rehabilitation (CSRRSL) cherish a very close and cordial relationship. We have been partners in providing care for the patients with spinal cord injuries for many years.

During academic sessions, training staff members and in providing services we collaborated with each other.

The half-way home concept introduced by the SLSCoN under the leadership of Dr Narendra pinto was another milestone of the history of Spinal Cord Rehabilitation of Sri Lanka. We are extremely grateful to the SLSCoN, and we are proud to be the partners of this project.

Academic session of SLSCoN has been a success for many years providing knowledge and allowing stakeholders to meet the experts of many specialties.

I congratulate SLSCoN on behalf of CSRRSL of their commendable service provided to the patients with spinal cord injuries. We definitely will be hand in hand with SLSCoN with its future endeavors.

I wish all the best to the 11th Academic Session of SLSCoN.

Dr Duminda Abeysinghe (MBBS, MD)
The Immediate Past President
College of Specialists in Rheumatology & Rehabilitation



SAARC SURGICAL CARE SOCIETY
THE PRESIDENT

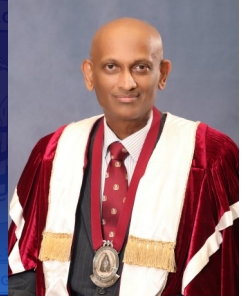


It gives me great pleasure as the President of the SAARC Surgical Care Society to send this message to the 11th annual sessions of the Sri Lanka Spinal Cord Network (SLSCoN).

Having established in 2012, SLSCoN deals with all aspects of disability of any origin including post injury, and post-surgical rehabilitation. These aspects of care are often neglected in our region. I am happy to note that this organisation is affiliated with the SAARC Surgical Care Society.

I send my best wishes to Dr Narendra Pinto, the founder president of SLSCoN, and the organizers and hope that their deliberations will go on to enhance the quality of surgical care in Sri Lanka and beyond.

Professor Sunil Kumar Sharma Dhakal
The President
Society of Surgeons of Nepal
SAARC Surgical Care Society



THE COLLEGE OF SURGEONS OF SRI LANKA THE PRESIDENT

It is a pleasure to write a few words regarding the 11th Annual Academic Sessions of the Sri Lanka Spinal Cord Network on the theme, Rehabilitation of Surgical Patients and Disability Care.

As someone deeply passionate about patient-centered care and committed to ensuring the post-operative well-being of patients, I believe that this session holds immense value in advancing our knowledge and skills in this critical area. The integration of surgery, rehabilitation and disability care represents a pivotal point in a patient's journey towards recovery and improved quality of life.

I am sure that the sessions will give an insight into the latest advancements in techniques that enhance post-operative rehabilitation, as well as strategies for providing comprehensive care to patients with disabilities.

Therefore, I wish to congratulate the Sri Lanka Spinal Cord Network for organizing this conference and wish it a very successful outcome.

Professor Nandadeva Samarasekera
The President
The College of Surgeons of Sri Lanka



**CHIEF GUEST
THE CHAIRMAN
PARLIAMENTARY CAUCUS FOR PERSONS WITH DISABILITY**



**පාර්ලිමේන්තුව
பாராளுமன்றம்
PARLIAMENT**

පාර්ලිමේන්තු සංසදයේ ආශීංසනය

සුඡුම්භා අනතුරු පිළිබඳ ශ්‍රී ලාංකේය ජාලයේ (Sri Lanka Spinal Cord Network) 11 වැනි වාර්ෂික සමුළුව වෙත ආබාධ සහිත තැනැත්තන් අන්තර් කරණය සඳහා වූ පාර්ලිමේන්තු සංසදයේ (PCIPD) සුභ පැතුම් එකතු කරනු ලබන්නේ සාම්ප්‍රදායික අර්ථයෙන් ඔබ්බට ගිය ගෞරවනීය හැඟීම් පෙරදැරිවය.

2012 දී පැවැත්වූ අවසන් ජන සංගණනයට අනුව, ශ්‍රී ලංකාවේ ආබාධිත ජනගහනය 8.7% කි. එනම්, ආසන්න වශයෙන් ලක්ෂ දාහතකි. මේ අය අතරින් 71% ක් කිසිදු ආර්ථික ක්‍රියාවලියකට දායක නොවන අතර ආබාධ සහිත දරුවන් ගෙන් 34% ක් කිසිදු අධ්‍යාපනයක් නො ලබයි.

ලක්ෂ සංඛ්‍යාලේඛන, මීට දශකයකට පෙර වාර්තා වූ ඒවා වන අතර සාපේක්ෂව වත්මන හි මෙහි ඉහළ වර්ධනයක් පැහැදිලිව දැක ගත හැකි වේ. එසේ වර්ධනය වන ආබාධ අතර ප්‍රමුඛ වන ආබාධිත තත්වයකි සුඡුම්භා අනතුරු නිසාවෙන් ස්ථීර කායික ආබාධයන්ට ගොදුරු වන අප සහෝදර පුරවැසියන් ගේ ප්‍රමාණය. දිනකට මාරක රිය අනතුරු හතක් හෝ අටක් (7 - 8) සිදු වන, ඒවා අතරින් බරපතල තුවාල සහිත පුද්ගලයින් විසි පහක් (25) පමණ ප්‍රමාණයක් සමාජගත වෙන රටක සහ පසුබිමක මෙය පුදුමයට කරුණක් නොවේ. පොලිසියට අනුව, අප රට තුළ වාර්ෂිකව වාර්තා වන රිය අනතුරු ප්‍රමාණය 25,000- 30,000 අතර වේ.

මෙවන් පසුබිමක, රට තුළ මහත් කීර්තියක් අත්පත් කරගත්, විශේෂඥ විකලාංග ශල්‍ය වෛද්‍ය, නරේන්ද්‍ර පිත්තො මැතිතුමා ගේ සහාපතිත්වයෙන් සහ තවත් එවැනිම සම්භාවනීය විද්වතුන් රාශියක එකතුවෙන් සෑදුම්ලත් සුඡුම්භා අනතුරු පිළිබඳ ශ්‍රී ලාංකේය ජාලයට රාජ්‍ය ගෞරවය සහ සහයෝගය හිමිවිය යුතුය. ආබාධිත සහෝදර පුරවැසි අයිතීන් වෙනුවෙන් මෑතකදී ආරම්භ කරන ලද ශ්‍රී ලංකා පාර්ලිමේන්තු සංසදය ලෙස අප, ඔබ ජාලය සමඟ ද අත්වැල් බැඳ ගැනීමේ නොතින් අපේක්ෂාවෙන් සිටින්නෙමු.

පතනෙමු ආබාධ සහිත පුරවැසියන් අවම වූ රටක්!

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2023 ඔක්තෝබර් මස 20 වන දින.



GUEST OF HONOUR
FOUNDER PRESIDENT - SAARC SURGICAL CARE SOCIETY



It is an honour and pleasure to congratulate Sri Lanka Spinal Cord Network for its 11th Annual Academic Sessions which enables all in Sri Lanka and SAARC region - stakeholders in disability care, management and rehabilitation to share the knowledge among doctors, nurses and the general public.

