
Rehabilitation after a spinal cord injury

A guide for you after spinal cord injury

Spinal Cord Injury
Rehabilitation Program

This booklet has been written by the health care providers who provide care to people who have a spinal cord injury or illness. At the time of this printing the information was accurate to the best of our knowledge. The information may change due to the rapid changes in health care. It is not intended to replace medical/health advice from your health care providers.

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Part 1

Learning about spinal cord injury

You and your family are dealing with an injury that has changed your lives. You may have many questions about your spinal cord injury, and what to expect in the future. We hope this booklet begins to answer some of these questions.

As you begin your rehabilitation you will need to learn more about spinal cord injury, this book is just a start. You may find that you use some of it now and then go back to it as you move through your rehabilitation. There are many resources available to help you. The Rehabilitation Resource Centre in the Regional Rehabilitation Centre offers many resources such as:

- computers with internet access,
- books, videos, DVDs,
- magazines, and
- the chance to talk with others who have a spinal cord injury.

We want you to be involved with your care. We encourage you to talk with your health care providers. No question is too simple to ask.

Will I walk again?

This is the most common question that people ask after a spinal cord injury. As no two people are the same, we cannot predict with 100% accuracy what will happen in your situation. Within the first month after injury we can predict your chances of improvement.

After a spinal cord injury, about 1/3 of people are able to return to walking. Even though others do not walk, most people experience some improvement. The pattern of improvement or what improves depends on the severity of your injury. We believe that keeping you healthy and active will enhance your chance of improvement.

A spinal cord injury is either an incomplete or complete injury.

Incomplete spinal cord injury

With an incomplete spinal cord injury the spinal cord is able to get some messages to and from your brain. There is some movement and/or feeling below the level of injury. This includes feeling and muscle activity in the rectum.

If your injury is incomplete, we are more likely to see improvements in areas below the level of injury. For example, arms and legs may both improve if you have a neck injury.

Complete spinal cord injury

There is more damage to the spinal cord than with an incomplete injury. With a complete spinal cord injury there is a loss of feeling and movement throughout the body below the level of injury. When your doctor uses this term it means that you also have no feeling or muscle activity in your rectum.

If your injury is complete, we expect to see some improvement or change in function in the first year after the injury. The changes tend to happen close to the area that was injured. For example, if the injury affected your neck, we expect to see some improvements in your arms in the muscles just below the injured area.

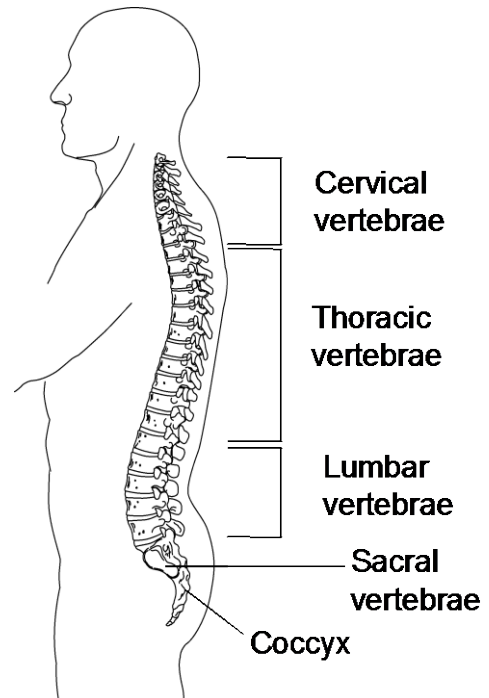
**We do not expect you to lose more function over time.
Let your doctor know immediately if you notice you have had a loss of some sensation or strength.**

The spine

The spine:

- protects your spinal cord
- provides a structural frame for your limbs and muscles. The frame allows you to position your head, arms and legs without falling over. It keeps your trunk stable.

The flexibility of the spine allows you to move and balance.

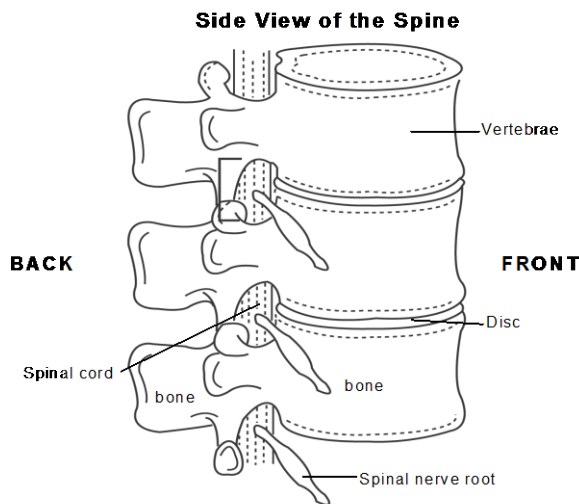


The spine is like a flexible rod made up of sections. These sections are groups of ring-shaped bones called vertebrae.

