



स्पाइनल इन्जरी पुनर्स्थापना केन्द्र
Spinal Injury Rehabilitation Centre

(Run by Spinal Injury Sangh Nepal)

Final Report on Patient Sponsorship

Submitted by:
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German Nepal Help Association (GNHA)

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1. Background

Spinal Injury Rehabilitation Centre, (SIRC, run by Spinal Injury Sangh Nepal) is a nonprofit and a charitable organization established on 2002, with an aim of rehabilitating people with spinal cord injury of Nepal. SIRC aims to provide appropriate and comprehensive rehabilitation services considering the physical, social, economic and psychological well-being of persons with spinal cord injury (SCI). Over the period of time, SIRC has provided rehabilitation services to more than 1800 patients with spinal cord injury.

In order to help the patients who belong to underprivileged communities; SIRC offers sponsorship programs for them. The patients who receive sponsorship or charities are basically sponsored by donors or SIRC itself.

If a patient is sponsored then s/he receives following:

- Examination and admission
- Medical and nursing care
- Physiotherapy and Occupational therapy
- Psychological counseling and support
- Wheelchair service, repair and maintenance
- Nutritional advice
- Half way home
- Mobility aids/ devices
- Support for community integration
- Follow-up support
- Food cost of patient and caretaker
- Vocational training (optional - based on the interest, skills and health status of the patient)

2. Activity

This assignment involves sponsorship of two patients, namely - Anita Tamang and Raju Acharya. These patients were generously sponsored by German Nepal Help Association (GNHA). A kind donation of Nepali Rupees, Rs. 300,000 has been generously provided to SIRC in this regard. Both of these sponsored patients received the comprehensive and holistic rehabilitation services at SIRC. The average rehabilitation stay of a given patient at SIRC is three months. However, this stay differs from patient to patient depending upon their level of injury and complications. If any donor has sponsored for three months and the patient stays longer than that then the cost of their additional stay is borne by SIRC.

3. Patient Rehabilitation Summary

3.1 Anita Tamang

Name: Anita Tamang Age / Sex: 21 years / Female Duration of stay: Four months	Address: Dhading Mode of injury: Fall from tree
Diagnosis: C6 – C7 Fracture Subluxation	
Anita got spinal cord injury when she fell from tree while cutting fodder for the cattle. She has 8 members in her family including her parents, brother and sister. Her parents are daily wage worker and belong to the lower cast of family. She was pregnant at the time of her injury and after her injury, she lost her child. Her husband abandoned her. Since then, her mother is taking care of her.	
At the time of admission: She has no bowel and bladder sensation. She was not able to move her B/L upper and lower limbs. She also had 3 rd grade pressure sore at sacrum. She was totally dependent on her activities of daily living. After her surgery at National Trauma Centre, she was referred to SIRC for holistic rehabilitation.	
During rehabilitation:	
<u>a. Medical and Nursing Management:</u> Her pressure ulcer was managed and healed with daily dressing. She was provided training on bowel, bladder and skin care. Anita and her caretaker has been educated on following: <ul style="list-style-type: none">• SCI and prevention of complications• Bed side positioning• Prevention of DVT• Autonomic dysreflexia, its sign, symptoms and immediate management and prevention.• Clean intermittent catheterization	
<u>b. Physiotherapy:</u> Anita received regular physiotherapy services at SIRC for one hour each day. This basically involved exercises for strengthening of her lower limbs. She was provided with following during her physiotherapy sessions: <ul style="list-style-type: none">• Passive range of motion exercises of all joints.• Chest physiotherapy via assisted cough techniques, incentive spirometer and deep breathing exercises.• Independent in bed mobility with partial assistance.• Neck isometric exercises and weaning off of Philadelphia collar.• Strengthening of upper limbs.• Good static and dynamic balance in short and long sitting.• Weight bearing exercise on tilt table and standing frame.• Education on spasticity after SCI; causes, advantages and disadvantages and its complication.• Thoracic expansion exercises.• Education to care giver and patient on Range of Motion (ROM) exercises, bed side positioning.• Education to care giver on assisted cough.• Education to care giver on two hourly position change.• Provision of firm mattress.	

c. Occupational Therapy:

