# ORTHOPAEDIC SURGEON — ORTHOPAEDIC TRAUMA — ORTHOPAEDIC REHABILITATION: A PATIENT JOURNEY

THIRD ANNUAL UPDATE IN REHABILITATION MEDICINE

FEBRUARY 27, 2019, STONE MILL INN, ST CATHARINES

#### DR. R.G. JOSEFCHAK

**ORTHOPAEDIC SURGEON** 

**ASSOCIATE CLINICAL PROFESSOR** 

DEPARTMENT OF SURGERY

**FACULTY OF HEALTH SCIENCE** 

**MCMASTER UNIVERSITY** 

#### PRESENTER DISCLOSURE

- Faculty: Dr. R. G. Josefchak
- Title of Talk: Orthopaedic Surgeon Orthopaedic Trauma Orthopaedic Rehabilitation
  - A Patient Journey
- Relationships with commercial interests:
  - Grants/Research Support: none
  - Speakers Bureau/Honoraria: none
  - Consulting Fees: none
  - Other: investments in multiple medical equipment companies

#### **LEARNING OBJECTIVES**

- Understand that your patient's rehabilitation is a TEAM GAME
- Recognize the SOCIAL INFLUENCES of your patient's health and rehabilitation (family, friends, extended health insurance benefits, etc.)
- Appreciate your PATIENT'S PERSPECTIVE of their medical condition and their progress in rehabilitation (empathy, social situation, etc.) in developing "PATIENT CENTERED CARE or REHABILITATION PROGRAM"

#### PAST EXPERIENCE



#### CAREER DECISION IN HEALTH CARE



INFLUENTIAL PERSON(S)

#### REINFORCEMENT IN MY CAREER DECISION

#### MANY USUAL ROUTES

- People you treat/interact
- Results attained
- What you accomplish in health care field
- What roles you fill in health care field
- Etc. etc. etc.

#### REINFORCEMENT IN MY CAREER DECISION

# NEVER CONSIDERED A PERSONAL INJURY

#### My Journey as a Patient

**OPPORTUNITY** 

in

LIFE-LONG LEARNING

#### **OPPORTUNITIES IDENTIFIED**

- American Health System Acute Trauma Care
- Canadian Trauma and Intensive Care resources in Acute care setting
- Rehabilitation Hospital resources and programs
- Actual coverage from various insurance providers (out of country health care, critical illness, disability, etc.)

#### **EVENT**

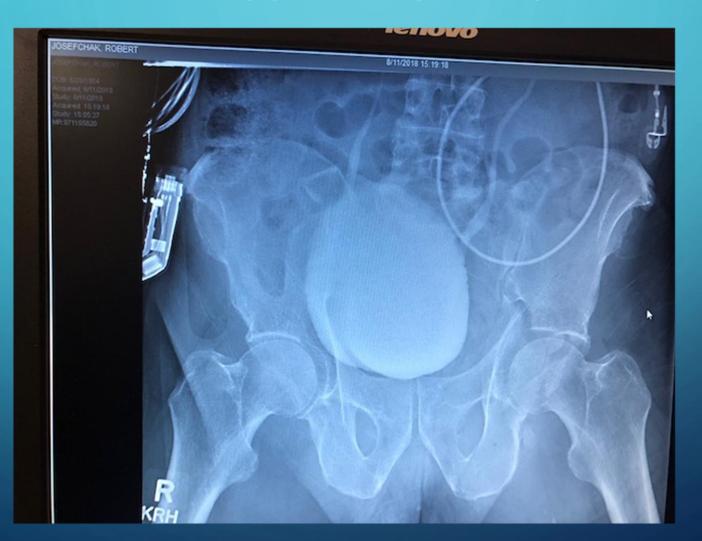


# **CULPRIT**

#### EXTENT OF INJURIES

- Closed head injury (concussion)
- Fractured left clavicle
- Multiple left rib fractures
- Left posterior column acetabular fracture with an impacted intra-articular die punch fragment
- Multiple left-sided abrasions and contusions
- Left brachial plexus neuropraxia

#### LEFT INTRA-ARTICULAR ACETABULAR FRACTURE



#### LEFT CLAVICLE FRACTURE



#### KNOWING TOO MUCH

HELPFUL OR HARMFUL?

- Aware of x-ray findings and severity of fracture
  - I knew what had to be done
- Aware of limitations of "Out of Country" medical insurance coverage for surgery
- Aware of contacts to make <u>my</u> journey work in an acute and rehabilitative settings

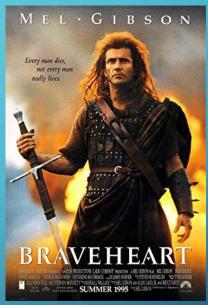
#### COURSE OF CARE

- Air lifted to Erie Pennsylvania Trauma Center and Stabilized
- Land transfer to Hamilton General Hospital Trauma Unit
- Arrange for "patient centered" surgery
- Transfer to Hotel Dieu Shaver for in-patient hospital rehabilitation (10 weeks)
- Out-patient rehabilitation at Hotel Dieu Shaver (10 weeks)

## COMPLICATIONS OF ACUTE CARE MEL-GIBSON

Use of Opioids

No Surgical Pain but.....