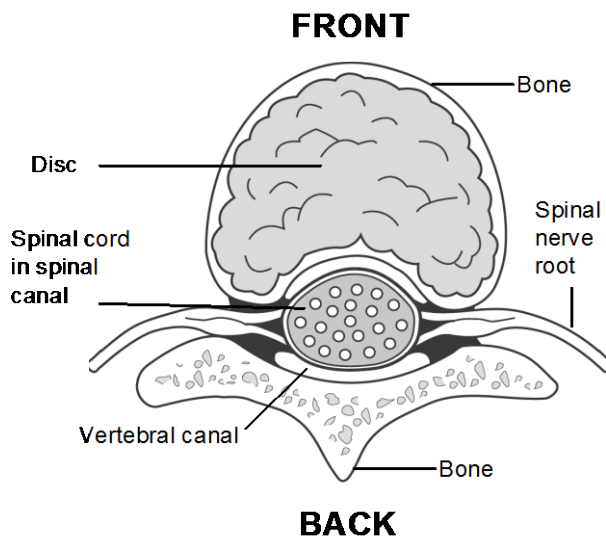
- There are 7 vertebrae in your neck called cervical vertebrae.
- There are 12 vertebrae in the middle of the back called thoracic vertebrae.
- There are 5 vertebrae in your lower back called lumbar vertebrae.
- There are 5 vertebrae at the end of the spine called the sacral vertebrae.
- At the very end of the spine is the coccyx. This is your tailbone.

The vertebrae are joined by strong ligaments and are separated by small discs. These discs act as shock absorbers. The ring-shaped bones create a tunnel that protects the spinal cord. The tunnel is the spinal canal.

Side View of the Spine



Top View of the Spine



The spinal cord

The spinal cord is a thick band of nerve fibers that bring messages from your brain to your muscles, skin and body organs.

These messages control breathing, blood circulation and sensation. Sensation is how we touch and what we feel. The spinal cord also controls bladder, bowel and sexual function.

The spinal cord contains cells and shorter nerves that create reflex centres that can send messages on their own. At the lower end of the spinal cord, starting at about the first lumbar vertebrae, the spinal cord divides into a thick collection of nerve roots. This is often called the Cauda Equina.

What is a spinal cord injury?

If you are a teenager or adult with a spinal cord injury, it is likely that you have had an injury of both your spine and spinal cord.

The spinal injury may include:

- vertebral fractures – broken bones in your back or neck
- dislocations – the bones move out of their correct position
- ligament injuries such as a tear
- a combination of all three

As well as a broken bone, you may also have an injury to the ligaments and muscles in your neck or back. If the injury has caused the bones to move out of the correct position, this usually means that the ligaments have also been injured. If the bones have moved out of their normal position, they may cause pressure or pinching of the spinal cord.

The spinal cord injury may include pressure or pinching of the spinal cord causing injury to the nerves of the spinal cord. In the mildest form of injury, with only temporary pressure on the spinal cord, you may still have a loss of some feeling or movement below the level of the injury. Your x-rays may not show all the changes.

Direct pressure on the spinal cord may also cause a change in the blood flow to the spinal cord. Blood provides oxygen to the spinal cord to keep it alive and working. The change in blood flow affects the cells in the spinal cord. This may cause more injury because of lack of oxygen or release of chemicals which can irritate nerve tissue. For this reason, we cannot tell how much damage there is to the spinal cord just after the injury.

How do we know that a spinal cord injury has occurred?

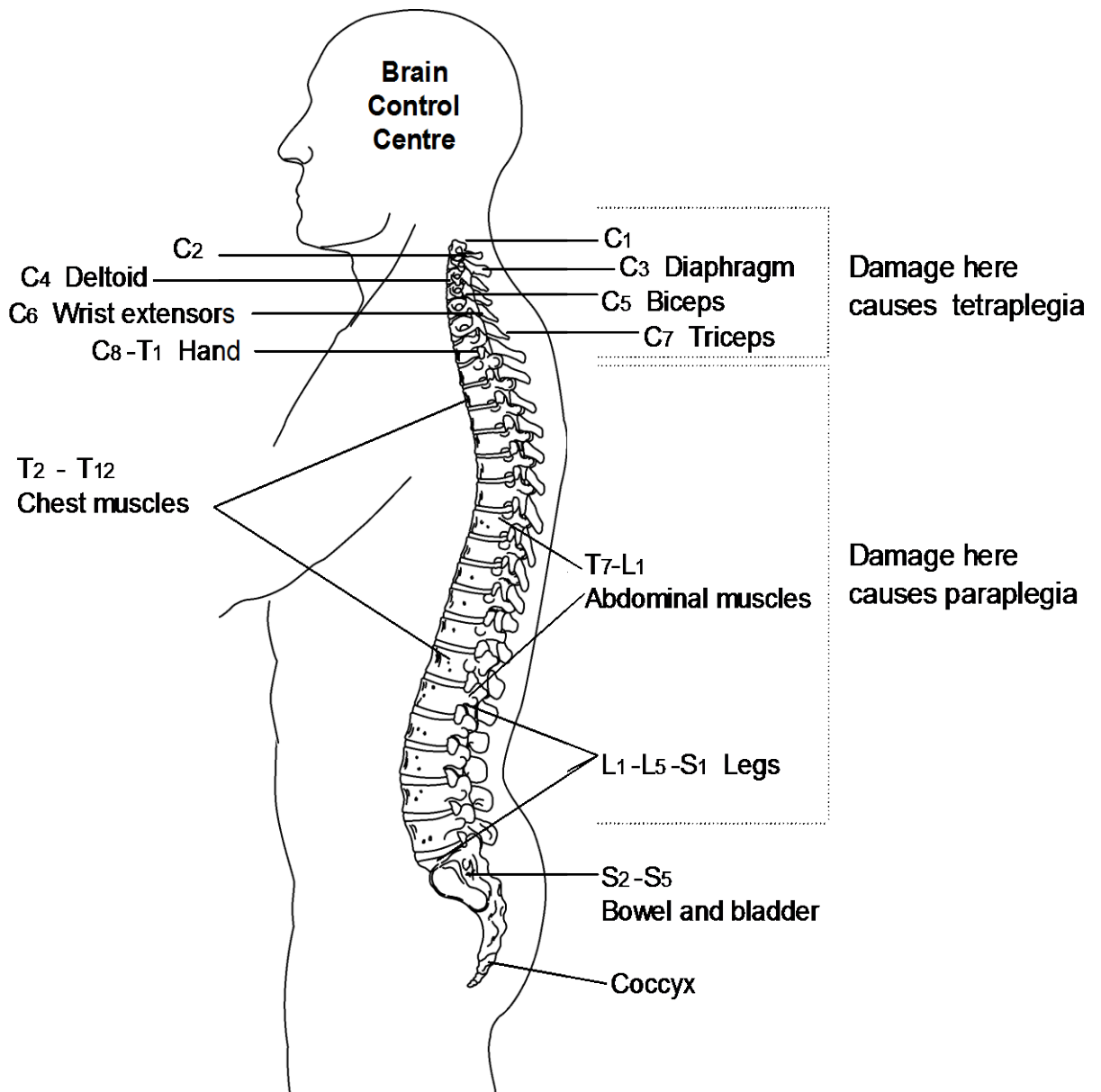
The first person to notice that something was wrong was probably you. You may have noticed right after you got hurt you could not move or feel some part of your body. You may have felt some coldness or numbness or pain.