Similar to physiotherapy, Anita received one hour of occupational therapy service on a daily basis. Her upper limbs were strengthened through regular exercises along with following services:

- Trained to become independent in most activities of daily living.
- Feeding, grooming, upper body dressing with the help of assistive device and specific setting.
- Transfer with the assistance of caretaker.
- Independent in basic wheel chair skills with the help of wheelchair gloves in indoor surface.
- Care giver educated about home modification basically entrance, toilet and kitchen.
- Provision of commode chair.
- Upper limb strengthening exercises.

d. Psychological Counselling:

Anita received counselling services from peer counsellors and psychologist on following:

- Education about SCI.
- Functional outcome.
- Bowel, bladder care education.
- Education on disability rights.
- Encouraged for active participation in all rehab activities, music therapy and yoga therapy.

Peer counselors has been a role model in re-enforcing Anita and her caretaker to live an active and independent life when she goes back to her community.

e. Wheelchair Service:

Anita has been provided with Motivation four wheeler wheelchair for mobility.

f. Food cost of patient and caretakers:

Anita and her caretaker has received four times meal per day during the rehabilitation period that include breakfast, lunch, snacks and dinner. Nutritional advices were provided to her by the nutritionist at SIRC.

g. At the time of discharge:

Her vitals were stable at the time of discharge. Her bowel habit was regular and she was able to do CIC every two hours. She could perform her activities of daily living with the help of assistive devices.

3.2 Photo gallery of Anita during her rehabilitation



3.3. Raju Acharya

Name: Raju Acharya Age / Sex: 26 years / Male Duration of stay: Six months	Address: Arghakhachi Mode of injury: Diseased condition
Diagnosis: TB Spondylodiscitis D6-D7	
Raju used to work as a driver (daily wage worker) in India. Due to weak financial status and the responsibility to take care of six members in his family, he stopped his study and went to India in search of work. His working life was doing okay until he suffered from tuberculosis. After he got this disease, he came back to his family and proceeded for treatment. Later, he suffered from spinal problems as the result of his disease condition i.e. tuberculosis.	

At the time of admission: He was bed ridden and had 2nd grade pressure ulcer at sacrum. He had no bowel and bladder sensation. He was not able to move his lower limbs. Since he had tuberculosis, he was under tuberculosis medication. He was totally dependent on his activities of daily living – feeding, grooming, dressing, bed mobility and transfer. His mother was there to take care of him.

During rehabilitation:

a. Medical and Nursing Management:

Following activities were undertaken under medical and nursing management during his stay at SIRC:

1. Medical Management:

- Management of pressure ulcer
- Neuropathic Pain management
- Education on SCI and functional outcome.
- Management of Urinary Tract Infection.

2. Nursing Management:

2.1. Skin care:

- Pressure ulcer management with daily dressing and proper positioning.
- Education to client and care giver on prevention of pressure ulcer, pressure relief positioning with demonstration at bed side and personal hygiene.

2.2. Bladder management:

- Foley's removal
- Education and demonstration about clean intermittent catheterization initially (CIC).
- Self-clean intermittent catheterization done.
- Education to client and care giver on prevention of urinary tract infection and proper fluid intake with education and monitoring of timely CISC practice.

2.3. Bowel Management:

- Education to client and care giver on regular bowel habit and use of toilet
- Daily DRS for regular bowel movements.

b. Physiotherapy:

Raju received daily physiotherapy services at SIRC for an hour. Under physiotherapy, he received following:

- Passive range of motion exercises of all joints.
- **Mobility room and toilet:** Performs all bed mobility and pressure release activities independently.
- **Transfer: bed- wheelchair:** independent
- **Mobility indoor:** Independent in walker and knee immobilizer.
- **Stair management:** able to ascend and descend few steps needs supervision.
- **Transfer:** Independent in horizontal and vertical floor transfer.
- **Balance:** Good static and dynamic trunk control.
- **Education:** To client and care taker on ROM Exercises, strengthening and stretching exercise of bilateral lower limbs, pressure relief techniques and prevention of SCI complications.
- **Assistive device:** Knee immobilizer, walker and firm mattress.

c. Occupational Therapy:

