

EDUCATE: FIRST 72 HOURS

In the first 72 hours after the accident, you will be overwhelmed trying to understand what has happened, what it means, and what you need to do. There will be lots of people running around telling you things and asking for your input. And you're going to need help. We know...we've been through it ourselves. In this document, you will find the basic information you need to help you deal with the first 72 hours.

Spine Injury Basics

The first 72 hours is the beginning of a window of time where you will make some of the most important decisions that will impact the rest of your life. Every spinal injury is unique. It is important to quickly learn the basics about the human spine and the variety of injuries to the spine so that you can understand what the doctors are telling you about the injury and diagnosis. This will help you work effectively with your caregivers and case managers.

The spinal cord is a major part of the central nervous system made of millions of fibers in a column that extends from the brain to the lower back and receives and sends information to the entire body and brain. A spinal cord injury is damage of the cells that causes a loss in communication between the body and the brain. Each level of the spinal cord corresponds to the sensory perception at that part of the body, the lower/higher the injury the lower/higher the sensation of paralysis.

Two Main Types of Spinal Cord Injury

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| Complete | An injury that causes complete paralysis below the level of the injury |
| Incomplete | An injury in which the victim experiences forms of sensation and/or movement below the level of injury |

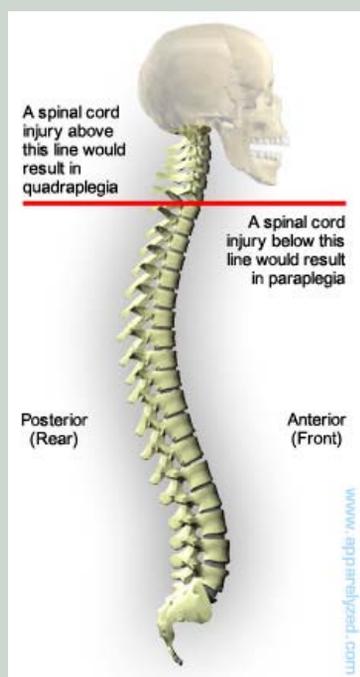
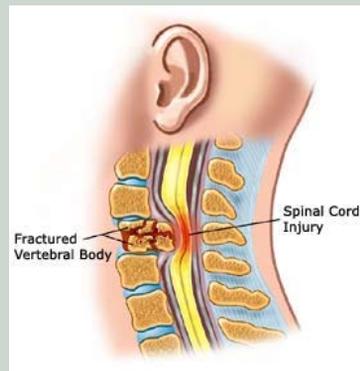
Glossary of Common Spine Injury Terms

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|----------------------|---|
| Quadriplegia | Scientifically known as tetraplegia; paralysis affecting all four limbs. |
| Paraplegia | Loss of function and paralysis below the cervical area of the neck; generally, the upper body retains motor and sensory function. |
| Contusion | Type of injury due to mechanical or physical force; similar to bruising in that tissue is not lacerated or transected. |
| Compression | When the spinal cord is compressed by bone fragments from a vertebral fracture, a tumor, abscess, ruptured intervertebral disc or other lesion. |
| Central Cord | Damage in the center of the spinal cord. Typically results in the loss of function in the arms, but some leg movement may be preserved. There may also be some control over the bowel and bladder preserved. It is possible for some recovery from this type of injury, usually starting in the legs. |
| Anterior | Damage is towards the front of the spinal cord, resulting in a loss or impaired ability to sense pain, temperature and touch sensations below their level of injury. Pressure and joint sensation may be preserved. It is possible for some people with this injury to later recover some movement. |
| Posterior | Damage is towards the back of the spinal cord. This type of injury may leave the person with good muscle power, pain and temperature sensation, but may experience difficulty in coordinating movement of limbs. |
| Brown-Sequard | Damage is towards one side of the spinal cord resulting in impaired or loss of movement to the injured side, but pain and temperature sensation may be preserved. The opposite side of injury will have normal movement, but pain and temperature sensation will be impaired or lost. |
| "Neuro" | you may hear yourself called a neuro patient this is because SCI's are an injury causing damage to the neurological system that is your spinal cord |
| Ascending | Ascending tracts within the spinal cord carry information from the body, upwards to the brain, such as touch, skin temperature, pain and joint position. |
| Descending | Descending tracts within the spinal cord carry information from the brain downwards to initiate movement and control body functions. |

How SIRF Can Help

SIRF volunteers are available to help you understand what is happening and how to find the information you need to make critical decisions.

Call: (702) 813-5510
Email: megan@sirfus.org



Regions of the Spine

The spine is an intricate set of bones, muscles, nerves and discs. It is divided into five regions. Each region has a number of vertebral bones.