The doctor in emergency checked your reflexes, sensations of touch, pressure and pain and the strength of your arms, legs and breathing muscles. What the doctor found and what you described identified a spinal cord injury.

The doctor also checked your spine to look for tender areas which suggest that a fracture or break has occurred. From the examination and x-rays taken in the emergency room, your surgeon was able to describe the level of the broken bone and the area of the spinal cord

that has been damaged. Special x-rays were taken to give a clear picture of the injury. These may have included a CT scan, MRI and/or myelogram. A myelogram is when dye is injected into the area around the spinal canal and an x-ray taken. The dye shows up on the x-ray.

This picture shows which part of the spinal cord controls certain muscles. The higher up towards the head the spinal damage occurs, the more muscles and feelings are likely to be lost.



How is a fractured or broken spine treated?

To correct the position of the bones you may need surgery or traction. The decision to have surgery or use traction is made by an orthopedic surgeon or neurosurgeon. X-rays, CT scans or MRI scans of your injured spine show the position of the break.

Surgery may be needed to make your spine more stable, or because pieces of bone are in a position to cause pressure on the spinal cord. A metal plate and screws may be used to help hold the bone in place while it heals.

Sometimes, a piece of bone from your hip is used to lay along the injured area to help the bone heal. This is called a bone graft.

After surgery, you may need to wear a brace for 3 to 6 months to make sure that your spine is protected while it heals. The spine is like most other bones. If the bone fragments are kept from moving, they will heal. However, there are other things you can do to help your bones heal well.

- Do not smoke until your fractures have healed.
- Do not use medications in the group called anti-inflammatories until your spine has healed. An example of this type of medication is Advil™ or Motrin™.

If your spine is stable and there is no pressure on the spinal cord, surgery may not be needed. The best treatment may be the use of a brace to help hold your spine in position while it heals.

Special braces

You may need to wear a brace as your bones heal.

Jewett back brace

This brace is a covered metal frame that supports your back. It keeps you from bending your back while the broken bones in your spine heal. You may have to wear it for about 3 months.

Neck collars

After neck surgery, you may need to wear only a plastic or soft collar to prevent some neck movement. These are worn for about 3 months.

Halo and vest

The halo and vest keep your head and neck from moving for the 3 months it takes for broken bones in your neck to heal. Four pins are fixed to the skull through a ring or halo that surrounds your head. Bars then connect the halo to a body jacket so your neck cannot move.

How is a spinal cord injury treated?

If there is pressure on your spinal cord, the treatment is to relieve the pressure. If your blood pressure is low right after the injury, fluids and medications are used to keep the blood pressure up. This will help to get blood to your spinal cord. Methylprednisolone, a type of steroid medication, may be used to try and reduce the swelling which may occur in the hours after injury. The steroids are usually continued for 24 hours.

Treatments include the care of other body systems including breathing, blood circulation, and bladder and bowel function.

Research

Unlike broken bones, we do not have a method to repair injuries to the spinal cord. Researchers are testing different treatments to learn more about what could help people recover nerve and spinal cord function.

These include:

- building bridges with other nerve tissue across the damaged area of the spinal cord
- blocking proteins which may limit regrowth of nerves
- stimulating factors which encourage nerve growth

We are involved in research to look at the effect of different types of physical activity on health and movement after injury. In the future there may be new drugs or other treatments which could be of benefit to you.

Searching for more information

The Rehabilitation Resource Centre is helpful in finding information about the latest research. Keep your eyes open for opportunities to hear about or participate in research. Here are some websites that you might find helpful:

- <http://scewire.com> (interactive message board which is updated by medical professionals with many years experience with persons with SCI)
- <http://scipilot.com> (a great resource for assistive technologies, developed by the Research Department at Lyndhurst)
- <http://www.sciontario.org/> (Spinal Cord Ontario website)

If you wish to discuss a new treatment you have read about, please do.