Professor Arjuna Aluwihare
The Founder President
SAARC Surgical Care Society
Past President - The College of Surgeons of Sri Lanka

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PROGRAMME - DAY 01 (20TH OCTOBER 2023)

8.30 am - 9.00 am	Inauguration & refreshments	
9.00 am - 9.30 am	Overview (Spinal Cord Injury rehabilitation, Total care concept, System development)	Dr Narendra Pinto
9.30 am - 10.00 am	Long term Rehabilitation (Panel Discussion) hospital based interdisciplinary team approach	Dr Duminda Abeysinghe Dr Gayathri Barnasuriya
10.15 am - 11.15 am	Pre Hospital care & Acute Management (Panel Discussion)	Dr Kirthi Abayajeewa Dr Ashan Abeywardana Dr Mahanama Gunasekara
11.15 am - 12.15 pm	Definitive Care (Panel Discussion)	Dr Narendra Pinto Dr Shazar Hameed Dr Chanaka Solangaarachchi
	Conservative Vs Surgical management	Dr Udai de Silva Dr Nirmal Marasinghe
12.15 pm - 1.15 pm	Acute Care Rehabilitation (Panel Discussion)	Dr Narendra Pinto Dr P K A Kithsiri Ms Amitha Rathnayake
1.15 pm - 1.45 pm	Lunch	
1.45 pm - 2.05 pm	Bladder Care	Professor Neville D Perera
2.05 pm - 3.00 pm	Skin Care (Panel Discussion) Prevention and Treatment of pressure sores	Dr Gayan Ekanayake Dr Kavinda Rajapakse
3.00 pm - 4.00 pm	Sexual Rehabilitation, Prevention and Management of Secondary Complications (Panel Discussion)	Dr Narendra Pinto Professor Ajith Malalasekera Dr P K A Kithsiri
4.00 pm - 4.30 pm	Challenges in SCI Care & Community based Rehabilitation (Panel Discussion)	Dr Narendra Pinto Dr P K A Kithsiri Officials from the Department of Social Services
4.30 pm onwards	Tea	

PROGRAMME - DAY 02 (21ST OCTOBER 2023)

පෙ.ව. 8.00 - 8.30	සමාරම්භකය	
පෙ.ව. 8.30 - 9.15	හැදින්වීම සහ අරමුණ පැහැදිලිකිරීම	වෛද්‍ය නරේන්ද්‍ර පිත්ථො විශේෂඥ විකලාංග ශල්‍ය වෛද්‍ය වෛද්‍ය අජිත් කිත්සිරි
පෙ.ව. 9.15 - 10.00	හදිසි අනතුරු වලක්වා ගැනීම සහ පූර්ව රෝහල් රෝගී කලමනාකරණය (කණ්ඩායම් සාකච්ඡා)	වෛද්‍ය කීර්ති අභයජීව විශේෂඥ ශල්‍ය වෛද්‍ය වෛද්‍ය රංජිත් එල්ලාවල විශේෂඥ ශල්‍ය වෛද්‍ය වෛද්‍ය කමල් ජයසූරිය විශේෂඥ ශල්‍ය වෛද්‍ය
පෙ.ව. 10.00 - 10.15	තේ පැන් සංග්‍රහය	
පෙ.ව. 10.15 - 11.00	සුළුමිනා ආබාධ සහ සන්ධිගත රෝග සඳහා විධි හා උප්පත්තියෙන් ඇති වන ස්නායු ආබාධ පිළිබඳ උපදෙස්	වෛද්‍ය ගුණේන්ද්‍රිකා කස්තුරිරත්න විශේෂඥ වෛද්‍ය රක්තවේදී සහ පුනරුත්ථාපන වෛද්‍ය නිර්මාල් මාරසිංහ විශේෂඥ විකලාංග ශල්‍ය වෛද්‍ය
පෙ.ව. 11.00 - 11.45	අංශභාගය, මණ්ඩික ආසාදනය සහ පිළිකා ආශ්‍රිත රෝග;නිවාරණය හදිසි ප්‍රතිකාර සහ ඔබ දැනගත යුතු කරුණ (කණ්ඩායම් සාකච්ඡා)	වෛද්‍ය ජයච්චි ජාගොඩ විශේෂඥ වෛද්‍ය රක්තවේදී සහ පුනරුත්ථාපන වෛද්‍ය දුමින්ද ආරියරත්න විශේෂඥ ශල්‍ය වෛද්‍ය වෛද්‍ය ජයමාල් ආරියරත්න පිළිකා පිළිබඳ විශේෂඥ ශල්‍ය වෛද්‍ය
පෙ.ව. 11.45 - 12.30	වයස් ගත වූවන් සහ ආබාධිත තත්ත්වයට පත් වූවන් නිවසේදී රැක බලා ගැනීම සහ හදිසි වැටීම් වලක්වා ගැනීමේ ක්‍රම	වෛද්‍ය අජිත් කිත්සිරි
ප.ව. 12.30	දිවා ආහාරය	

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Consultant General
Surgeon



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Abeysinghe**
Consultant in
Rheumatology and
Rehabilitation



**Dr Ashan
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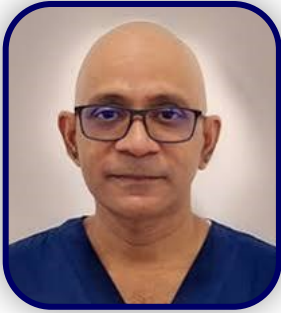


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Team Approach in Rehabilitating Persons with Spinal Cord Injuries

Rehabilitation of persons with spinal cord injuries (SCI) is a big challenge for any country. Spinal injury is one of the most devastating injuries that can affect mankind. As we are all aware Spinal injury rehabilitation is a multidisciplinary, multi-sectoral, and multi-level comprehensive process. In developing countries persons with SCI are having very poor quality of life with very low life expectancy. Being a developing country and the contemporary socio-economic constraints Sri Lanka is facing many challenges including disability and health care. Human resources development is one of the main components in this regard.

A team approach is essential in spinal cord injury rehabilitation. A single discipline cannot address the complex consequences of SCI. Early rehabilitation usually follows the medical model. This model continues with a consultant heading the team, making important decisions about admission, treatment targets & discharge etc.

The size and composition of a team will vary according to the financial resources, availability of professional resources, geographical location, care philosophy etc.

In hospital-based rehabilitation, there is a designated team including Consultants, Doctors, Nursing officers, Physiotherapists, Occupational Therapists, Speech therapists, and Social service officers.

Additional membership arrangements should be made to provide: counseling, diagnostic radiology, nutrition, orthotics, prosthetics, lab services, vocational rehabilitation etc.

The individual and family are core members of the team. The outcomes of the rehabilitation process are directly related to the level of individual involvement and family support in the team process.

The term 'multidisciplinary' team has been used to describe this type of service provision that implies a group of professionals are working together on a defined goal (common goal). Maintaining and enhancing functions is a common goal. Goals are the foundation of interventions and are used to evaluate outcomes.

Each team member understands how his or her professional inputs can be linked to that of colleagues in other disciplines and how their own contribution relates to the overall approach.

Team Approach in Rehabilitating Persons with Spinal Cord Injuries (Cont.....)

An essential requirement for a rehabilitation team is communication. The team members develop relationships that include appreciation of one another's Skills. In the team development process, the team devotes time and energy to learning about each other.

There are different types of team interaction models. Teams are generally organized into multidisciplinary, interdisciplinary, and transdisciplinary models

Multidisciplinary Team

- * Staff from a variety of disciplines working individually to enable patients to achieve goals.
- * Members may not think of themselves as part of a team.
- * Team members conduct separate assessments by discipline but shear results
- * Individual professional identities are more important than the team identity.
- * Generally, families meet with team members separately.

Interdisciplinary Team

- * The team sets, coordinates, and shares common goals.
- * Collective team identity is more important than the individual profession.
- * Team members conduct separate assessments by discipline but shear results
- * Team members support each other's goals.
- * Families meet with the team.
- * Attention is paid to internal interaction processes, members practice communication

Team Approach in Rehabilitating Persons with Spinal Cord Injuries (Cont.....)

