

# SPINAL INJURY

<b>Clinical Diagnosis</b>	<ul style="list-style-type: none"><li>- palpated for tenderness or a palpable step-off deformity</li><li>- Assessment of motor function</li><li>- <b>Assessment of sensory function</b></li><li>- <b>Frankel's grades, ASIA, TLISS</b></li></ul>
<b>Investigations</b>	<ul style="list-style-type: none"><li>- antero-posterior and lateral x-rays ,Open-mouth views</li><li>- <b>CT Scan</b></li><li>- <b>MRI</b></li><li>- Routine blood investigations</li></ul>
<b>Treatment</b>	<ul style="list-style-type: none"><li>- transferred off the backboard onto a firm padded</li><li>- Secure ABC</li><li>- baseline neurological assessment,Perform serial examinations-ASIA</li><li>- complete a comprehensive tertiary trauma survey</li><li>- document early and frequently any evidence of traumatic brain injury</li><li>- Screen for thoracic and intra-abdominal injury</li><li>- high dose methyl-prednisolone may be used as per NASCIS III recommendations</li><li>- Genitourinary Tract- indwelling urinary catheter then CIC</li><li>- Gastrointestinal Tract- stress ulcer prophylaxis, Evaluate swallowing function</li><li>- Measures to prevent bed sores</li><li>- Physiotherapy</li><li>- Surgery- early stabilization of extraspinal fractures ,early spinal stabilization where indicated</li><li>- Prescription of appropriate orthoses</li><li>- Counselling: social, psychological,vocational</li></ul>