When your spinal cord injury is not due to an accident

Many of the people who attend this rehabilitation program have a spinal cord injury not caused by an accident. If your spinal cord injury is due to illness, infection or a tumour, similar rehabilitation approaches will be used. How you heal and recover depends on your situation.

The effect of spinal cord injury on your body

Muscles and Spasms

You may have weakness or loss of use of muscles below your injury. Your weak and paralyzed muscles will shrink. If your spinal cord has been injured, after about 3 to 4 weeks you may start to develop spasms or spasticity below the level of the injury.

The spasms will cause your limbs to jump or get stuck in one position.

Spasms may be helpful for several reasons. They help circulation. Spasms help exercise paralyzed muscle and may help you move. You may learn how to control these spasms. A daily stretching routine helps keep them under control.

If spasms become so strong that you cannot sit, stretch or lie down in comfort, you may choose to use medication to reduce the spasticity.

Sensation

Feeling below the level of injury may be lost or changed. You may not be able to feel a light touch, hot or cold, or pin prick sensation. Sometimes a touch could be painful. You may experience a tingling sensation in your legs or hands. The change in sensation below the level of your injury may cause your body to react in different ways. For example, if you have a bladder infection, you could experience more tingling in your arms or legs.

Pain

There are two major causes of pain after spinal cord injury:

- damage to bones and ligaments, and changes to joints
- abnormal function of the spinal cord and nerves at the level of injury

The abnormal nerve function could cause one of the following:

- touch may become painful
- local pain may spread to a wider area
- repeated pain stimuli may add up to make a more irritating, longer lasting type of pain

Treatment for your pain involves the entire health care team. We look at the physical and emotional factors that may be contributing to your pain and treat each one. Examples include use of exercise, medications, coping strategies, TENS and acupuncture.

TENS stands for trans-electrical nerve stimulation. It is simple to use. To use TENS, small pads are placed on your body. A low voltage electrical current is passed across these pads. This stimulates your body to make its own natural pain relieving substances, called endorphins.

Acupuncture is a therapy used to decrease pain. Very fine needles are inserted through the skin. Electro-acupuncture uses the stimulation of inserted needles with gentle electrical impulses. Acupuncture stimulates the body to produce its own pain relieving chemicals called endorphins. Acupuncture usually causes no side effects. Your physiotherapist will assess your needs and determine the correct number and placement of needles.

Breathing

If the injury is high in your neck, some of your breathing muscles may be paralyzed. An injury lower down may still result in loss of your stomach muscle strength which is important to help you cough.

We will teach you how to use turning, deep breathing and assisted coughing to keep your lungs clear. You will learn a special method of breathing called breath-stacking. You can learn more about this in our booklet on **Keeping your lungs healthy**.

Sweating

Nerves to sweat glands are also affected by a spinal cord injury. You may not sweat very much after your injury. You need to find ways to stay cool in hot weather, such as staying out of direct sun, wearing a hat, and using ice in arm and head sweatbands.

At the same time, you may get reflex sweating. For example you may know you have trouble with your bowels because you start sweating.

Blood Pressure, BP

After spinal cord injury your normal blood pressure drops. Early after injury, when you sit up quickly, you may feel dizzy, as if you might pass out. This is because your blood pressure is not changing quickly enough when you sit up. You may need to use pressure stockings, an abdominal binder and medication to treat this.

If your injury level is at T6 or higher, you are at risk for sudden rises in blood pressure due to painful stimuli below your injury level. Examples of painful stimuli include over stretching of the bladder or bowel. A full bladder or bowel can cause a rise in blood pressure, which might cause a severe headache and flushing or sweating.

This condition is called autonomic dysreflexia and needs to be treated right away. Please refer to the section on autonomic dysreflexia in the **Looking after your bladder** booklet.

Sexuality

Men and women who have had spinal cord injury are often concerned about these 3 issues:

- How do I keep or make new relationships?
- How do I give or receive sexual pleasure?
- Can I have intercourse and have children?

Relationships

As a result of a spinal cord injury and the many changes that occur in both physical abilities and appearance, you may wonder how others see you. You may wonder whether there can be sexual interest. Please remember that what others see is often a reflection of how we see and present ourselves. If your expectation is that others will see you as less capable, more dependent, or less desirable, then chances are you will present that image.

It is possible to be different and present a more positive image. Most people with spinal cord injury learn this over time, and many have formed very successful relationships. This is easier for some than others, and many require help.

There is lots of help:

- through discussions with others who have had spinal cord injury
- individual or marital counselling
- written and online information

All of these resources are available to you while in hospital and after you leave. Please talk with your health care providers.

Giving and receiving pleasure

Almost all people with a spinal cord injury will tell you that, emotionally and mentally, their ability to give and receive pleasure sexually has not changed. The most important sexual organ is the brain.

Physically, however, there have been many changes. What you were used to before will need to change. Exactly what changes will be necessary depends upon the nature of both your injury and your previous sexual relationships. This will be different for everyone.

Questions you and/or your partner may want to raise with team members may include:

- positioning
- sensory changes, how you touch and feel
- changes in the feelings associated with orgasm
- concerns about catheters and your bladder



Your desire to give and receive pleasure has not changed. However, many other things have, and the adjustments that you need to make do not always happen automatically or quickly. Please use the information in the Rehabilitation Resource Centre, talk to former patients and team members. Above all, remember that issues related to sexuality are as important to your treatment program as transfers or muscle strengthening. Feel free to ask questions at anytime.