Transdisciplinary Team

- * The most holistic team model
- * Each member has an in-depth knowledge of their own discipline and is continually expanding knowledge of the other disciplines. Members commit to teaching, learning, and working across disciplinary boundaries.
- * Families are full team members with primary decision-making authority. Staff and family develop the plan together.
- * Treatment approaches overlap. Members do more than collaborate, they also entrust, prepare, and supervise the shared disciplinary functions.
- * Members have a patient-centered focus. Team members share responsibility and are accountable for how the plan is implemented by one person.

Persons with SCI and caregivers have high expectations of quality of life.

Together **E**veryone **A**chieves **M**ore

Dr P K A Kithsiri

National Trainer in Spinal Cord Injuries Rehabilitation (OT)

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සුෂ්‍රමිතා අනතුරු ගත් කල හෙද කළමනාකරණය ඉතාමත් සුවිශේෂී වූ අංගයක් වන අතර එය විවිධ පැතිකඩවල් ඔස්සේ ලබා දීම කළ යුතු වේ. උදා.. ලෙස

- සුෂ්‍රමිතා අනතුරු වලක්වා ගැනීම.
- සුෂ්‍රමිතා අනතුරට ලක් වූ විට නිවැරදි කළමනාකරණය.
- අනතුරෙන් පසු සංකුලතා වලක්වා ගැනීම.
- සංකුලතා කළමනාකරණය.
- සේවාලාභියාගේ පුනරුත්ථාපන ක්‍රියාවලියට දායක වීම.

01.) සුෂ්‍රමිතා අනතුරු වලක්වා ගැනීම.

මෙහිදී සුෂ්‍රමිතා අනතුරුක් යනු කුමක්දැයි සේවාලාභීන්ට වැටහෙන ආකාරයට පැහැදිලි කිරීම අත්‍යවශ්‍ය වන අතර ඉන් අනතුරුව වලක්වා ගැනීමේ ආකාරය පැහැදිලි කිරීම කළ යුතු වේ.

උදා.i. සුෂ්‍රමිතාවට හානියක් ඇති වූ විට සුෂ්‍රමිතා අනතුරක් ඇති වන අතර බෙහෝ විට මෙවැනි අනතුරු ඇති විය හැකි වනුයේ.

- i. උස් ස්ථාන වලින් ඇද වැටීමෙන්.
- ii. මාර්ග අනතුරු හේතුවෙන්.

මෙවැනි අනතුරක්ට මුහුණ දුන් පසුව සුෂ්‍රමිතා අනතුරකට ලක් වුව හොත් එහිදී ඇතිවන ජීවිත තර්ජනාත්මක තත්වය පහදා දිය යුතු වේ.

උදා.ii. කොදු ඇට පෙලට පමනක් හානියක් සිදු වුවහොත් එය සුව කර ගැනීමට හැකි වුවද සුෂ්‍රමිතාවට සිදුවන හානිය දිගටම පැවතිය හැකිය. එසේ වනුයේ සුෂ්‍රමිතාවට හානි වූ පසු එහි ඇති ස්නායු සෛල වලට හානි වන අතර එම හානිය යථා තත්වයට පත්කර ගැනීමට හැකියාවක් ශරීරයට නොමැති නිසා බව පැහැදිලි කළ යුතු අතර ශෛල්‍යකර්ම කළ හැකි වන්නේ කොදු ඇට පෙල නැවත යථා තත්වයට පත් කිරීමට පමණක් බවත් මැනවින් සේවා ලාභීන්ට පහදා දිය යුතුවේ.

02) සුෂ්‍රමිතා අනතුරට ලක් වූ විට නිවැරදි කළමනාකරණය.

මෙවැනි ආකාරයේ අනතුරකට ලක්විය හැකි අවධානම ඉවත් කර ගැනීමට ප්‍රජාව දැනුවත් කළ යුතුය.

උදා.i. එදිනෙදා කටයුතු වලදී මෙවැනි අනතුරක් සිදුවිය හැකි අතර එවැනි ආකාරයේ ක්‍රියාකාරකම් වල නොයැදීමට උපදෙස් දීම ප්‍රායෝගික නොවන බැවින් ආරක්ෂිත ක්‍රියාමාර්ග පිළිපැදීමට සේවාලාභීන්ට දිරිමත් කිරීම සුදුසු වේ.

02. සුෂ්‍රමිතා අනතුරකට ලක් වූ විට නිවැරදි හෙද කළමනාකරණය.

- ASIA SCORING අනුව රෝගීන් වර්ගීකරණය කර ගැනීම සහ ඊට අදාලව රෝගියාට සුදුසු ඒකකය කිරීම උදා :- ඇඳ
- සේවාවලාභියාගේ සමෙහි අඛණ්ඩතාවය , මුත්‍රාශය කළමනාකරණය , මලපහ පිටකිරීම ආදිය පිළිබඳව නිවැරදි කාල පරාසයක් තුළ අවධානය යොමු කිරීම.
- සංකුලතා වලක්වා ගැනීමට කටයුතු කිරීම.
- සේවාවලාභියාගේ මානසික, සාමාජීය, භා ආර්ථික පැතිකඩවල් වෙත අවධානය යොමු කිරීම
- නිවැරදි පුනරුත්ථාපන ක්‍රියාවලියට යොමු කිරීම.

03) අනතුරින් පසු එන සංකුලතා වලක්වා ගැනීම.

සුෂ්‍රමිතා අනතුරින් පසු ඇතිවන සංකුලතා අතරින් “ඇඳ වණ” ඇති වීම ප්‍රමුඛ ස්ථානයක් ගන්නා අතර මෙමගින් රෝගියාගේ කළමනාකරණය බොහෝ දුරට කල්ගත වනු ඇත.

“ඇඳ වණ” වලක්වා ගැනීමට ගත කළ හැකි ප්‍රධාන පියවර වනුයේ පැය දෙකෙන් දෙකට රෝගියාගේ ස්ථාපිතය වෙනස් කිරීම වේ. ඊට අමතරව රෝගියාට මනා පෝෂණයක් ලබා දීම , තරල සමතුලිතතාවය පවත්වා ගැනීම ආදිය ගැන අවධානය යොමු කළ යුතු වනු ඇත.

04) සංකුලතා කළමනාකරණය

සුෂ්‍රමිතා අනතුරකට ලක් වූ පුද්ගලයකු සංකුලතාවයන්ට ලක් වුව හොත් නිවැරදි කළමනාකරණයට යොමු වීම තුලින් රෝගියාගේ ප්‍රධාන ප්‍රතිකාර ක්‍රියාවලිය රෝගියාට අහිතකර ලෙස කල් යාම නතර කරගත හැකි වේ.

උද :- ඇඳ වණ ඇති වූ රෝගියකුගේ හෙද කළමනාකරණය එම ඇඳ වණ වල අදියර හඳුනා ගැනීම ප්‍රධාන වන අතර එයට අනුකූලව සැරහුම් යෙදීම සුදුසු වේ.

05) සේවාවලාභීන්ගේ පුනරුත්ථාපන ක්‍රියාවලියට දායක වීම.

සුෂ්‍රමිතා අනතුරකට ලක් වූ රෝගීන්ගේ පුනරුත්ථාපන ක්‍රියාවලිය ඉතාමත් අත්‍යවශ්‍ය අංගයක් වන අතර රෝගියාගේ වර්තමාන ව්‍යාප්තියේ සැලැස්ම දැනගැනීම , රෝගියාට එහිදී මුහුණදීමට සිදුවන අභියෝග පිළිබඳව මනා අවබෝධයක් ලබා ගැනීම ආදිය සඳහා අනෙකුත් අදාල කාර්ය මණ්ඩල සමග එකතු වී නිවැරදි පුනරුත්ථාපන ක්‍රියාවලියකට දායක වීම හෙද කළමනාකරණයේ ඉතා වැදගත් අංගයක් වේ.

