PARAPLEGIC / QUADRIPLEGIC HOME CARE



P. D. HINDUJA HOSPITAL & MEDICAL RESEARCH CENTRE

1. RANGE OF MOTION:

- a. Moving joints in full range to prevent tightness, contracture and deformity
- b. Active exercises as shown by physiotherapist
- c. Put splint whenever necessary

2. POSITIONING IN BED

- On back: Hips straight, knees straight, foot in neutral, hands straight supported by pillows
- On side: Pillow in between bent knees, hand supported on pillow
- · Use air bed if patient not actively mobile

3. SKIN CARE

- Apply olive oil regularly to maintain suppleness of the skin
- Positioning of the patient helps maintain skin condition
- Check for any redness or irritation of the skin
- Check all bony prominences for pressure sores

4. MOBILITY

a. SITTING:

 Patient should be made to sit often to improve sitting balance as shown by physiotherapist Air cushion must be used for patient sitting for longer duration

b. STANDING:

- Passive standing is necessary with assistive devices like push knee splint
- Adequate standing improves proprioception and balance in patients

c. WALKING:

Walking must be attempted with assistive devices like walker

d. STAIR CLIMBING / BALANCING ACTIVITIES:

 Exercises to improve balance and coordination as advised by physiotherapist

e. HAND ACTIVITIES AND ADL:

- Hand activities to improve grip strength
- Activities of daily living to be improved for better lifestyle

5. SENSORY STIMULATION

 Sensory stimulation techniques can be used to elicit senses by applying different textures

6. INCONTINENCE

 Maintain high fiber diet and increase intake of fluid

7. HOME MODIFICATIONS

- Hand rails must be used for the patient in the passages
- Hand grasps for toilet seats
- Height of bed must be adjusted to the height of the patient
- Transfers from bed to chair as taught by physiotherapist

8. PSYCHOLOGICAL MOTIVATION

- Watching television and reading
- Social activities
- Psychological support from relatives

TAILOR-MADE EXERCISE TO BE DONE REGULARLY UNDER THE SUPERVISION OF PHYSIOTHERAPIST

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