The decrepit state of trauma care in under-developed healthcare settings and the need to integrate trauma rehabilitation as a continuum of care

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Rehabilitation is defined as "a problem-solving educational process aimed at reducing disability and handicap experienced by someone as a result of disease or injury." Trauma rehabilitation extends beyond acute injury or wound management to reintegration of the patient into the home and community. Patients injured in major trauma have long term sequelae, e.g., posttraumatic stress symptoms, pain/discomfort, reduced mobility, anxiety/depression and poor QOL. Persons with severe multiple injuries find it difficult to socially re-integrate both physically and emotionally. In addition workers who sustain severe multiple traumatic injuries have a poor rate of return to work. Centers that do not recognize, evaluate, and manage these injury-related mental health outcomes are not fully assisting their patients to return to optimal function. Despite the clear need for early rehabilitation interventions these are not routinely considered integral to trauma care processes.

Coordinated multi-disciplinary rehabilitation has shown benefit in major neurological and orthopaedic traumatic disorders like spinal cord injuries (SCI), traumatic brain injury (TBI), amputations and fractures. WHO guidelines for essential trauma care have proposed rehabilitation as an essential continuum of trauma services.

Pakistan has seen rapid urbanization, a better road network and a consequent increase in the number of motor vehicle accidents. Terrorist attacks and sectarian violence have also seen an exponential increase in the last one decade. The incidence of major trauma, particularly long bone fractures, SCI and amputations is therefore set only to increase with time. There have been some impressive improvements in the trauma management system in the form of emergency ambulance services in the private and public sector like the Edhi ambulance network, 1122 service in Punjab and ambulance service in Islamabad. Similar gains have not however been achieved for trauma rehabilitation. Patients with fractures are discharged to home with external fixators and casts in place without a rehabilitation plan. By the time fixators and casts are removed joint stiffness and marked muscle wasting has already occurred resulting in prolonged disability for the patient. Disabled patients with complete paraplegia following SCI are only provided instructions like 'malish', warzish (exercises) and physiotherapy instead of a referral for SCI rehabilitation. Most of these patients develop preventable complications like urinary tract infections, pressure ulcers, and depression and are unable to reintegrate in the community.

It is clear that there is a need to improve the trauma management system in the country and integrate early rehabilitation in this process in order to reduce the rate of complications, length of hospital stay and improve the functional outcomes and QOL of the patients. This will ensure successful community reintegration and an early return to work of the injured patient.
References


