



Royal National Orthopaedic Hospital



NHS Trust

Programme

Guttmann Conference

28 June 2013

'From Cradle to Grave'

An exploration of the evolving needs of individuals with Spinal Cord Injuries

5CPD credits

For copies of the presentations please go to our website:-
www.rnoh.nhs.uk/clinical-services/spinal-cord-injury-centre

They will be on the site from July 2013







09.15	Welcome	Angela Gall, RNOH
09.20	National issues - an update	Prof Charles Greenough
Session 1	Chair	Liz Bambury, RNOH
09.30	Keynote Speaker Transverse Myelitis	Dr Ming Lim Consultant in Paediatric Neurology
10.10	Lifelong learning for lifelong care	Victoria Munro Deryn Creasy Zak Berwise Stoke Mandeville SCIC
10.25	Physical activity and rehabilitation within SCIC's - an update	Kevan Baker OBE Pinderfields SCIC
10.40	Update on services available at Headley Court	Kirsty Luard
10.50	Break	
Session 2	Chair	Debbie Hill, RNOH
11.15	Keynote Speaker Palliative Care	Dr Nigel Sykes Consultant in Palliative Care
11.55	Non-traumatic spinal cord injury - 10 years' experience	Mr Mecci Middlesbrough SCIC
12.10	Outreach at the Midlands Centre for Spinal Injuries	Alison Lamb Oswestry
12.25	Nature and Nurture - therapeutic use of a garden in spinal cord injury rehabilitation	Fiona Maye Dublin SCIC
12.40	Lunch and exhibition viewing	





Session 3 Chair

13.40 Horatio's Garden

**Michelle Conlon,
RNOH**

Dr Olivia Chapple
Vicky Holton

13.55 Keynote Speaker
Provision of lifelong care from a
GP's perspective

Dr Lisa LeRoux GP

14.30 Use of early warning skin sores
and red flags in the Scottish
National Spinal Injuries Unit

Speaker TBC

14.45 Case note review of intrathecal
baclofen in the management of
spinal/supraspinal spasticity in the
Spinal Cord Injury Unit

Dr Suzanne Connolly
Belfast SCIC

15.00 Revision of intrathecal baclofen
pumps over 20 years in people
with spinal cord injury at the
Duke of Cornwall Spinal Treatment
Centre

Dr Francesco Gambino
**Duke of Cornwall
Spinal Treatment
Centre**

15.15 Break

Session 4 Chair

15.40 The impact of SCI on a marital
relationship

Rebecca Curtis, RNOH

Carol Smyth
London SCIC

15.55 Update on the new integrated
community service in Southport

Dr Clive Glass

16.10 The intractable problem - bowel
management in general hospitals:
Where do we go next?

Mr Pradeep Thumbikat
Paul Harrison
Sheffield SCIC

16.25 A novel method of documenting
ASIA neuro-charting using Optical
Mark Recognition

Swaroop Shanbhag
Mr Kolli
Cardiff

16.40 Closing remarks

Kathy Coultry, RNOH

16.45 Close





Abstracts





Outreach at the Midlands Centre for Spinal Injuries

Alison Lamb

MCSI covers an approximate area 100 miles radius of Oswestry, with a 10 million population. Outreach has been in place since 2000, to offer advice, training and patient assessment. It was originally put in place with the aim of reducing complications especially pressure sores, the development of contractures and to manage patient admission to ensure a seamless service.

Since the development of the National Spinal Cord Injury Strategy Board and the development of major trauma centres there has been an increased focus on outreach services for SCIC including CQUIN targets.

This presentation will review the outcomes of our outreach service since these major developments. We will be reviewing number of outreach visits, complication management, satisfaction of the service delivery from our major trauma centres, timely admission and training delivered.





Nature and Nurture: Therapeutic Use of a Garden in Spinal Cord Injury Rehabilitation

Fiona Maye

Introduction: The therapeutic garden at the National Rehabilitation Hospital in Dublin is a facility which affords patients within the Spinal Cord System of Care Programme an opportunity to engage in interdisciplinary rehabilitation in the natural environment. It is a non-clinical space for outdoor activity. The design of the garden was overseen by the OT service with the aim of increasing the diversity of therapeutic activities for patients.

There is a garden allotment which consists of three raised beds at a height suitable for wheelchair users, alongside six low-lying rows. A wheelchair-accessible poly-tunnel with multilevel work stations is used by patients to sustain a vast range of vegetables, fruit and herbs. A summer house in this space is used for an array of therapeutic activities, including art lessons & relaxation sessions. The garden also encompasses a five-hole golf putting green with an area for lawn sports. A range of surfaces and gradients make it an excellent space for mobility skills training using a wheelchair or alternative mobility aid.

Aim: An audit was completed with service users to gain a perspective of the value of horticulture and garden-based activities on their experience of rehabilitation. The audit was also designed to gather feedback from service users about the general design of the garden and the activities it affords.

Method: Patients were asked to complete a simple written questionnaire following their therapy session in the garden. Therapists who utilise the garden space were also asked to complete a questionnaire to highlight the benefits and challenges of the garden.

Results: A number of themes emerged from the questionnaire that illustrated the impact of horticulture and use of garden based activities on the experience of rehabilitation. Examples included feeling empowered, gaining independence, engagement in familiar role, being an 'educator' - sharing one's prior knowledge of gardening, nurturing instead of being 'nurtured', group work, increased confidence, improved self esteem and recovery from impairment.

