

# An Overview on Assess Effectiveness of Rehabilitation Therapy of the Patient with Traumatic Paraplegia

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**Abstract – In this paper we will discuss about "study on the effectiveness of vocational & occupational rehabilitation therapy of the traumatic paraplegic patients" this chapter helped investigator to develop tool, analysis and interpretation of the data. Review of literature suggests that there is need to conduct the study on comprehensive aspects of rehabilitation. This chapter dealt with the research approach, setting, target population, sample and sampling technique, selection and development of tools, description of tools, pilot study, and procedure for data collection and plan for data analysis.**

**Keywords: Vocational, Occupational, Therapy, Rehabilitation, Traumatic**

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## INTRODUCTION

Some propose that the procedure of mental adjustment to a handicap is analogous to the mental stages prompting acknowledgment of death. With SCI patients, at least one of the five stages of lamenting – stun, disavowal, outrage, bartering, discouragement lastly acknowledgment are normally experienced. While people with SCI do have unique needs and manage issues not looked by non handicapped people following master treatment and rehabilitation, they are not really troubled mentally by their incapacity.

Come back to work is regularly utilized as a proportion of by and large recuperation from injury or sickness. It is an especially applicable measure while looking at the individual and cultural weight of injury as most of those incurred are youthful. A working life is commonly considered as an extreme point of the crippled individual, demonstrating the achievement of rehabilitation. The capacity to come back to work after injury not just relies upon the physical and emotional prosperity yet in addition on non-wellbeing related factors, for example, age, training, past work encounters and backing from dear loved ones. The positive connections in different investigations between the reality of having a vocation and endurance, fulfillment throughout everyday life and a feeling of prosperity will in general reinforce the accord among rehabilitation experts and the handicapped about importance of work. By and by, on account of the physical restrictions that outcome,

spinal cord injury presents numerous demoralizations to an arrival to beneficial employment and is related with a huge decrease in employment. Countless examinations show that lone 13% to 48% of those with SCI have a vocation.

## EMPLOYMENT AFTER SPINAL CORD INJURY

The significant objective for practically all working age people is employment. Employment is seen by society as a proportion of status and profitability notwithstanding being a wellspring of pay. It satisfies various leveled needs, for example, those of endurance, incitement, wellbeing and security, love and regard.

Unemployment and low confidence feed upon each other. As an individual anticipates less of himself, there is a correspondent ascent in therapeutic confusions, in medication and liquor reliance, and in family issues. To acknowledge oneself after the beginning of a physical disability is an essential to building up a beneficial way of life. Unemployment brings about lost acquiring influence of cash, vitality outlet, a wellspring of redirection, transient organizing, social contacts and status in the public eye. This may prompt despondency, nervousness, and diminishing in confidence. The loss of salary among individuals who don't come back to work after incapacity is a noteworthy pressure factor to

the monetary prosperity of individuals and their families

## QUALITY OF LIFE AFTER SPINAL CORD INJURY

Quality of life (QoL) is related with addressing singular needs, controlling one's condition, and having chances to settle on decisions. QoL issues for SCI populace have been analyzed and results show that it is fundamentally lower than for a standardizing populace. People continuing SCI are looked with physical, emotional, financial, and professional changes. These issues are frequently mind boggling and significant and thusly can negatively affect one's QoL and fulfillment particularly with network reemergence and employment . There are a few factors that influence the level of QoL of people with SCI. Both training and employment have solid relationship with QoL post-injury. Utilitarian capacity is additionally a significant deciding component and it relates exceptionally with both physical and emotional wellness. The level or the degree of SCI appears not an indicator of life fulfillment. Results from examines which have used QoL to gauge achievement of employment ser-indecencies for people with inabilities demonstrated improved QoL for people taking part in focused employment. Since employment is significant in our general public regarding financial security as well as for confidence, freedom, social connections, self-esteem, and individual character, it gets basic to give progressing help with expansion to successful rehabilitation programs. This would empower people with SCI to come back to work and accordingly upgrade their QoL.

