CHAPTER 11  The Spinal Injury Unit Team

The Rehabilitation Team

The spinal rehabilitation unit functions as a multidisciplinary team and all rehabilitation efforts are a combination of input between the team members and you, your family and any other person significant to you.

Who is in the Rehabilitation Team?

The rehabilitation team consists of doctors, nurses, medical orderlies, physiotherapists, occupational therapists, physical educators, social workers, dietitians, peer counsellors and psychologists. For some patients a speech pathologist may also become part of the rehabilitation team. From the members of this team, a rehabilitation co-ordinator will be allocated prior to your admission to Hampstead Rehabilitation Centre.

The rehabilitation team is dedicated to assisting you to maximise your level of independence and achieve your individual goals. We commit the time and effort required to help you achieve these goals and hope that you will work with us to the best of your ability.
What does the Rehabilitation Coordinator do?

This person will act to co-ordinate the efforts of the rehabilitation team and liaise between you and the team. Other responsibilities of the rehabilitation co-ordinator include:

- orientation and tour of Spinal Injuries Unit;
- meet with you on a regular basis, either formally or informally;
- give feedback from patient review meetings;
- assist in arranging social or recreational activities including weekend or day leave;
- facilitate communication to resolve any difficulties which may arise throughout the rehabilitation process.

Most importantly, the rehabilitation co-ordinator serves as your advocate.

What does an advocate do?

“An ‘advocate’ is a person who primarily represents the interests of a person with a disability in a way consistent with the expressed wishes of the person with a disability, or who acts in the best interests of the person with a disability where he or she is unable to express his or her wishes, in order to assist the person with a disability to exercise control over his or her life.” (Disability Services Standards)

How does this work in Spinal Cord Injury Rehabilitation?

If a situation arises where the rehabilitation co-ordinator is required to act as an advocate, he/she needs to ensure that accurate information is obtained from the patient and relevant staff (if appropriate). This will help to provide a complete picture of the situation.

The advocate is not a judge and therefore must not take sides nor advise the patient that there will be a particular outcome. His/her role is to ensure that the patient’s perception or viewpoint is accurately conveyed to the staff/organisation. The advocate must clearly indicate that they are acting as ‘advocate’ so that staff are clear about this role and encourage an open examination of all the issues involved.

Advocacy aims to ensure that a patient’s needs and rights are met but it also presumes the patient has some responsibility. The advocacy role is to facilitate communication, not conflict, and the focus must always be on a resolution of the issues.
The Medical Role in Spinal Cord Injury Rehabilitation

At HRC you will be under the care of a Consultant in Rehabilitation Medicine, who will be the main doctor during your stay. Other doctors assist the Consultant, including Rehabilitation Registrars, Resident Medical Officers and junior medical staff at times.

Since HRC is a teaching hospital, from time to time you might see medical students. It is your choice whether or not to work with the students. They learn a lot by spending time at HRC, and your help with teaching Australia’s future doctors is appreciated.

You can expect to see all of the doctors on their weekly Medical Round (usually on a Monday or Tuesday morning). These doctors are available every day and will deal with any medical problems you may have. Also, should you have particular questions to discuss with the doctors, it’s a good idea to let your nurse or therapist know so they can relay the message quickly.

Another opportunity to communicate with your doctor is the Family Meeting or Discharge Planning Meeting. These meetings are a good chance to ask whatever questions you might have about your medical care and what to expect for the future.

In a rehabilitation hospital, the doctors are one of several team members taking care of you. We work closely with the rest of the rehabilitation team and meet as a group several times weekly to review progress and solve problems.
Specialist Doctors

From time to time we’ll call in extra help for specific problems. Visiting consultants we see frequently are:

Urologist - Our SASCIS Urology clinic is held weekly on Mondays and both inpatients and outpatients are seen. Urologists are surgeons deal with bladder and kidney problems and are important members of SIUs around the world.

Psychiatrist - Our visiting psychiatrist visits the SIU on Wednesday mornings and often sees people for assessment to assist in the treatment of psychological or emotional issues. The psychiatrist works very closely with the medical staff and also with our clinical psychologist.

Pain Specialist - Every Thursday morning, our Pain Management specialist see inpatients and outpatients at special Pain Management clinic to help manage difficult pain problems which aren't responding to regular treatments.

Colo-Rectal clinic - Our Colorectal surgeon holds a monthly clinic at HRC where he can perform minor procedures. This is much easier for both the doctor and the patients as, with the assistance of HRC nursing and orderly staff, he can examine people on a bed. If you need to see him while you are an impatient, you will come down to the clinic on your bed to reduce the need for transfers.

Multi-disciplinary wound clinic - Every six weeks a special clinic is held to review patients with wounds that are difficult to manage. A plastic surgeon and specialist wound nurse from the Royal Adelaide Hospital, a specialist wound nurse from RDNS, and the ParaquadSA nurses join SASCIS Medical and nursing staff in working out the best way to manage difficult wounds. Prior to seeing outpatients, the team sees inpatients who have
wound management or troublesome scars in the ward.

