PG Forum

REHAB CHALLENGES

A 42 years male patient presented with complete flaccid paraplegia following a fall with a D5 neurological level (skeletal level D4) complicated with grade IV sacral infected pressure ulcer (10 x 12 cm), urinary and bowel incontinence along with restricted right wrist ROM due to a fracture. After a prolonged conservative rehabilitation programme along with couple of surgeries like K wire fixation of his right radius and ulna (Fig 1) and pressure sore flap surgery the patient's clinical condition improved significantly. Meanwhile upper limb muscle strengthening, tilt table training and cardiovascular training were carried on. The patient was successful to manage his bladder by CIC himself. But the trunk muscles power was not developed greatly. He is now keen to mobilise himself.

But we noticed that his hips ROM were significantly reduced due to development of heterotrophic ossifications (Fig 2). After six weeks course of postural care, exercise therapy, Risedronate and Indomethacin the HO (Fig 3) were not improved significantly. That's why he has poor sitting posture due to approximate hip ROM of 0- 30 degree flexion (Fig 4).

He is still on conservative regimen for HO but too early for surgical correction. He is not a candidate for KAFO with crutches. Unfortunately he cannot afford a motorised wheelchair for his self mobility.

Please opine regarding best possible mobility devices for him.

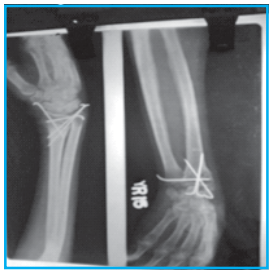

Fig 1

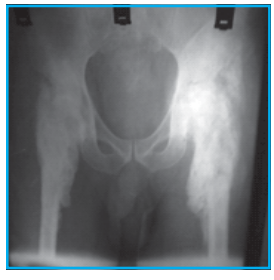

Fig 2

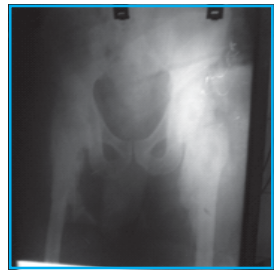

Fig 3

Fig 4