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## Scapulothoracic maneuver for shoulder dislocation

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A prospective study was done to analyze the results of scapulothoracic maneuver (SHM) to reduce the shoulder dislocations. An assistant stabilizes the affected limb by holding at the forearm and maintaining the elbow in 90° flexion with mild traction. The surgeon's left hand is placed in the patient's left axilla holding the proximal humerus between his fingers and the thumb. The right palm is kept over the superior surface of the acromion. With assistant stabilizing the limb, a lateral thrust is applied by the left hand of the surgeon at the proximal humerus and at the same time surgeon's right palm pushing the acromion downwards to rotate the scapula so as to face the glenoid towards the humeral head. The shoulder relocates with a click. Check radiographs were done and the patients were immobilized in collar and cuff for three weeks and then mobilized with physiotherapy and were followed up for 12 weeks. 27 patients with shoulder dislocations were treated by scapulothoracic maneuver in Airedale NHS trust (20) and other NHS hospitals (7). 12 males and 15 females were treated in casualty under sedation and one under GA in operation theatre. 26 patients had anterior dislocations and one patient had an inferior dislocation. Three patients had history of previous dislocations. One pregnant lady (38 weeks) with recurrent dislocation had to be reduced under local anesthesia. Four patients had previous other methods failed for reduction. SHM was attempted primarily in 23 patients. There were no complications, but the method failed in one muscular patient in which the shoulder reduced spontaneously under sedation. Average time required for the maneuver was 30 to 45 seconds. We conclude that the SHM was technically easy, traumatic and reliable in the cases we have studied.

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## Does dose matter? Rehabilitation intensity and early functional recovery in older adults following mild and moderate traumatic brain injury

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This study describes the impact of modifiable variables (discharge destination and intensity of rehabilitation) on early functional recovery of adults 65 and older following mild and moderate traumatic brain injury (TBI). Previous studies demonstrate that greater intensity of inpatient rehabilitation in TBI patients contribute to improved rates of functional recovery; however, studies are limited by exclusion of/limited number of adults over age 65, and inclusion of patients who only received rehabilitation in the inpatient setting. Functional recovery was measured by clinician rated functional independence measure (FIMTM) and by participant self-report using the river mead head injury follow up questionnaire (RHFUQ). The sample consisted of 70 community dwelling adults aged 65 and older hospitalized for a mild or moderate TBI. A descriptive longitudinal cohort design was used to explore discharge destination and trajectory of early functional recovery; intensity of rehabilitative services and their relative contribution to early functional recovery at two and six weeks post discharge. Correlations, regression, and repeated measures analysis of covariance (ANCOVA) were used. Major findings from this study indicate that intensity of rehabilitation significantly and positively affected the trajectory of recovery of motor function over time; greater improvement in motor and cognitive function was noted in the high intensity group; and, patterns of self-reported difficulties varied by intensity of rehabilitation. Severity of TBI and presence of co-morbidities were significant predictors of discharge destination to home or skilled nursing facility. The trajectory of recovery of motor function and self-reported difficulties in older adults following mild and moderate TBI is significantly affected by intensity of rehabilitation. Additional research is necessary to examine rehabilitation intensity as it occurs in all settings and its longitudinal effect on the trajectory of motor, cognitive and psychosocial recovery and are essential if losses are to be integrated meaningfully into a person's daily life.

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