Conclusion: The garden has been a useful resource in the Spinal Cord System of Care Programme at the National Rehabilitation in Dublin. It supports the remediation of specific impairments, allows for demonstration of practical application of compensatory techniques and improves occupational participation.





Horatio's Garden

Dr Olivia Chapple and Vicky Holton

Introduction: Horatio's Garden was opened at the Duke of Cornwall Spinal Treatment Centre in September 2012. It was built from donations given in memory of Horatio Chapple who was a volunteer at the centre in his school holidays.

The garden was designed by top garden designer, Cleve West, who won Chelsea Garden Show Best in Show two years in a row. During the consultation we talked with patients, their friends and families, nurses, therapists, doctors and charitable donors. Patients told us they wanted a beautiful place to be outside rather than one designed specifically for therapy.

The garden is run by a Head Gardener, who leads a team of 45 volunteers helping with gardening and assisting patients in beds and wheelchairs to access the garden. The volunteers organise creative events and activities for patients and their families and friends in the garden and patients and their families are encouraged to take on roles in the team.

Aim: A survey to capture patients' feedback on their visits to the garden, it's facilities and activities. The results can be used to plan future development of the Horatio's Garden and the activities.

Method: A patient feedback questionnaire conducted after Horatio's Garden had been opened for 6 months.

Results: Over 90% of patients said that being outside in the garden had helped to improve their health during their stay. The comments focused on the benefits patients felt from being in the fresh air and away from the ward. All patients felt that the activities in the garden had increased their feelings of happiness. The features of the garden which were most appreciated were the flowers, plants and trees.





DISCUSSION

“ The garden raises spirits”

Gardens have been part of healing settings throughout history. Yet the benefits of being outside are often not prioritised in modern healthcare environments.

Patients who have experienced spinal injury are often active and outdoor loving. At a time when they are facing devastating injury and a long hospital stay they may have minimal access to fresh air, peaceful quiet surroundings, beauty and nature.

Horatio’s Garden philosophy is to create beautiful garden space for patients with spinal cord injury, acknowledging that being outside has wide reaching health and healing benefits

Events in Horatio’s Garden for patients create distraction, interest and hope for the future. They help to bring normal life into the hospital setting encouraging and enhancing rehabilitation.

We are now designing more in depth research into the psychological benefits of Horatio’s Garden and also looking at objective physiological measures to quantify the benefit of being outside to rehabilitation.

We hope to create Horatio’s Gardens in other spinal units in the UK. Please do contact us if you would like to talk about having a garden at your unit or you would like to come and visit.

Horatiosgarden.org.uk
info@horatiosgarden.org.uk

Horatio’s Garden is a Charitable Incorporated Organisation, registered charity
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Use of early warning skin sores and red flags in the Scottish National Spinal Injuries Unit

In 2009 the Scottish National Spinal Injuries Unit introduced a red flag system for the identification and multi-disciplinary assessment of the cause of all new pressure sores developing within the unit. New sores are reviewed by medical, nursing and rehabilitation staff. Factors contributing factors to the development of pressure sores are identified and problems resolved promptly. Regular staff awareness and education sessions along with patient and relative education sessions specific to skin care are being held. Regular audit of the management of all sores are performed and reviewed. The Skin Group meets every four months and we believe it has lead to a significant reduction in the number of pressure sores developing in the Unit.

In the one year period April 2011 to March 2012 sixty-six new pressure sores were identified. In 2012/2013 fifty-eight new sores were identified.

Pressure sores were categorised using the European Pressure Ulcer Advisory Panel classification. 30 of the 58 sores were Grade 1, 25 Grade II and 3 Grade III. There were no Grade IV sores identified in the last year.



The impact of SCI on a marital relationship

Carol Smyth

Due to the well documented importance of relationship stability following SCI and the lack of literature relating to this subject matter, a qualitative study was carried out to explore the effects of SCI on a relationship from the perspective of the spinal cord injured spouse.

Semi-structured interviews, conducted on 8 participants, were analysed using Interpretive Phenomenological Analysis (IPA). The themes which emerged included: the various losses incurred immediately post-injury (e.g. loss of identity, autonomy, sex life); how they responded emotionally to these losses (e.g. anger, guilt, emasculation); the ways they renewed themselves (e.g. regaining control of their lives); and the outcome of the new relationship dynamic (e.g. how they communicated, adapted or how they sabotaged it).

Novel insights included: the impact that the loss of masculinity in men and effectiveness in the women had on them personally and in turn on their relationship; and the direct impact of 'biographical disruption' on their life and their relationship.

Clinical interventions are suggested along with recommendation for the future.





A novel method of documenting ASIA neuro-charting using Optical Mark Recognition

Swaroop Shanbhag and Mr Kolli

Background: Serial neuro-charting is an essential component of assessment of Spinal Injury patients in a Rehabilitation setting.

For ASIA charting to be meaningful and useful, accurate documentation is of paramount importance.

A “traditional” paper based ASIA chart requires manual entry of the scores into an Excel or similar programme in order to allow any subsequent processing. This is prone to errors and is time-consuming.

Method: We have devised an Optical Mark Recognition (OMR) ASIA chart.

Optical mark recognition (OMR) is the scanning of paper to detect presence or absence of a mark in a predetermined position—a process all of us are familiar as a result of our experiences with the dreaded MCQ answer sheets!

The use of an OMR-ASIA chart as an input device for data entry along with purpose-designed Software simplifies Serial Neurocharting and allows subsequent efficient and accurate Data extraction for patient care and research purposes.

The process is simple, cost-effective, and reproducible and utilizes normal paper, an ordinary scanner and no2 HB Pencil.







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