ORTHOPAEDIC SURGEON – ORTHOPAEDIC
TRAUMA – ORTHOPAEDIC REHABILITATION:
A PATIENT JOURNEY

THIRD ANNUAL UPDATE IN REHABILITATION MEDICINE
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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.)
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 my 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

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”

1. 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 FOR HEALTH INFORMATION)
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• 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
I've looked at life from both sides now, from win and lose, and still somehow it's life's illusions I recall. I really don't know life at all.

Joni Mitchell