Sexuality is the area in which a spinal cord injury has one of the greatest effects. Most people with a spinal cord injury do resume sexual relations. In addition to the changes we just mentioned, there are things that differ for men and women.

Men – Whether you are able to obtain an erection is something you may already have found out. Do erections occur during catheterization, bathing, range of motion or other forms of physical stimulation? Due to the sensory changes, you may not be able to tell without looking. If this still leaves you unsure, or if you are unable to get an erection or find it does not last long enough, discuss your situation with the doctor.

While most men will be able to obtain erections, you may not be able to ejaculate for pleasure or to conceive. The chances of having an ejaculation with intercourse, especially in the case of a complete spinal cord injury, are poor.

In recent years there has been more success in helping couples, who wish to have children, to collect semen and use artificial insemination to achieve pregnancy. It is important to discuss the issue with your doctor if you and your partner are concerned about having children now or in the future.

A word of caution: Despite all that has been said, if you do not wish to have children at this time and are resuming sexual relations, please use birth control.



Women – For women, the most important changes are the motor and sensory changes. Often a woman's periods will stop for a while right after a spinal cord injury. After some time, they will usually return to a normal cycle. The good news for women, who are interested in having children, is that fertility is not affected after a spinal cord injury. Women can become pregnant and have children.

Special care will be needed during pregnancy, but this usually involves your doctor following you a little more closely. This is because the loss of sensation may mean you will not feel all the physical signals common in pregnancy.

If you are planning to resume sexual activity, but do not wish to become pregnant, use a birth control method. While this is true for all women, it is more important for you because of the changes from the spinal cord injury.

If you become pregnant and think it might be helpful to talk to another woman who has had a baby after spinal cord injury, we could arrange for someone to talk to you.

Even though a lot of things have changed, you can still enjoy an active sex life. Only you will decide if you will resume your sex life, but if you do, there is lots of information you can read and people available to talk to. Your social worker would also be willing to talk with you about sexuality. Please ask us – we are here to help.

Part 2

The Regional Rehabilitation Centre (RRC)

Starting rehabilitation

Your rehabilitation begins in the hospital, not long after your injury. As you progress through our rehabilitation program you will work with many different health care providers. We want you to be as strong and healthy as you can, so you can get back to community life.

The most important person is you. You will do better if you learn as much about your disability and care needs. Rehabilitation includes not only learning about your injury, but also, how to take responsibility for your own wellbeing.

The SCI Rehabilitation program is located at the RRC within Hamilton Health Sciences. The program has 3 parts: Inpatient, Regional Rehabilitation Outpatient Services and an Outpatient Clinic.

Inpatient

The Inpatient Rehabilitation Program is located on B2 South in the RRC. While you are an inpatient, part of your preparation to live at home is the expectation that you will go out on day and weekend passes to your home.

When will I go to the SCI Rehabilitation Program?

You will be transferred to the SCI Rehabilitation Program to the first available bed as soon as:

- Your general health is stable. You have no major medical issues. All the necessary tests and treatments have been completed.
- You are physically able to participate in rehabilitation. This means that you have the strength and endurance to be up in a wheelchair for at least 2 hours at a time. You also must be able to attend a therapy session for at least 30 minutes, twice a day.
- You want to participate in the rehabilitation program, and are willing to do your best to reach your potential.
- You are checking into housing, and sources of funding for renovations, equipment and/or attendant care. Your social worker can help you with this.

At times, our patients often have to be transferred to the RRC without much notice. We try to give as much notice as possible, but at times it cannot be avoided. Before going to the RRC, there is a DVD that you can watch called “A Day in Rehab”.

What will I work on during rehabilitation?

During rehabilitation you will work on many things such as:

- getting around
- bathing
- dressing
- skin care
- bowel and bladder management

- moving and getting out of bed safely
- transfers
- directing your own care
- obtaining the necessary equipment to live at home

The things you want to work on become your goals. We will help you set goals to guide your rehabilitation program.

Before joining the SCI Rehabilitation Program, you may wish to discuss your goals with the rehabilitation nurse clinician that visits you at the Hamilton General Hospital. After you arrive, your health care providers will discuss these goals with you and update them every 2 weeks at a patient meeting. We want to make sure we keep on track with your program.

Getting around

We will help you get to class or therapy if needed. When you are able, you will take yourself.

It is up to you, as part of your rehabilitation, to attend all your classes on time. Classes may be cancelled at short notice for reasons such as x-rays, brace fittings and special tests or illness. Classes or therapy may also be cancelled for staff meetings and rounds.

Infection control

Please remind all visitors and staff to clean their hands well and often! If you were in isolation in the hospital, you will notice that things are done a bit differently here in rehabilitation. If in isolation, you are allowed out of your room to attend therapy and other rehabilitation activities. Special precautions and cleaning is still needed. Please talk with your nurse or therapist if you have any concerns or questions about infections.

The SCI Team meetings

Information about treatment is shared among team members and yourself. Information remains confidential.

Family meetings

A family meeting will be held soon after you come to rehabilitation. This meeting will provide a chance for you and your family to:

- ask questions about the rehabilitation process
- plan for your discharge

During your rehabilitation you will meet with the team every 2 weeks. During this meeting we will discuss your progress, goals and review your rehabilitation program. These meetings help you keep track of your goals. You and your family are welcome to ask any questions or bring up any problems.

Who are the health care providers that will help me with my goals?