ආර්.ඒ.වෘතීකා නිරෝෂනී

හෙද නිලධාරීණී,

දිස්ත්‍රික් මහ රෝහල,

හම්බන්තොට.

3M

Cavilon™

Skin Care Solutions



3M™ Cavilon™ No Sting Barrier Film

3M™ Cavilon™ No Sting Barrier Film

Clinically-supported chemistry. Powerful impact.

First to market. Only one of its kind.*



Durable

Fast-drying,¹ long-lasting, waterproof and doesn't wash off,² making it easy for clinicians to use.



Effective

Helps maintain a continuous protective coating, plus it's sterile** and chemically compatible with chlorhexidine gluconate (CHG),² making it essential for vascular access site protection.



Gentle

Alcohol-free, sting-free, fragrance-free, preservative-free and low dermatitis potential.⁴



Versatile

Helps protect skin from friction and abrasion,⁴ an improvement over many creams, ointments and pastes that can increase friction at the skin surface.



Proven

Unique formulation supported by 80+ pieces of evidence.

முள்ளந்தண்டு வடப் பாதிப்பும் சமூக ரீதியான பங்குபற்றுதலும்

முள்ளந்தண்டு வடப் பாதிப்பு என்பது முண்ணாணில் ஏற்படும் பாதிப்புக்களை அல்லது காயங்களைக் குறிக்கும். இது முண்ணாணுக்கு ஏற்படும் நேரடியான காயத்தால் அல்லது நேரடியற்ற காய நிலைமைகளால் ஏற்படலாம். பின்வரும் நிமைமைகளின் போது முள்ளந்தண்டு வடப் பாதிப்பு ஏற்படலாம்.

- வீதி விபத்துக்கள்
- உயரத்தில் இருந்து விழுதல்
- பாரமான பொருட்கள் உடல் மீது விழுதல்
- விளையாட்டில் ஏற்படும் காயங்கள்
- வன்முறைத் தாக்குதல்
- தொழில் விபத்துக்கள்
- சுய தீங்கு

இப் பாதிப்பானது பாதிப்பு ஏற்பட்ட முள்ளந்தண்டு மட்டத்தின் கீழ் உள்ள நரம்புகளால் கட்டுப்படுத்தப்படும் இயக்கத்தன்மை, உணர்ச்சித்தன்மை , உடல் இயக்க நிலைகள் என்பவற்றில் மாற்றத்தை ஏற்படுத்தும்.

இது முழுமையான பாதிப்பு, முழுமையற்ற பாதிப்பு என இரு வகைகளில் நோக்கப்படலாம். முழுமையான பாதிப்பு என்பது பாதிக்கப்பட்ட இடத்தில் உள்ள உணர்ச்சி மற்றும் இயக்க நரம்புகள் முற்றாகப் பாதிக்கப்பட்டு அதன் கீழுள்ள நரம்பு மண்டலத்துடன் தொடர்புறுதலைக் குறிக்கும்.

முள்ளந்தண்டு வடப் பாதிப்புக்குள்ளானவர் பின்வரும் அறிகுறிகளைக் கொண்டிருக்கலாம்.

- உணர்வின்மை அல்லது கை அல்லது கால்களில் உணர்வு இழப்பு
- இயக்க இழப்பு
- தலை, கழுத்து அல்லது முதுகில் வலி அல்லது அழுத்தம் உணரப்படுதல்.
- உடலின் எந்தப் பகுதியிலும் ஏற்படும் பலவீனம்
- சிறுநீர், மலம் கட்டுப்பாடு இழப்பு
- நடப்பதில் சிரமம்
- சுவாசிப்பதில் சிரமம்

Rehabilitation of Spinal Cord Injury (Cont.....)

முள்ளந்தண்டு வடப் பாதிப்பானது சத்திர சிகிச்சை முறையும் புனர்வாழ்வும் மற்றும் மருத்துவ முறையும் புனர்வாழ்வும் என்ற இரு வகைகளில் சிகிச்சையளிக்கப்படும். முள்ளந்தண்டு வடப் பாதிப்பானது உடல் ரீதியாக, உள ரீதியாக, பொருளாதார ரீதியாக, சமூக ரீதியாக பாதிப்புக்கு உள்ளானவருக்கும் அவரது குடும்பத்தினருக்கும் பெரும் பாதிப்பை ஏற்படுத்தும்.

முள்ளந்தண்டு வடப் பாதிப்பின் வைத்தியசாலை சார் புனர்வாழ்வுக்கான காலமானது முள்ளந்தண்டு வடப் பாதிப்பின் தீவிரத் தன்மையைப் பொறுத்து சில வாரங்கள் முதல் சில மாதங்கள் வரை நீடிக்கலாம். வைத்தியசாலை சார் புனர்வாழ்வின் போது இயன் மருத்துவரால் உடல் வலிமையை அதிகரிப்பதற்கான பயிற்சி, மூட்டுக்களின் அசைவுத் தன்மை மற்றும் தசைகளின் தொழிற்பாட்டிற்கான பயிற்சிகள், இருதய தொழிற்பாட்டை மேம்படுத்தும் பயிற்சிகள், வலி, தசை இறுக்கத்தை குறைப்பதற்கான பயிற்சிகள் வழங்கப்பட்டு வேறு ஒருவரின் உதவியின்றி தானே தனது தொழிற்பாடுகளை மேற்கொள்ளக் கூடியவாறு ஒவ்வொருவருக்குமாக தனிப்பட்ட புனர்வாழ்வு நிகழ்ச்சி நிரல் தயாரிக்கப்பட்டு செயற்படுத்தப்படும். தொழில் வழிச் சிகிச்சையாளர் சுயமாக இயங்குவதை உறுதிப்படுத்துவதற்காக வீடு, தொழில்சார் நிலையங்களில் செய்யப்பட வேண்டிய கட்டமைப்பு மாற்றங்கள் மற்றும் ஏனைய மாற்றங்களை உறுதிப்படுத்துவார்.

புனர் வாழ்வின் பிரதான நோக்கமானது அவர்களின் பங்குபற்றுதலை மேம்படுத்துவதாகும். பங்குபற்றுதல் என்பது இரு வகைகளில் நோக்கப்படலாம். தனி நபர் பங்குபற்றுதல் என்பது வாழ்க்கைச் சூழ்நிலைகளில் ஈடுபடுவதற்கான இயலுமையைக் குறிக்கும். இதில் அவரது சுகாதார நிலைமை (முள்ளந்தண்டு வடப் பாதிப்பு ஏற்பட்ட முள்ளந்தண்டின் மட்டம்) , பாதிப்பு ஏற்பட்ட உடல் கட்டமைப்பு மற்றும் தொழிற்பாடு என்பவற்றுடன் இதர சூழ்நிலைக் காரணிகளால் தீர்மானிக்கப்படும்.

சமூக ரீதியான பங்குபற்றுதல் என்பது அவரது குடும்பம், சமூகம் என்பவற்றில் அவரது பங்கு அடையப்படுகின்றதா இல்லையா என்பதன் மூலம் தீர்மானிக்கப்படும். இதில் அவர்களது புனர்வாழ்வு முக்கிய பங்கு வகிக்கும். இதில் சமூகத்தில் அவர்களது பங்குபற்றுதலை ஊக்குவிக்க காணப்படும் வசதிகள் (Facilities), மற்றும் தடைகள் (Barriers) என்பன செல்வாக்குச் செலுத்தும்.

Rehabilitation of Spinal Cord Injury (Cont.....)