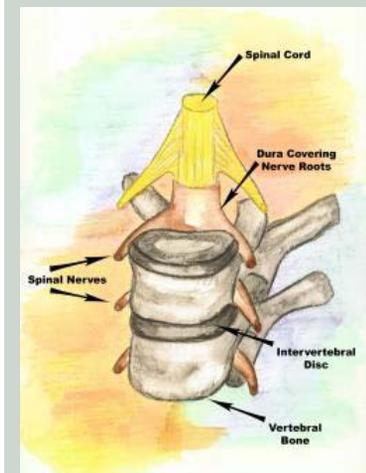
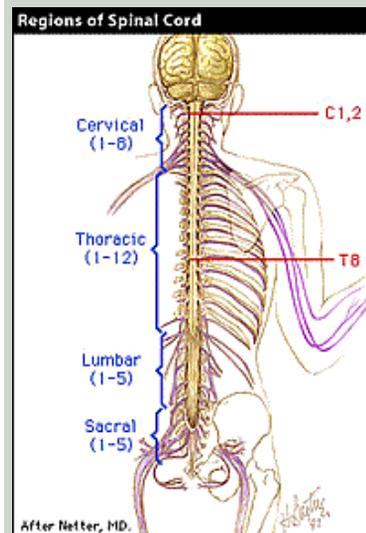
| | | |
|------------------|-----------------|--|
| <i>Cervical</i> | (1-6; neck) | Controls diaphragm and breathing, and movement and sensation to the neck, arms and upper trunk |
| <i>Thoracic</i> | (1-12; chest) | Controls trunk and abdomen |
| <i>Lumbar</i> | (1-5; low back) | Controls legs and hips, bladder, bowel and sexual functions |
| <i>Sacral</i> | (1-5; pelvis) | Controls legs and hips, bladder, bowel and sexual functions |
| <i>Coccygeal</i> | (tail bone) | Not associated with paralysis |

The spine bones are often referenced with letters and numbers. C, T, L, and S refer to the cervical, thoracic, lumbar and sacral regions respectively. Within each region, the vertebral bones are numbered from the top down. C1 refers to the top cervical bone. T3 would indicate the third thoracic level from the top. L5 would be the lowest lumbar level. S1 indicates the first sacral level.

The spinal cord begins at the base of the brain and runs down the spine to the low back. It is protected within the spinal canal, a bony arch formed by each of the vertebral bones. Between every two vertebral bones, two nerves exit the spinal canal. One is on the left and another is on the right. Each nerve goes to a specific area of the body. The nerves from the neck go to the arms. The nerves from the thoracic spine go to the chest wall and abdomen. The nerves from the lumbar spine go down the legs. Each nerve serves sensation in a particular area and controls specific muscles. Some of the nerves also regulate blood flow to the skin and tissues, and the functions of the internal organs.

American Spinal Injury Association (ASIA) Impairment Scale

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|---------------------|---|
| A Complete | No motor or sensory function is preserved below the level of injury |
| B Incomplete | Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5. |
| C Incomplete | Motor function is preserved below the neurological level, and more than half of key muscles below the neurological level have a muscle grade less than 3. |
| D Incomplete | Motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade of 3 or more. |
| E Normal | Motor and sensory function are normal. |



Questions You Need Answered

You will have a million questions, but you won't be able to remember most of the answers. We want to help you ask the *most important questions* you need answers to in the first 72 hours. Write down the answers to the questions below and insist on specific details and names. Take the time and make the effort to get this information correct now.

What is my injury? _____

Is this facility equipped to handle my type of spinal cord injury? _____

What is my diagnosis? _____

Who is my treating physician? _____

Has my physician ever treated my type of injury before? _____

Do I require surgery? _____

Who will be my surgeon? _____

What is my neurological recovery prognosis? _____

If surgery is required, what facility will I need to go to after it is completed? _____

Once I am stabilized, where can I go for rehabilitation? _____

Who Are the Key Players?

There will be many people involved in your overall care and rehabilitation. It is important to know who they are, what they do, and to stay in communication with them on a regular basis. Use this page to help you keep a list with their names, contact information and what they do. It is important to build a relationship with them that is honest and collaborative. They are here to help and nobody wants to deal with a patient or family that is difficult, antagonistic, openly hostile or ungrateful. The quality of care given you is directly related to the effort you give to listen, understand, and collaborate with the Key Players who may include:

| Key Players and Their Roles | Name and Contact Info for Your Key Players |
|---|--|
| <p>You, Family and Friends Active participation from your loved ones is the most important part of recovery. Discuss and set goals with them in order for everyone to understand the desired long term outcomes.</p> | |
| <p>Physicians and Psychiatrists Your doctor is the administrator of your overall recovery monitoring you, your health, and your rehabilitation goals. Your doctor helps facilitate medications, rehabilitation orders, equipment, supplies and many other items essential to recovery.</p> | |
| <p>Surgeon If surgery is required, you may meet your surgeon only briefly before and after the surgery. You may see him again for a follow up visit, but he is not essential to your daily recovery.</p> | |
| <p>Psychologists A psychologist, particularly one who specializes in rehabilitation, is important for you and your family as someone who can help you deal with the emotional burden of your injury.</p> | |
| <p>Nursing Team Nurses administer medications and monitor the vital signs and condition of a patient. They also are responsible for the hygiene, eating and overall comfort of the patient.</p> | |
| <p>Occupational Therapists (“OT”) OT is primarily concerned with helping a patient recover or re-learn living and work skills such as feeding.</p> | |
| <p>Physical Therapists (“PT”) PT is primarily concerned with helping the patient achieve maximum movement and functional ability.</p> | |
| <p>Respiratory Therapists A respiratory therapist works with your doctor to evaluate and treat breathing disorders or problems resulting from your injury.</p> | |
| <p>Speech Pathologists If your injury has affected your ability to speak, communicate or swallow properly, this person will help diagnose and treat you.</p> | |
| <p>Insurance Case Manager This person represents the financial interests of the insurance provider that is paying for your hospital stay.</p> | |
| <p>Hospital Case Manager This person represents the financial interests of the hospital, and the level of care provided during your hospital stay.</p> | |
| <p>Social Workers This person is a patient advocate helping you deal with the real-world challenges of a life as a paralyzed individual.</p> | |
| <p>Lawyer</p> | |
| <p>Pastor/Spiritual Support</p> | |