You will be working with health care providers from:

- physiotherapy and occupational therapy
- nursing and pharmacy
- dietary and therapeutic recreation
- respiratory therapy
- social work, psychology, and chaplaincy
- speech language pathology
- SCI regional service coordinator and a peer support representative from SCI Ontario

These health care providers, along with various doctors and specialists, make up the Spinal Cord Injury Team.

SCI Rehabilitation Program: 905-521-2100

Team Member	Phone Extension
SCI Ontario representative <ul style="list-style-type: none">• provides peer support• links you with resources in the community• acts as an advocate	
Chaplain <ul style="list-style-type: none">• provides spiritual care for all persons• works with the spiritual resources and religious traditions of each person to help healing	
Doctor <ul style="list-style-type: none">• monitors your health• manages other health issues that arise during rehabilitation• prescribes and reviews medications, tests and procedures• manages medical conditions related to your spinal cord injury, such as muscle spasms, pain	

Team Member	Phone Extension
<p>Nurse</p> <ul style="list-style-type: none"> • helps you practice rehabilitation activities, such as bathing, dressing and eating • gives medications and teaches you how to manage your medications • assesses and manages bowel, bladder and skin problems • Nursing Unit Co-ordinator is a rotating position that provides a communication link between your health care providers and you and your family 	
<p>Occupational Therapist (OT)</p> <ul style="list-style-type: none"> • assesses ways for you to do daily tasks such as dressing, going to the bathroom, eating, household chores and skills needed for work • assesses and recommends wheelchairs and seating needs and bathroom safety equipment • completes a home access assessment • makes recommendations for home modifications and other equipment needs • provides information on returning to drive • Occupational Therapy Assistant (OTA) works with the OT 	
<p>Pharmacist</p> <ul style="list-style-type: none"> • provides ongoing education and information on all your medications • assesses your ability to participate in the self-medication program 	

Team Member	Phone Extension
<p>Physiotherapist (PT)</p> <ul style="list-style-type: none"> • helps with moving, walking, balance, fitness, strength and coordination • teaches wheelchair skills • teaches breathing exercises • provides patient and family education • teaches swimming <p>Pool Instructor and Physiotherapy Assistant (PTA) works with the PT.</p>	
<p>Administrative Assistant</p> <ul style="list-style-type: none"> • supports administrative functions within the team 	
<p>Registered Dietitian</p> <ul style="list-style-type: none"> • assesses your nutritional needs and provides a specific diet as needed • provides healthy-eating education 	
<p>Registered Respiratory Care Practitioner (RRCP)</p> <ul style="list-style-type: none"> • provides breathing assessments, oxygen therapy and treatment to help reduce respiratory infections 	
<p>SCI Navigator (patient navigator)</p> <ul style="list-style-type: none"> • helps you get answers to your questions and concerns • co-ordinates access to resources and services • provides assistance during your hospital stay, rehabilitation and in the community 	

Team Member	Phone Extension
<p>Social Worker (SW)</p> <ul style="list-style-type: none">• provides support and counselling• links you with resources in the community	
<p>Speech Language Pathologist (SLP)</p> <ul style="list-style-type: none">• helps with spoken and written communication programs• assesses and makes recommendations for managing swallowing problems <p>Communication Disorder Assistant works with the SLP.</p>	
<p>Therapeutic Recreationist (TR)</p> <ul style="list-style-type: none">• helps to identify interests and introduce new interests• links you with resources in the community	

Rehabilitation services to help you

There are many services available to help you. These include:

- Social Work
- Therapeutic Recreation

To learn more about other resources and services see our booklet on **Community Resources**.

Social Work

The social worker is a member of the spinal cord rehabilitation team. She will help you contact community services, plan for your discharge and return to your home and community. The social worker is a counsellor who will support you and your family in emotional adjustment and coping.

If you need it, a social worker will help you to apply for:

- Government income assistance – Ontario Works (O.W.), Ontario Disability Support Program (ODSP), Employment Insurance, Guaranteed Income Supplement and Canada Pension (CPP-D)
- Accessible and non-profit housing
- Funding programs for purchase of equipment and house modifications
- Placement in a transitional location, Retirement Home, Lodging Home or another hospital
- Attendant care agency services—such as CCAC, Ontario March of Dimes (OMD), and Participation House

After applying, it can take a long time before you find out about financial assistance for accessible housing. It is important to apply as soon as possible because of long waiting lists.

Keep in mind that it is easier to refuse an offer than to be told you have not made an application in time.

A social worker can help you work with insurance companies and agents. Please see our booklet on **Community resources** for more information on insurance and legal issues.

Getting financial help from car insurance can be a long process and you will have to talk and work with insurance representatives and lawyers. Your car insurance may allow you to hire a rehabilitation case manager who will help you apply for benefits.

If you qualify, it is usual for your primary insurer to hire a rehabilitation case manager soon after your spinal cord injury without any discussion with you or your advocates. However, you do have a say in who they hire. Advocates are your family, social worker and lawyer. It is important for your advocates to talk with your insurance representative as soon as possible. Doing this helps to avoid delays in getting the necessary insurance forms completed which may affect your benefits.

Community services

A social worker will provide you with information about community services. Please see our booklet on **Community Resources** for more information.

Emotional support

Learning to cope with a spinal cord injury is very difficult; it cannot be done alone. It is common to experience fear, stress, sadness and confusion. It is important to talk about such feelings with those you feel close to and trust.