பலம் இழந்த உடற் தசைகள், வலி, சலம் மலம் கழித்தல் பிரச்சினைகள், இயங்கு தன்மை குறைதல், போக்குவரத்தில் உள்ள தடைகள், பொதுப் போக்குவரத்தை பயன்படுத்த முடியாமை, சேவை நிலையங்களை அடைவதில் உள்ள சிக்கல்கள் மற்றும் வருமானம் இழப்பு என்பன பங்குபற்றுதலில் உள்ள தடைகளாகக் கருதப்படலாம்.

பிறரின் உதவிகள், குடும்ப உறுப்பினர்களின் உதவிகள், தொழில் நிலைமை , அணுகக் கூடிய பொதுப் போக்குவரத்து , அணுகக் கூடிய பொதுக் கட்டடங்கள் (சக்கர நாற்காலிக்கான சாய்வு உள்ளமை) வலுக் கூடிய அசைவு சாதனங்கள் (Powered Mobility Aids) என்பன பங்குபற்றுதலுக்கான வசதிப்படுத்திகளாகக் கொள்ளப்படலாம்.

மேற் கூறிய வசதிகள், தடைகள் காணப்படினும் பங்குபற்றுதலானது பாதிக்கப்பட்டவரின் தனிநபர் கவனத்திலும் அவரது உள வலிமையிலும் தங்கியுள்ளது. முள்ளந்தண்டு வடப் பாதிப்புக்கு உள்ளானவர்களின் உள வலிமையையும் தன்னம்பிக்கையையும் பேணுவது மிக முக்கியமான அம்சமாகும். இதில் குடும்ப உறுப்பினர்கள், உறுவினர்கள், நண்பர்கள் மற்றும் நலன் விரும்பிகளின் பங்கு மிக அளப்பரியதாகும்.

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Para sport and disability: promote quality of life

People with disabilities are often at risk of not engaging or having low engagement in physical activity. Therefore, they are at high risk of developing secondary complications of disability, non-communicable diseases and premature death. Sports serve as the most effective means of reduce the risk of individuals with disabilities developing secondary complications, and non-communicable diseases and keeping them physically active.

Para sports or adaptive sports refer to sporting activities that are specifically designed for individuals with disabilities. Para sports include a wide range of activities, including wheelchair basketball, wheelchair tennis, para-swimming, para-athletics, para-cycling, and many more. Some sports have been adapted from existing sports, such as swimming, and rowing, and others have been created as new sports example Boccia, and wheelchair basketball. Each sport has its own set of rules and adaptations to ensure that athletes with disabilities can compete at the highest level.

History of para-sport

The history of para-sports reflects both the evolving attitudes towards disability and the continuous efforts to provide equal opportunities in sports. In the 19th century, some rehabilitation centres and schools for the blind began organizing adapted sports activities for their students, laying the foundation for organized disability sports. The 20th century marked a significant turning point for para sports, specially after World War II.

Dr. Ludwig Guttman, a German-born British neurologist, played a crucial role in the development of para-sports. In 1948, he organized the Stoke Mandeville Games, an athletic competition for war veterans with spinal cord injuries, which is considered the precursor to the Paralympic Games. The first official Paralympic Games were held in Rome, Italy, in 1960, alongside the Olympic Games. This event brought together athletes with various disabilities from around the world to compete in multiple sports. Over the years, the Paralympic movement expanded to include a wide range of sports and classifications, accommodating athletes with physical, sensory, and intellectual disabilities. Parasports gained recognition and support from international organizations like the International Paralympic Committee (IPC) and national governments.

Today, the Paralympic Games are one of the largest and most prestigious sporting events in the world, including thousands of athletes from diverse backgrounds and abilities. The Paralympic movement continues to advocate for inclusivity, diversity, and equality in sports and society, challenging stereotypes and promoting awareness of disability rights.

What are the benefits of para-sports for People with disability?

Participating in para sports offers numerous physical and mental health benefits for individuals with disabilities.

- * Participation in sports improves cardiovascular fitness, muscular strength, endurance, and flexibility, contributing to overall physical well-being.
- * sports reduce feelings of isolation that can often accompany disability.
- * Para sports play a crucial role in promoting inclusivity in society and equal opportunities.
- * Engaging in para sports can boost an individual's confidence and self-esteem, leading to greater independence
- * Achieving success in sports helps individuals with disabilities realize their potential and capabilities.
- * Parasports can significantly improve the overall quality of life for individuals with disabilities by promoting physical, mental, and emotional well-being. The most significant impact of para-sports is their ability to change public perceptions of disability.

Personal experiences in para-sports

I have firsthand experience of the positive impact of para-sports on the physical and mental well-being of individuals with disabilities. Nevertheless, it's crucial to acknowledge the existence of several obstacles when it comes to participating in para-sports. Foremost among these barriers is accessibility. In Sri Lanka, the absence of an accessible public transport system greatly hinders the engagement of people with disabilities in sports activities. Additionally, the majority of para-sport training programs are concentrated in Colombo, leaving those residing in other regions of the country without opportunities to participate. Furthermore, there is a significant lack of awareness among individuals with disabilities regarding the available para-sports opportunities.

Opportunities in Sri Lanka

As for the opportunities available in Sri Lanka, the National Paralympic Committee (NPC), governed by the Ministry of Sports, serves as the central authority for para-sports. The NPC conducts an annual para-athletic meet to identify national-level para-athletes. Apart from para-athletics, there are various other para-sports in Sri Lanka, including wheelchair tennis, wheelchair badminton, table tennis, para-archery, para-swimming, para-rowing, and para powerlifting.

Para sport and disability: promote quality of life (Cont....)

What role can health professionals play in this context?

Health professionals are often the first point of contact for individuals with disabilities, and they can play a pivotal role in connecting those who wish to engage in para sports with the National Paralympic Committee. Moreover, they can actively promote sports and recreational activities as part of the rehabilitation process. Parasports can be integrated into rehabilitation programs for individuals in recovery, aiding in the restoration of mobility, strength, and coordination and expediting the recovery process. Therefore, I believe that establishing a connection between rehabilitation hospitals and the National Paralympic Committee is essential.

In summary, para-sports offer invaluable benefits to individuals with disabilities, encompassing a holistic approach to physical and emotional well-being. They empower individuals to overcome barriers, enhance self-confidence, and enhance their quality of life. Beyond the individual advantages, para-sports also contribute to promote inclusivity in society and change public perceptions of disability. While para-sports have the potential to enhance rehabilitation outcomes, their integration into rehabilitation programs in Sri Lanka is an area that has yet to be developed.

Dr Samitha Samanmalee Gowinnage



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1. Anesthetics, 1993, Volume 16, pages 561-587
2. Pharmacology, Sedatives, and Narcotics in Adult Trauma Resuscitation in Emergency Department: A Double-Blind Randomized Clinical Trial. Anesth Analg. 2004;99:1007-1012.
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The benefits of returning to work after a Spinal Cord Injury

The World Health Organisation (WHO) reports that an estimated 1.3 billion people representing 16% of the world's population lives with a disability and around 2-4% of them experience significant functioning difficulties ("Disability", 2023).

The general assumption during the second world war was, the disabled, aged and the poor were the obligation of welfare agencies. The governments removed themselves from taking any responsibility for this population.

Employment lifts people out of poverty, social isolation, facilitates community participation, promotes self-worth and quality of life. However, finding and keeping a job with a severe physical disability can be challenging in the job market. People with disability (PWD) are often excluded from participating in meaningful employment due to employer concerns, attitudes, perceptions, social and organisational barriers rather than any issues directly related to the effects of a disability (Craddock & McCormack, 2002).

Labour market theory suggests that PWDs are under-represented in the workforce due to labour market imperfections. Myths about employing PWDs, lower wages than their counterparts without disability, accessibility issues and discrimination due to misconceptions are known to create major barriers to employment.