Upper Limb clinic - Our specialist upper limb surgeon works at the Austin Hospital Spinal Injury Unit Upper Limb clinic and comes over to Adelaide twice yearly to assess people with upper limb problems (people with tetraplegia) to see if there are surgical options to improve upper limb function.

Others may be called in as well to assist. Questions regarding these areas may be directed to your rehabilitation consultant, registrar or junior medical officer.

**Going Home**

Before you leave HRC, you may receive an outpatient appointment with one of the doctors in the Spinal Injuries Outpatient Clinic.

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**Note:** The Outpatient Clinic is located in Block 2 of Hampstead Rehabilitation Centre, across from Radiology (X-ray). Our clinic receptionist and nurse are available on 8222 1627.
We expect that you will re-establish contact with your General Practitioner (GP) once you return home. If you don’t have a GP, or are moving to a new area, we expect you to find a new GP and let us know who he/she is. We will send a written summary of your hospital stay to your GP so they will be familiar with your medical condition and medication. For most of your routine health concerns, your GP is likely to be closest and most available. However, should problems arise that are more difficult and specific to your spinal cord injury, your spinal injury specialist is available to assist.

**Remember:** Should an emergency arise, you should telephone your GP and/or arrange for urgent evaluation through the Emergency Department at your local hospital.
Nursing

What do Nurses do in Spinal Cord Injury Rehabilitation?

Nurses are health professionals who have a broad role covering all rehabilitation issues including personal care, activities of daily living and short and long term health, social and independence issues.

The nursing team consists of both Registered and Enrolled Nurses. The majority of the nursing staff work permanently in the spinal unit, with considerable experience in rehabilitation. A small number of the nursing staff may work on a rotational basis across the hospital, or may be locum or agency nurses employed as required.

HRC is a teaching hospital, so you may see student nurses working with, or under the supervision of, a registered nurse of the unit. You have the right to decline assistance from, or treatment by, a student nurse with no negative consequences.

How do Nurses do this?

The nursing staff will discuss with you your individual health, personal care and activity of daily living needs as well as your rehabilitation therapy routine and, based on this assessment, will negotiate a daily schedule. Initially you may be completely reliant upon the nursing staff for the majority of your daily needs. As you progress through your rehabilitation stay, you will be actively encouraged to become self-sufficient and plan and perform any activities independently as you are able. This aims to maximise your control over your daily life, even if there is reliance upon others for physical help or support.
Negotiation of your daily living schedule may occur on a day by day basis, depending upon the overall priorities of all the clients in the ward.

The range of tasks or routines undertaken specifically by nurses in conjunction with you includes:

- Management of personal care and activities of daily living
- Practice of mobility skills in the ward setting
- Management of continence
- Prevention of pressure or other skin related problems (pressure ulcers/bed sores)
- Education: information and practical teaching of nursing procedures or related routines to be learned before going home. This also includes teaching carers or family members to be proficient in tasks that you require assistance with.
- Prescription and provision of nursing specific equipment and/or consumables

The scope of practice of nurses often crosses the boundaries and overlaps into the area of expertise of most other disciplines and may include:

- Encouragement to use strategies that will improve self-sufficiency and control over your immediate or daily life issues
- Working in conjunction with the other disciplines to assist with practice and maintenance of skills or function. These may include techniques for practicing showering, dressing or feeding yourself, transfers, mobility skills or passive movements of the limbs after hours
- Advocacy and negotiation of daily needs with other disciplines, including medical staff
• Assisting other disciplines with assessment of requirements for equipment (eg support surfaces for pressure redistribution)

• Community Agency referral (e.g. Spinal Outreach Rehabilitation Team (SORT), PARAQUAD SA Community Lifestyle Advisor, Disability SA, Royal District Nursing Service, Domiciliary Care, etc).

What about when you are discharged from HRC?

After discharge you may not require ongoing nursing intervention. If this is required immediately following discharge (e.g. catheter changes or skin care), a member of nursing staff will arrange a referral to the appropriate agency. At your regular reviews with either the medical staff in the Outpatient Department or your local GP, specific nursing intervention which may then be required can be arranged with the Royal District Nursing Service (RDNS). You can also refer yourself to the RDNS or a private nursing agency at any time.

For continued rehabilitation goals you may have when you go home, referral to the Spinal Outreach Rehabilitation Team (SORT) may be made before you leave HRC. You can also refer yourself to this service after you return home if you encounter new challenges.

Advice on management of spinal injury specific issues is available by telephoning either the Registered Nurse in the Outpatient Department during office hours, or the ward staff out of hours.

An outpatient clinic which deals with fertility issues is also coordinated by nursing staff. Referral to this clinic can be made via the Spinal Unit Medical Officers or by self-referral by contacting the ward Clinical Service coordinator.
Physiotherapy

What do Physiotherapists do in Spinal Cord Injury Rehabilitation?