A social worker is someone who has been trained to be a sensitive listener to whom you and your family can talk to in confidence. It is very helpful to share your feelings with fellow patients you feel you can trust.

During your rehabilitation you will meet a member of our Peer Support Program. This person has a spinal cord injury and can discuss with you about living with a spinal cord injury. Patients with a spinal cord injury long time and have learned to cope are very helpful and supportive. Family and social support are very important in learning to cope.

We have learned that, as an inpatient, your attention is mostly focused on medical and physical goals. As you become more independent and get closer to discharge you begin to pay more attention to your feelings and coping needs. It is quite natural to share your concerns with others.

- For some, it may be necessary to make use of professional counselling.
- A chaplain and social worker are available for counselling.

Personal communication and closeness can be affected by your injury. You may have doubts and uncertainties about a personal relationship, about intimacy and sexuality. Share your feelings with your spouse or partner. We also encourage you to talk with your health care providers. A social worker can also help you to understand and work with personal relationship issues.

It is common to become more concerned about relationship issues after you are discharged and spending more time with your partner. It is also common to have doubts about being a good parent and your relationship with your children. Again, don't keep these difficult feelings to yourself – reach out to others. You will get your confidence back and you can learn a new kind of confidence. It takes time, patience and the desire to learn new ways.

Therapeutic recreation

A therapeutic recreationist or TR will help you with your leisure needs and goals. The TR will help with your hobbies and interests, plan community outings and social activities. Your TR can help you find the leisure information you might want when you go home.

The TR will talk with you to find out your leisure interests. You will set goals and work with the TR to meet those goals. Some activities may need to be changed or new ones found.

Going out of the hospital to shop, to see a show or learning how to use a bus is an important part of your therapy. The TR will help you plan and go on outings.

The TR will help you plan evening activities with the other patients. This might include cooking dinner, watching movies, or planning a BBQ.

The TR will help you find information about recreation activities in your community. To learn more about the activities in your community, you can also ask your SCI Ontario representative or someone in the Rehabilitation Resource Centre.

EXAMPLE: You want to go to a movie

Going to the movies with your friends was an activity you liked doing before your injury. Go and tell your TR you would like to go to the movies. The TR will help you book transportation, find a theatre that is accessible to wheelchairs and attend the movie with you. After the outing, the TR will go over any problems that might have occurred and give suggestions to improve the next outing.

After Rehabilitation at the RRC

When you are able to leave the RRC, you may either go home or to a transitional care-long term care facility.

You will complete your rehabilitation as an outpatient, either with our Regional Rehabilitation Outpatient Services or in your local community.

When you return to your home community you may continue to set new goals for yourself. The rehabilitation staff will help you find community programs. They will provide summary information and suggestions to you, your family doctor and community therapists.

Regional Rehabilitation Outpatient Services

These services offer therapies for patients who have been discharged from the SCI Rehabilitation Program but have ongoing therapy needs. Patients live at home or in the community but go to the RRC for therapy.

Outpatient Clinic

The Outpatient Clinic is located in the RRC. This clinic is for follow-up visits with your doctors and nurses.

Community follow-up

Once you leave the RRC you will complete your rehabilitation either in your local community or through our Regional Rehabilitation Outpatient Services.

Discharge planning

Making plans to return home and to your community is called discharge planning.

Discharge planning begins before you begin your rehabilitation program and takes a lot of work and discussion. Many forms have to be filled out; many tough decisions have to be made. This planning involves a lot of different people including your family, rehabilitation team members, and persons in the community.

Going home starts slowly and in stages. First you may try a day visit for a few hours. Next, you will try an overnight stay and then progress to a weekend visit.

When you are discharged you may continue your rehabilitation here with our outpatient services or in your community.

A discharge date is set as soon as possible. Usually no more than 12 to 16 weeks after starting rehabilitation. Some people feel that they are expected to be discharged too soon; for others it is not soon enough.

We have learned it is important to aim for a discharge date. We have learned that when discharge dates were not clearly set, the hospital stay was much longer than was necessary and returning home became increasingly more difficult. Community service providers need to have a discharge date to work toward.

When you are discharged home it does not mean that your rehabilitation has ended. It changes to become more home-based and functional. You can continue your therapy/fitness as an outpatient. The spinal cord injury team will keep in touch with you after you go home. We will always be here to help you. If you need to talk to us, call or let us know you are coming in to see us.

Time of discharge

Your time of discharge from inpatient rehabilitation depends on you and available resources. Your discharge location and equipment need to be in place as soon as possible.

Often, insurers and lawyers think that they can wait until you are closer to the discharge date. They forget that as soon as you are ready it is important to practice at home. That is why we set a discharge date soon after your admission.

If you have insurance, it will be necessary to meet with the insurance company. The social worker will set up and run these meetings. At this meeting there should be:

- yourself
- a rehabilitation case manager
- your family
- your health care team members

These meetings help you complete your goals on time; goals such as getting all your equipment, home modifications and home care.

Alternate level of care (ALC)

Transitional living

You may reach your goals before your home is ready. This could be due to problems with home renovations or long waiting lists for housing. If this happens, your designation within the program will be changed to 'alternate level of care'.

This means that the service you now need is different from the service offered in the active rehabilitation program. At this time your rehabilitation program will be changed to reflect the type of program you would be receiving in your discharge community.

If you are waiting for a bed in a long term care facility (LTCF) or in complex continuing care (CCC), a co-payment is required and would begin at this time. Your co-payment is the fee you pay to the LTCF or CCC. You would pay this fee to the hospital instead of the LTCF or CCC.