Perceptions about vocational choices following a spinal cord injury (SCI) can potentially decrease motivation of an individual. These notions are influenced by the uncertainty of their capacity to resume work, low self-worth, physical barriers in returning to previous employment and the need for training to learn new skills (Ramakrishnan et al., 2016).

Many individuals are driven by their limitations and too afraid to believe in themselves post injury. Individuals may experience mixed feelings, positive and negative, about returning to work. A majority of the newly injured choose to accept a job they have no interest or motivation due to the disability. Therefore, many critics agree that people with disability move laterally and do not advance in their careers in line with their peers. Furthermore, many studies have indicated that being away from work for too long decreases the prospects of returning to work significantly (O'Brien, 2007).

Motivation is one of the key elements in RTW following SCI. There is evidence to support that some individuals hold anger and resentment; and are adversely affected by their life changing circumstances (Pryor, 2001). Therefore, many individuals are likely to accept a lower pay and experience lower job satisfaction to remain employed due to their disability (Schur et al., 2017). They are also known to move laterally in the job market and laid off from work disproportionately (Yelin, 1991).

The benefits of returning to work after a Spinal Cord Injury (Cont....)

According to Yelin (1991), the employment prospects for people with disability have worsened over the decades. Many authors have noted that employers disadvantage people with disability in the selection and recruitment process (Bennett, Ray & Wilson, 2016). While the employers express their interest in employing disabled employees, the hiring practices appear to be still discriminatory and has a direct negative impact on hiring decisions. Some employers have expressed concerns about employing people with certain types of severe disability although they were supportive of hiring individuals with disability (Gilbride, Stensrud, Ehlers, Evans & Peterson, 2000).

The benefits associated with employing PWDs outweighs the disadvantages to an organisation. Costs associated with employing PWDs are known to be minimal and the productivity is equal or greater than a non-disabled employee. Furthermore Graffam, et al. (2002) argues that despite employer concerns and perceptions these workers have found to be efficient, punctual, motivated and in some instances, performed better than non-disabled employees.

PWDs are disabled by a society that are designed to service the needs of people without impairments (Brisenden, (1998). The assumption of what PWDs can or cannot do clearly create barriers to employment, social exclusion and isolation. Evidence suggests that understanding lived experience would help identify the types of support and interventions required to promote inclusion and community participation (Wilson, Jaques, Johnson & Brotherton, 2016). Several authors have noted that people who are most affected by a disability should have the right to be involved in the decision-making process (Löve, Traustadóttir, Quinn & Rice, 2017).

A window into lived experience, provides an invaluable insight into the world of those who live with disabilities (Toombs, 2001). Lived experience increases the human rights of consumers and reduce oppression within services. Including people with lived experience in the employment sector will improve employment outcomes of people accessing similar services. Employing people with no lived experience for disability related positions could complicate the decision-making process for inclusivity.

In conclusion, misconceptions about what PWDs can and cannot do and how to accommodate them in the workforce appears to be a major challenge to employment. Despite, disability employment laws, policies and numerous government initiatives in place to improve the employment prospects for PWDs, disability employment has not improved. New initiatives to the employment sector to accommodate PWDs in the workforce needs to be implemented without further delay.

Chithrani Palipana MRCAA



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Introduction

Ward 53 at the National Hospital in Sri Lanka is a specialized unit dedicated to providing comprehensive care for patients with acute spinal cord injuries. This orthopedic ward places a strong emphasis on the importance of a well-organized workflow to cater to the unique needs of these patients. In this article, we delve into the meticulous care provided at Ward 53, from the point of admission to the patient's discharge. This process encompasses a multidisciplinary approach and personalized care, ensuring the best possible outcomes for patients.

Ward Details Total Beds: 14

Visiting Orthopedic Surgeons (VOS)

Dr V Swarnakumar

Dr Udai De Silva

Dr K Umapathy

Dr Lamindu Niroshana

Dr Dilshan Munidasa

These dedicated healthcare professionals form the backbone of Ward 53, ensuring that patients with acute spinal cord injuries receive comprehensive, personalized care on their journey to recovery.

Admission

1.1. Patient Registration:

The patient's journey begins with a warm welcome, creating a sense of comfort during a challenging time. Essential personal information is collected, including their name, date of birth, address, and contact details.

1.2. Initial Assessment:

At Ward 53, the initial assessment is a pivotal phase. Patients undergo an evaluation using the ASIA Impairment Scale to determine the extent and severity of their spinal cord injury. This standardized classification system, developed by the American Spinal Injury Association (ASIA), categorizes patients into AIS grades, facilitating the tailoring of treatment and rehabilitation strategies to their specific needs.

Enhancing Care for Acute Spinal Injury Patient (Cont.....)

ASIA A (Complete Injury): This category indicates that there is no sensory or motor function below the level of injury.

ASIA B (Incomplete Injury): In this group, there is sensory but no motor function below the level of injury.

ASIA C (Incomplete Injury): Patients in this group have both sensory and some motor function, but the majority of the muscles below the level of injury have a muscle grade less than 3 (on a scale of 0 to 5).

ASIA D (Incomplete Injury): In this category, there is both sensory and motor function, with most muscles below the level of injury having a muscle grade of 3 or more.

ASIA E (Normal): Indicates that there is normal sensory and motor function.

After that assess the patient's general assessment.(including skin, bladder, bowel).

Treatment Planning

Treatment Goals:

Ward 53 places a strong emphasis on its primary treatment goal: to enhance mobility and functionality in patients with acute spinal cord injuries. This holistic approach includes a focus on pain management, rehabilitation, and emotional support.

Mobility and Immobilization:

Preventing further injury is a top priority at Ward 53. The approach involves tailoring immobilization methods, such as braces or traction, to each patient's unique condition. This individualized approach ensures patient safety and encourages gradual mobility, preventing muscle atrophy and maintaining joint flexibility.

Pressure ulcer management

- Giving pressure point care
- Turning the patient every 2 hourly
- Applying air mattresses
- Patients manage without diapers

Bladder training and self-intermittent catheterization (SIC).

Surgical Intervention:

When surgical procedures are deemed necessary, Ward 53 ensures a prompt and precise response. An experienced surgical team conducts these procedures, minimizing delays that could affect the patient's prognosis. Specialized care during and after surgery is guaranteed.

Enhancing Care for Acute Spinal Injury Patient (Cont.....)

Ongoing Care

3.1. Rehabilitation:

Rehabilitation at Ward 53 is a comprehensive program aimed at enhancing the mobility and independence of patients with acute spinal cord injuries. This multidisciplinary approach includes:

Physiotherapy: Tailored exercise regimens to strengthen muscles, improve range of motion, and enhance mobility. Patients work on regaining control over their affected limbs and build endurance. All of the using equipments are arrange from the workshop in NHSL. Such as foot drop splint, Thoraco lumbar corset, hyperextension brace. Also wheel chair, cervical collars and high/low walkers arrange from AWASAYA.

Steps of gradually mobilization ;

Popup

Sitting balance

Wheel chair mobilization

Tilting bed mobilization

Standing balance using high and low walkers

Occupational Therapy: Focused on helping patients regain the skills necessary for daily living, including activities such as bathing, dressing, and cooking. Occupational therapists also provide guidance on the use of assistive devices.

Therapy type such as;

Therapeutic exercises

Therapeutic activities

Using splints

Adoptive and assistive devices

Patients learn how to use mobility aids, such as wheelchairs, crutches, or adaptive tools, to enhance their independence.

Psycho-social Support: Providing emotional and psychological support to help patients cope with the challenges of their injury. This can include counseling and peer support groups.

Enhancing Care for Acute Spinal Injury Patient (Cont.....)

Discharge Planning

Discharge Planning:

This crucial phase ensures a smooth transition from the hospital to the patient's home or another healthcare setting while maintaining the continuity of care. It includes:

Education and Training: Providing the patient and their family with comprehensive education on self-care, medication management, and strategies for managing daily activities.