Under occupational therapy services, exercises on strengthening upper limbs were provided to Raju along with education on activities of daily living like grooming, feeding etc. with the help of assistive devices. Raju further received following services:

- Independent in basic wheel chair skills.
- Care giver educated about home modification.
- Upper limb strengthening exercises.
- Assistive device: Commode chair

d. Psychological Counselling:

Peer counselors and psychologists of SIRC has provided counseling services to Raju on spinal cord injury and functional outcomes. Bowel, bladder and skin care education has been provided along with education on disability rights and disability cards by peer counselors. Raju was encouraged to remain active and advised to actively participate in all rehabilitation related activities, music therapy and yoga therapy.

e. Wheelchair Service:

Raju has been provided Motivation's three wheeler wheelchair for his indoor and outdoor mobility.

f. Food cost of patient and caretakers:

Raju and his caretaker received food four times a day that includes breakfast, lunch, snacks and dinner during his rehabilitation period. He has also received nutritional advices from the nutritionist.

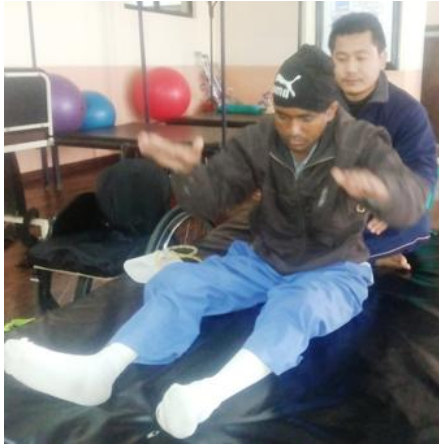
g. At the time of discharge:

His bowel habits were regular and he was independent in his activities of daily living with the help of assistive devices. He has been counseled and advised to remain active as he goes back to his community.

Functional outcome measure:

- AIS on admission: T7 AIS B
- AIS on discharge: T7 AIS D
- SCIM at admission: 10
- SCIM on DISCHARGE : 58

3.4 Photo gallery of Raju during his rehabilitation



4. Financial Summary

Please find the financial overview of the sponsored patients as mentioned below:

4.1 Anita Tamang

S.No.	Particulars	Quantity	Unit Rate (in Rs.)	Total Amount (in Rs.)
1	Ambulance Charge	1	2000	2000
2	Bed Charge	120	500	60000
3	Food Charge	120	400	48000
4	Medicine			12045.1
5	Rehab Equipments			
	Commode Chair	1	3500	3500
	Tenodesis Gloves	1	500	500
	Universal Cuff	1	150	150
6	Wheelchair (Motivation Active Folding 4 wheeler wheelchair)	1	40000	40000
	Wheelchair gloves	1	500	500
7	Assistive Devices			
	Air Mattress	1	7500	7500
	Total			1,74,195.1

4.2 Raju Acharya

S.No.	Particulars	Quantity	Unit Rate (in Rs.)	Total Amount (in Rs.)
1	Bed Charge	183	500	91,500
2	Food Charge	183	500	91,500
3	Investigation and Medicines			30,000
4	Rehab Equipments			
	Commode Chair	1	3500	3500
5	Wheelchair (Motivation Three wheeler wheelchair)	1	40000	40000
6	Assistive Devices			
	Walker	1	2,500	2,500
	Air Mattress	1	7500	7500
	Total			2,66,500

Since the grand total exceeds the sponsored amount of Rs. 3,00,000; the extra amount of Rs. 1,40,695.1 has been borne by SIRC while providing holistic rehabilitation to Mr. Raju Acharya.

5. Conclusion

This sponsorship program has supported the rehabilitation of two extremely needy patients. With this sponsorship, these patients has received holistic rehabilitation at SIRC. The major objective of rehabilitation is to ease the life of people after spinal cord injury by making them active and independent. They are trained to perform their activities of daily living by themselves and are motivated to continue their life with confidence and dignity.

And SIRC truly believes that this has been possible for these two patients with this sponsorship. Anita and Raju are expected to live a fuller, happier, active and independent life after their rehabilitation.

Overall, this sponsorship has been critical in achieving the common mission of SIRC i.e. improving the lives of people with spinal cord injury.