Part 3

Hospital guidelines

To help our rehabilitation programs run smoothly, here are the guidelines for all patients. Please understand that these guidelines are in place for the safety and benefit of all patients and staff.

Rehabilitation Program	You are responsible for your own behaviour and are expected to attend treatments and help plan how those treatments are set-up.
No Smoking	Hamilton Health Sciences is a smoke-free hospital.
Visiting Hours	Please ask your nurse about the visiting hours. Longer hours may be set-up for special reasons if it does not upset your care or the care of other patients. Ask your nurse to help you arrange this.
Going to bed	<p>If you are using a power wheelchair, it must be out in the hall by 11:00 p.m. so that it can be taken to be recharged overnight.</p> <p>If you want to stay up later than 11:00 p.m., please ask the staff to arrange this ahead of time.</p> <p>If you are in bed at 9:00 p.m. the staff will not be able to get you up again that night. During times when the unit is very busy, there may be a need to set up a bedtime routine. If you are completely independent, you may choose to go to bed any time you wish.</p>

Meals	<p>Breakfast is served in your room, but all other meals are served in the dining room. Your lunch or dinner can be eaten in your room only if:</p> <ul style="list-style-type: none">• the doctor asks you to eat in your room for medical reasons• you are doing an eating test with your therapist• the dining room is being used for a special activity.
Alcohol	<p>Alcohol may cause a health problem if patients are taking certain medications. This means that you or your visitors must never give alcohol to any other patients. If another patient insists on having alcohol or a visitor will not follow the rules, please ask the staff to take care of the problem for you.</p>
Drug Abuse	<p>Only prescription drugs are allowed on the unit.</p>
Aggressive Behaviour	<p>Aggressive physical behaviour or swearing at staff or other patients will not be tolerated.</p>

Rights and responsibilities

We expect patients and staff members to treat each other with respect. If you have a concern with a staff member, please let another staff member know. We are here to help you.

While in the Rehabilitation Program

The rehabilitation staff are here to help you learn new skills. While you are here, you will have to live with other people who also need rehabilitation. The staff know this may not be easy and will try to help you. The success of your rehabilitation depends on you. In the long run, you must be responsible for yourself.

There are many ways of doing things. You will learn from your therapist and from other patients, and by trying things for yourself.

Patient responsibilities

By taking on these responsibilities, you can make the most of your stay here:

- complete the goals you set with the spinal cord team in a set amount of time
- tell therapists and nurses if something special keeps you from going to classes and set up another time for the class
- follow the hospital guidelines.

Staff responsibilities

Staff will:

- make sure all your patient information is kept confidential
- help you plan and do your rehabilitation program
- teach and help you learn new information

Weekend and day passes

You may go out of the hospital on a weekday or a weekend pass when you and the team feel you are ready.

Leaving on a pass

You and the Spinal Cord Injury Team will decide when you are ready to go out on a pass. A checklist will be used to help you know when you will be ready for passes. A return time will be set for each pass.

Please sign out when you leave and check in when you return.

When you go out for the weekend, tell the nurse what time you will return. You should be back on the unit by 8:30 p.m. on Sunday. If for some reason you cannot make it back by then, call the unit before 11:00 p.m. to make arrangements for return. The front door of the RRC will be locked after midnight. You will have to use the telephone located next to the entrance to be let into the building.

Supplies needed

Certain supplies are provided when you go on pass. This list shows what may be supplied. Any items not provided can be bought in most health care stores.

- medications as provided from the Pharmacy Department
- insulin syringes
- syringes for other medications
- leg bags and tubing
- catheter trays
- condoms

Checklist for day pass

Staff to Initiate
and Date When
Learned

1. You must be able to sit at least 3 hours.

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Patient and/or main caregiver must know how to:

1. Direct any care that you need help with.
2. Catheterize.
3. Use a leg bag and manage or direct care. For example, put on a condom, drain leg bag or care for a foley catheter.
4. Recognize and treat autonomic dysreflexia.
5. Recognize and treat orthostatic hypotension.
6. Care for skin, such as relieve pressure in chair/bed.
7. Care for a skin ulcer.
8. Take and understand the medications.
9. Keep body temperature within safe limits.

	Staff to Initiate and Date When Learned	Not Needed
1. Direct any care that you need help with.		
2. Catheterize.		
3. Use a leg bag and manage or direct care. For example, put on a condom, drain leg bag or care for a foley catheter.		
4. Recognize and treat autonomic dysreflexia.		
5. Recognize and treat orthostatic hypotension.		
6. Care for skin, such as relieve pressure in chair/bed.		
7. Care for a skin ulcer.		
8. Take and understand the medications.		
9. Keep body temperature within safe limits.		

	Staff to Initiate and Date When Learned	Not Needed
10. Drink the right type and amount of fluids within the set drinking schedule.		
11. Transfer from bed to chair to bed.		
12. Transfer from a chair to a chair.		
13. Do tracheostomy care and suctioning.		
14. Rent a portable suction machine.		

Requirements for a weekend pass

Patient and/or main care giver must know how to:

	Staff to Initiate and Date When Learned	Not Needed
1. Do all of the day pass items.		
2. Do the bowel program.		
3. Turn at night.		
4. Do halo care.		
5. Put on and take off braces.		
6. Do passive range of motion exercises.		
7. Do breath-stacking and suctioning.		