## PREDICTORS OF RETURN TO WORK AFTER SPINAL CORD INJURY

Various explicit individual and injury related components have reliably been related with come back to beneficial employment following SCI. Sexual orientation doesn't appear to be fundamentally connected with come back to work . Be that as it may, men were twice as likely as ladies to be in paid employment, while ladies were bound to be occupied with a non-paid profitable job which incorporates intentional work, full and low maintenance understudies and homemakers.

Sexual orientation was essentially connected with the quantity of hours worked every week; men were bound to be working all day than ladies. Two investigations brought up that being a Caucasian lady in the United States assumed a job in effective employment results notwithstanding being under 29 years old at injury, having an inadequate sore and having at any rate 16 years history with SCI. Age at injury beginning seems, by all accounts, to be generally significant for come back to work and is essentially identified with both current employment status and employment status since injury

## HISTORY OF TREATMENT OF PARAPLEGIC AND SPINAL CORD INJURY

Historical spinal cord injury is a severely disabling condition. Spinal cord injury was first described as "an ailment not to be treated". Hippocrates introduces the concept of reduction through traction. Galen found out that traumatic lesions lead to motor functional loss Paulus introduced the surgical procedure, decompressive laminectomy. Summering attempted the first surgical treatment for spinal cord injuries. While Dona Munro described bladder management and social and vocational rehabilitation. In the First World War 90% of patients who suffered spinal cord injury died within one year and only 1% survived more than 20 years.

Till Second World War the patients of paraplegia used to succumb to the disease within few days or a few weeks of onset. The attention of medical world was drawn to paraplegia after the Second World War which crippled many soldiers and civilians with paraplegia. This attention of medical world towards paraplegia resulted in increased longevity of such patients. Now the need for centers for training such patients to become self sufficient and independent as much as possible was felt. The first such centre/Hospital was started in England by Sir Ludwig Guttmann. Other countries also followed it. In India first centre for paraplegia was started in the Military Hospital of Pune (Maharashtra State). In 1978 the first ever Paraplegia Hospital for civilians was started at Maharashtra. Till today it is the only hospital for paraplegics in India.

### *Spinal cord injuries:*

Horrendous spinal cord injury (TSCI), can be characterized as an intense, awful sore of the neural components of the spinal cord which brings about transitory or perpetual loss of sensation, engine shortfall or gut/bladder brokenness. Since these wounds are normally perpetual, they can be crushing as far as the significant expenses of intense and long haul care. They can likewise be sincerely destroying to the moderately youthful people who are measurably the most successive unfortunate casualties.

According to ongoing insights, about 92% of the horrendous spinal cord wounds were inadvertent or incidental. Engine vehicle mishaps were the single biggest reason for TSCI, causing roughly 42.1% everything being equal. Falls were second, causing about 26.7% of the wounds. About 63% of all TSCI's included people between the ages of 15 and 44 years.

### OBJECTIVES OF THE STUDY:

1. To find out association between Barthel Index Score and Score of Effectiveness of

Vocational and Occupational Rehabilitation of the traumatic paraplegic patient.

2. To find out association between Barthel Index Score and Score of Effectiveness of Sexual Rehabilitation of the traumatic paraplegic patient.

## CONCLUSION

Traumatic paraplegic patients got astounding nursing care and Physical rehabilitation of the populace was factually critical. There was solid relationship between's Social rehabilitation therapy got by the patients and adequacy of social rehabilitation among the populace, Psychological rehabilitation therapy got by the patients and viability of mental rehabilitation of the populace, and Vocational and Occupational Therapy got by the patients and viability of Vocational and Occupational rehabilitation of the populace. There was frail relationship between Sexual rehabilitation therapy got by the patients and viability of sexual rehabilitation of the populace. Difference to this solitary physical rehabilitation was factually huge. Social, Psychological, Vocational and Occupational and Sexual rehabilitation were not measurably critical. Moreover, there was solid relationship between's Bathel Index Score and Social rehabilitation, Bathel Index Score and Psychological rehabilitation, Bathel Index Score and Vocational and Occupational rehabilitation and Bathel Index Score and Sexual rehabilitation of the populace.

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