Home Environment Evaluation: Assessing the patient's home environment for accessibility and safety. Modifying the home or recommending necessary adaptations, such as ramps or handrails.

Assistive Devices: Ensuring that the patient has access to any assistive devices needed for daily living, such as mobility aids or adaptive tools, and providing training on their proper use.

Medication Management: Reviewing the patient's medication regimen and ensuring they understand the dosages, potential side effects, and the importance of adherence.

Follow-Up Appointments: Scheduling and communicating the patient's follow-up appointments with healthcare providers, including orthopedic specialists, neurologists, and rehabilitation therapists.

Emotional and Psychological Continuing to offer psychological support and counseling resources to help the patient and their family adjust to life after a spinal cord injury.

Discharge Summary: Providing the patient with a comprehensive discharge summary that includes a recap of their condition, treatment, medications, and any specific instructions for follow-up care.

Discharge planning aims to ensure that patients leave the hospital with the tools and knowledge they need to manage their condition, minimize complications, and maintain their well-being in their home environment. It is a collaborative effort involving healthcare providers, patients, and their families, with the goal of promoting the highest possible level of independence and quality of life post-discharge.

Transfer to Ragama Rehabilitation Hospital:

When patients are transferred to Ragama Rehabilitation Hospital (In this process patient assess by RRH doctors or vos and take over according to the availability of their beds in the ward.), It is typically because they require further specialized care and intensive rehabilitation.

Enhancing Care for Acute Spinal Injury Patient (Cont.....)



Conclusion

Ward 53 at the National Hospital in Sri Lanka is a model unit for acute spinal cord injury care. Its meticulous workflow, multidisciplinary approach, and patient-centered care set a global standard for rehabilitation units.

From admission to discharge, Ward 53 stands as a beacon of excellence, embracing patients with compassion and mapping personalized journeys to recovery. The unit's comprehensive rehabilitation program, discharge planning, and unwavering support offer hope and a better quality of life to those facing the challenges of spinal cord injuries.

In summary, Ward 53 exemplifies the potential of healthcare to transform adversity into renewed hope. It's not just a hospital unit; it's a testament to the resilience of patients and the dedication of healthcare providers working in harmony to achieve healing through compassion and endless possibilities.

முனை முடக்கு வாதத்தை வெற்றி கொள்வோம்

குழந்தைகளில் மூளையானது கர்ப்பகாலத்திலிருந்து குழந்தை பிறந்தது முதல் சில வருடங்களிற்குள் மிகவும் வேகமாக வளர்ச்சியடைகின்றது. இவ்வாறு வளர்ச்சியடைகின்ற மூளையில் பாதிப்பு ஏற்படுவதால் அவர்களின் உடல் நிலை, இயக்கம் சமனிலை, தசையின் தன்மை என்பவற்றில் பாதிப்பு ஏற்படுகின்றது. இதனால் அவர்களின் உடல் இயக்க உள விருத்திச் செயற்பாடுகள் பாதிக்கப்படும் ஒரு நிலையே முனை முடக்கு வாதம் அல்லது பெருமுனை வாதம் எனவும் ஆங்கிலத்தில் cerebral palsy எனவும் குறிப்பிடப்படுகின்றது.

இது கர்ப்ப காலத்தில் மற்றும் குழந்தை பிறக்கின்ற நேரத்தில் அல்லது குழந்தைகள் பிறந்த பின்னர் ஏற்படுகின்ற சில காரணங்களால் அதாவது கர்ப்ப கால கிருமித் தொற்று, போசணைக் குறைபாடு கருப்பையில் குழந்தையின் அமைவு, பிறப்பின் போது ஏற்படும் சில அசாதாரண தாக்கங்கள், தலையில் அடிபடுதல், வலிப்பு மற்றும் மூளையில் தாக்கத்தை ஏற்படுத்தும் சில நோய்கள் எனப்பற்றைப் பொதுவாகக் குறிப்பிடலாம். இவற்றால் வளர்ச்சியடைகின்ற மூளையில் பாதிப்பு ஏற்படலாம்.

முனை முடக்கு வாதம் குழந்தையின் உடல் உள விருத்தியில் வெவ்வேறு வகையான தாக்கத்தை ஏற்படுத்தும். இதனால் ஏற்படும் பாதிப்பின் அறிகுறி மூளையில் ஏற்பட்ட பாதிப்பைப் பொறுத்து தீவிரமாக அல்லது தீவிரம் குறைவாகக் காணப்படலாம். ஆகவே எல்லா குழந்தைகளுக்கும் ஒரேமாதிரியான அறிகுறிகளுடன் காணப்படாது குழந்தைக்கு குழந்தை அறிகுறிகள் வேறுபடும்.

உடல் தசைகள் மற்றும் அவயவங்களின் முழு அல்லது ஒரு பகுதியின் இயக்கம் பாதிப்படைந்து உடல் அசைவுகள் குறைந்து காணப்படலாம், வளர்ச்சிப்படி நிலைகளில் தாமதம் காணப்படலாம், அல்லது சில வளர்ச்சிப்படி நிலைகள் நடைபெறாது இருக்கலாம், தசைகள் இறுக்கமாக அல்லது தளர்வாகக் காணப்படலாம் கதைப்பதில், உமிழ்நீர் மற்றும் உணவை விழுங்குவதில் சிரமம் காணப்படலாம், பார்வை மற்றும் கேட்டல் திறன் குறைவாகக் காணப்படலாம், மொழித்திறன், நினைவாற்றல், அறிவாற்றல் தொடர்புடல் என்பவற்றிலும் சிரமங்கள் காணப்படலாம். உள விருத்தியிலும் குறைபாடு காணப்படலாம். இவற்றில் ஒருசில அல்லது பல அறிகுறிகள் இத்தகைய குழந்தைகளில் இனங்காணலாம்.

உங்கள் குழந்தை இத்தகைய பாதிப்பிற்குட்பட்டுள்ளதா என்பதனை மிகவும் ஆரம்பத்திலேயே கண்டறிதல் மிகமிக அவசியமாகின்றது. உங்கள் குழந்தைகளுக்கு இவ்வாறான அறிகுறிகள் காணப்படுமிடத்து உடனடியாக குழந்தை நல் வைத்திய நிபுணரை அணுகி தகுந்த ஆலோசனைகளைப் பெற்று அதற்குரிய மருத்துவ சிகிச்சையினையும் ஏனைய சிகிச்சைகளையும் பெற்றுக்கொள்ள வேண்டும். இச் சந்தர்ப்பத்தில் வைத்தியர் உங்களது குழந்தையின் கர்ப்ப கால மற்றும் குழந்தையின் பிறப்பின் போது நடைபெற்ற தாக்கங்கள் குழந்தையின் வளர்ச்சிப் படிநிலைகளை அவதானித்தும் அவர்களின் உடல் அசைவுகளை அவதானித்தும் சில விசேட நரம்பியல் சம்பந்தமான பரிசோதனைகளின் அடிப்படையிலும் மூளையின் கதிர்பட சோதனைகளின் அடிப்படையிலும் இந் நோயின் தீவிரத் தன்மையை அறிந்து அதற்குரிய சிகிச்சை முறையினை பரிந்துரை செய்வார்.