#### IN PATIENT REHABILITATION

 Realization Patient Rehabilitation is a TEAM SPORT

It took a team to coordinate my rehabilitation

#### IN PATIENT REHABILITATION

#### MY TEAM MEMBERS (no i in team)

Nurses, admitting physician (quarterback), operating orthopaedic surgeon, physiatrist, neurologist, discharge planner, consulting orthopaedic surgeon, recreational therapists, in-patient/out-patient rehabilitation therapists (physiotherapist, occupational therapist, therapy assistants), my family, my friends, myself

#### COMPLICATIONS OF TRAUMA (EFFECTING REHABILITATION)

ULNAR NEUROPRAXIA (admitting physician, nursing staff, physiotherapists, occupational therapist, physiatrist, EMG technician)

ANAEMIA (admitting doctor, nursing specialist blood taking, dietary, pharmacists, therapists, family and friends)

**DELAYED WOUND HEALING** (admitting doctor, nursing specialist, consulting orthopaedic surgeon – would specialist, therapists)

LEFT HIP BURSITIS (admitting doctor, nursing staff, therapists, physiatrist, nurse practitioner – ECSWT)

## MY JOURNEY DURING IN-PATIENT REHABILITATION

#### Realization my care was "patient centered"

- Treatments were tailored to my clinical presentation and modified as I progressed all in a "Team Approach" (team meetings)
- 2. I was asked if treatment/therapy suggestions were appropriate
- 3. Treatments/therapies were modified according to clinical changes avoided pool and showers until wound healed

### IN-PATIENT REHABILITATION MY JOURNEY DURING 10 WEEKS OF IN-PATIENT THERAPY

Live with - hospital staff, - in-patients including - some of my own previous patients

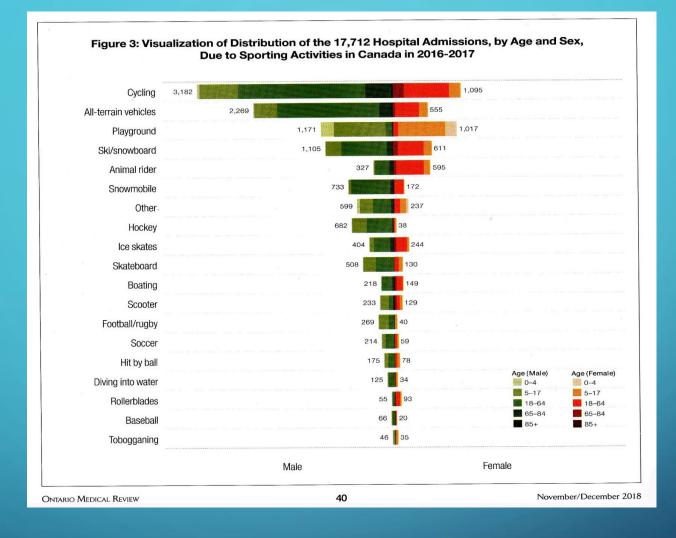
Provide "medical advice" to contacts in hospital (staff, patients, therapists, etc.)

See effects of patient/family, patient/friends, patient/staff interactions

Psychological effects of support of my family, friends, phone calls, gifts, coffee, food, visits

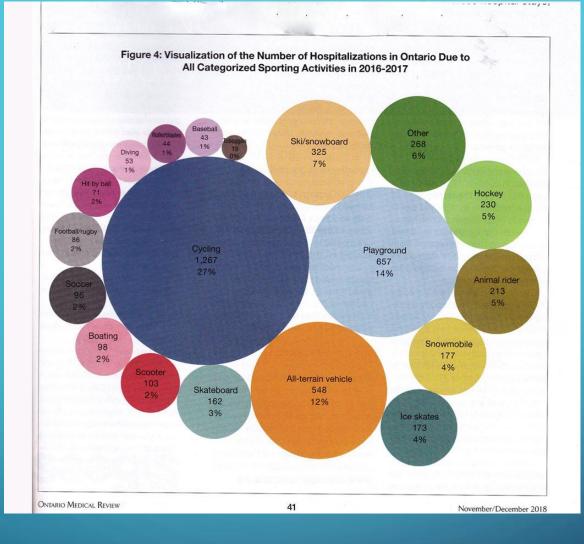
Psychological effect of support/lack of support on other patients with their family/friends

Witnessed effects of finances/lack of finances on patient "health and rehabilitation"



EXAMINING CAUSES OF INJURY IN CANADA AND ONTARIO, ONTARIO MEDICAL REVIEW NOVEMBER/DECEMBER 2018 (OMA ECONOMICS, POLICY & RESEARCH DEPARTMENT DATA SUMMARY FROM THE CANADIAN INSTITUTE

ECONOMICS, POLICY & RESEARCH DEPARTMENT DATA SUMMARY FROM THE CANADIAN INSTITUTE FOR HEALTH INFORMATION)



## EXAMINING CAUSES OF INJURY IN CANADA AND ONTARIO, ONTARIO MEDICAL REVIEW NOVEMBER/DECEMBER 2018

(OMA ECONOMICS, POLICY & RESEARCH DEPARTMENT DATA SUMMARY FROM THE CANADIAN INSTITUTE FOR HEALTH INFORMATION)

- 3689 trauma patients over nine year period to one trauma center.
- Fracture associated vascular damage (arterial or venous) occurs in one out of every fourteen trauma patients - 15 pelvic fractures associated with vascular trauma.
- Higher immediate mortality in pelvic fractures associated with vascular trauma.
- Overall mortality rate of 20% was associated with pelvic fractures with vascular damage.
- Arterial damage requiring vascular repair was 66% (10) in pelvic fractures whereas
   34% (5) were venous injuries.

F. GILBERT ET AL. CLINICAL IMPLICATIONS OF FRACTURE-ASSOCIATED VASCULAR DAMAGE IN EXTREMITY AND PELVIC TRAUMA, BMC MUSCULOSKELETAL DISORDERS, 2018 19:404

#### MY PATIENT JOURNEY

**OPPORTUNITY** 

"Street Cred"

#### MY PATIENT JOURNEY

**OPPORTUNITY** 