முனை முடக்கு வாதத்துடன் கூடிய குழந்தைகளின் சிகிச்சை முறையில் மருத்துவ சிகிச்சையுடன் இயன்மருத்துவ சிகிச்சை, தொழில்வழிச் சிகிச்சை, பேச்சு மற்றும் மொழிச்சிகிச்சை என்பன இன்றியமையாததாகின்றது. குழந்தையின் மருத்துவம் சார்ந்த பிரச்சனைகளிற்கும் தசை இறுக்கத்திற்குமான மருந்துகள், ஊசி மருந்துகள் மருத்துவரிடம் பெற்றுக் கொள்வதுடன் பிள்ளையின் உடல் அசைவு, இயக்கம் என்பவற்றிற்குத் தேவையான பயிற்சிகளையும் குழந்தையின் வளர்ச்சிப் படிநிலைகளை அடைவதற்கான பயிற்சிகள் மற்றும் விளையாட்டு செயற்பாடுகளையும் இந் நோய் நிலைமையால் நாளடைவில் ஏற்படக்கூடிய பின் விளைவுகளை தடுப்பதற்கான பயிற்சிகளையும் அவற்றைத் தடுக்கும் வழிமுறைகளையும் இயன்மருத்துவர் உங்களிற்கு சொல்லித்தருவார். அவ்வாறே பிள்ளையின் அனறாட்சி செயற்பாட்டினை எவ்வாறு இலகுவாக மேற்கொள்வது பிள்ளையை அதற்கேற்றவாறு எவ்வாறு பயிற்றுவிப்பது இச் செயற்பாடுகளை இலகுவாக செய்யக்கூடியவாறு அதற்கேற்றவாறு உருவாக்கப்பட்ட விசேட உபகரணங்களை எவ்வாறு கையாளவது என்பவை பற்றி தொழில்வழிச் சிகிச்சையாளர் அதற்குரிய ஆலோசனைகளையும் பயிற்சிகளையும் வழங்குவார்.

Rehabilitation of Cerebral Palsy (Cont....)

உணவூட்டல், போசணை, பேச்சு மற்றும் தொடர்பாடல் திறனை ஊக்குவிப்பதற்காகவும் அதற்கான மாற்று வழிமுறைகள் பற்றிய சிகிச்சையினை பேச்சு மற்றும் மொழிச்சிகிச்சையாளர் மேற்கொள்ளுவார்.

மூளை முடக்கு வாதம் வாழ்நாள் முழுவதும் காணப்படும் ஒரு நிலையாகும் இதனை முற்று முழுதாகக் குணப்படுத்த முடியாது. எனினும் குழந்தை பிறந்து முதல் சில வருடங்களிற்குள் மூளையில் மாற்றத்தை ஏற்படுத்தக்கூடிய தூண்டல்களை வழங்குவதன் மூலம் மூளையில் மாற்றத்தை (neuro plasticity) ஏற்படுத்தலாம். எனவே ஆரம்ப நிலையிலேயே இதனைக் கண்டறிந்து காலம் தாழ்த்தாமல் மேற்கூறிய சிகிச்சை முறைகள் மூலம் மூளையில் மாற்றத்தை ஏற்படுத்தக்கூடிய சந்தர்ப்பங்களை வழங்கி மூளைக் கலங்களைத் தூண்டுவதன் மூலம் அவர்களால் அடையக்கூடிய சுயாதீன இயக்க நிலையை அடைவதற்கு (maximal independency) வழி வகுப்பதன் மூலம் இந் நோய் நிலையால் ஏற்படும் தாக்கங்களையும் பின் விளைவுகளையும் குறைத்து உங்களது குழந்தைக்கும் ஏனைய குழந்தைகள் போல் சமூகத்தில் கிடைக்கும் அனைத்து உரிமைகளையும் பெற்றுக்கொள்வதற்கான சந்தர்ப்பங்களை வழங்க வேண்டும்.

உங்களது குழந்தையின் செயற்பாட்டில் அதி கூடிய விருத்தி ஏற்படுத்துவதில் பெற்றோரான உங்களின் பங்கு அளப்பரியது ஆகும். இதனால் நீங்கள் உங்களது குழந்தையுடன் மிகவும் பலம் வாய்ந்த உறவுப் பிணைப்பொன்றை கட்டியெழுப்புவீர்கள். அவர்களின் விருத்திக்கு ஏதுவான சூழலையும் போசணையையும் வழங்கி சரியான ஆலோசனைப்படி சிகிச்சையினை வழங்குவதன்மூலம் உங்கள் குழந்தை அடுத்த படியினை நோக்கி முன்னேற அவர்களுடன் சேர்ந்து செயற்பட்டு வெற்றி காணுவீர்கள்.

ச.கௌசிகா

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Development of a Rheumatology and Rehabilitation Department in District General Hospital, Avissawella

District General Hospital Avissawella is located in align to four districts such as Colombo, Ratnapura, Gampaha and Kegalle. The hospital has a catchment population of 800,000 and daily patient engagements of over 2,000. Establishing a Rheumatology and Rehabilitation Department in a district general hospital is a complex process that requires careful planning, resources, and dedication. Patients often have to travel long distances to access specialized care for rehabilitation. Having a department within Avissawella brings these services closer to the local population, reducing the burden of travel and making healthcare more accessible.

With the support of the Sri Lanka Spinal Code Network, a building was established in 2016 with the aim of developing a 'halfway home' for the disabled. Following various shortages of manpower, other required resources and distance from other services of the hospital, the building was not utilized for the initial objective for seven years.

Newly appointed consultant Rheumatologist and rehabilitation physician to DGH Avissawella Dr. Nuwan Wijayalath requested the building to be developed a rheumatology and rehabilitation department in this building with a fully equipped physiotherapy department to cater for rheumatology and people with disabilities. Targeted patients are people with, Rheumatoid arthritis, osteoarthritis, Ankylosing spondylitis, Spinal Injuries, Strokes, Cerebral palsies, Back Pain, Amputees, Brachial plexus injuries, People with neurological disabilities due to various accidents, Children and Adolescents with hypermobility syndromes, Scoliosis, Connective tissue diseases, Vasculitis, Osteoporosis, etc.

Developing into a rheumatology and rehabilitation department main challenges were multiple human resource shortages (Nurses, Medical officers, Minor staff), Disability access to the building, Completing the Drainage system, Toilets for clinic patients, Continuous water supply, Furniture, Curtains, Access Road from main road and other various physical resources.

Within a short period of time Dr Asela Amarasiri, Consultant VOG kindly initiated a 50,000 rupees donation which was utilized to develop accessibility for patients with disabilities and to develop a drainage system. Well-wishers and community leaders joined hands to provide funds for developing access paths to the premises and toilet facilities for patients. With the immense enthusiasm and efforts of the consultant rheumatologist Dr Nuwan Wijayalath, funds were collected from various donor agencies to purchase all required physical resources. The hospital was able to allocate 1.7 million rupees from provincial funds for developing the access road and provide the required manpower from the hospital maintenance unit for development. A medical officer from the dermatology unit and a relief house officer were allocated to the department with one nursing officer and two minor staff.

Development of a Rheumatology and Rehabilitation Department in District General Hospital, Avissawella (Cont.....)

The new department was established to its full functionality on the 24th of May 2023 and currently caters to 30 to 40 new patients and 100 to 120 follow-up patients per day.



Future perspective

Spinal injury intermediate care rehabilitation called “Half Way Home”.

Following the establishment of clinically supportive services in the said premises, the adjacent condemned building can be converted into a halfway home.

Currently, community leaders including Mundigala Rev. Millawe Mahinda Thero have volunteered to provide manpower support for the renovation. At the same time, a rough estimate of 5,000,000.00 rupees is required as the material cost for the renovation.

Dr Esanda Wellala
Director, DGH Avissawella



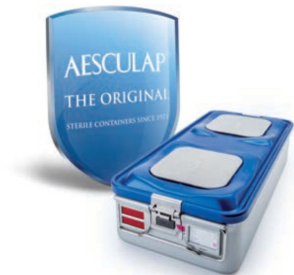
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