Physiotherapists are health professionals who assess the nervous system and muscles in order to design and implement a therapy program aimed to maximise an individual’s level of physical functioning.

The physiotherapy team at HRC consists of both physiotherapists and physiotherapy assistant staff. Many of the physiotherapists are employed on a rotational basis, and therefore you may encounter staff changes during your rehabilitation stay. As HRC is also a teaching hospital you may see students treating patients, or you may be asked if you would agree to be treated by a student with supervision. Your therapist will discuss this with you and we emphasise that you have the right to decline with no negative consequences.

How do Physiotherapists do this?

In the acute stage of spinal cord injury, physiotherapists see you to assess and manage your chest care (respiratory status) and limb range of movement. This may involve teaching breathing and coughing techniques, stretches for your limbs, positioning, and active exercises for non-paralysed muscles. Once you are medically stable, you will be transferred to Hampstead Rehabilitation Centre (HRC).

You will initially be seen on the ward in conjunction with the occupational therapist to get you out of bed and commence you on your sitting program to increase your sitting
endurance. Once you are sitting comfortably for approximately one hour you will attend therapy in the physiotherapy gym.

The goals which you may work on with the physiotherapist include:

- Maintenance of a clear chest - for the prevention of chest infections and promotion of well being.
- Maintenance of limb range of movement, involving passive movements of paralysed limbs, and active exercise of non-paralysed limbs.
- Strengthening of active muscle groups.
- Achievement of functional mobility depending on your level and severity of injury.
  ‘Functional mobility’ refers to a range of skills, including;
  - control of balance and maintenance of good posture
  - getting in and out of bed
  - moving around in the bed
  - getting in and out of the shower and toilet
  - getting in and out of a car
  - getting on and off the floor if applicable
  - walking if applicable
  - Training of family members and carers to assist with your care, both throughout your rehabilitation and after discharge as appropriate.
  - Some patients may have an impaired cough due to paralysis of the respiratory muscles and carers and family may need to be trained to perform an assisted cough. If this is the case the physiotherapist will do this training and provide a handout.
• Referral to community services if necessary and provision of appropriate equipment.

• Hydrotherapy (exercise in the pool) may be a technique used to help to achieve the above goals.

What about when you are discharged from HRC?

After discharge most people will not require further physiotherapy input, however all patients are regularly reviewed once they go home by either the Senior Outpatient Physiotherapist at HRC or in the home by the ambulatory SORT physiotherapist. Occasionally further physiotherapy input may be required to:

• achieve high level mobility goals

• monitor recovery of function

• reinforce family and carer training

In these situations a limited outpatient service may be offered through HRC to achieve the above goals. Your therapist will discuss the options available with you.
**Occupational Therapy**

**What do Occupational Therapists do in Spinal Cord Injury Rehabilitation?**

Occupational therapy is a health profession that focuses on maximising a person’s ability to perform a wide range of activities of daily living. This may include personal care activities (such as showering, dressing and grooming) or domestic tasks (such as cooking, gardening and shopping), as well as other activities that people need or wish to perform (such as writing, using a computer and work tasks).

**How do Occupational Therapists do this?**

Occupational Therapists use a variety of techniques to assist with achieving maximum independence. These may include:

- Teaching the person a new way of performing a task.
- Modifying the environment (eg changing the home environment or providing specialised equipment aids).
- Applying treatment techniques to improve function.

The range of services that can be provided include:

- Upper limb therapy to improve a person’s ability to reach, grasp and manipulate objects used in daily activities.
- Fabrication of splints to improve hand position or to allow a person with limited hand movement to perform various daily activities (eg writing splints).
- Provision of, and training in the use of, equipment or aids to maximise independence and safety in the performance of daily living tasks.
- Advice regarding home modifications and community access.
• Seating assessment and prescription of wheelchairs, cushions and postural supports.
• Retraining in domestic and community tasks (e.g. meal preparation, shopping).
• Personal care assessment and retraining.
• Environmental control and computer access assessments.
• Education of family/carers.

Your occupational therapist will work with you to design a therapy program that takes into account your specific needs.

What about when you are discharged from HRC?

After discharge, most people will require a review of their wheelchair and cushion within 12 months and periodically thereafter.

Some people will also require replacement or alteration of hand splints and aids/devices used for daily living tasks.

A limited outpatient service is provided by HRC on referral by your medical specialist or on self-referral.
Physical Education Department

What do Physical Educators do in Spinal Cord Injury Rehabilitation?

The department is responsible for the following activities.

- Strength and endurance training
- Wheelchair skills
- Driver education
- Recreation and sport

The aim of the department is to design a program incorporating the above aspects which in conjunction with the other departments will assist you in becoming as independent as possible.

How do Physical Educators do this?

Strength and Endurance Program

The aim of the strength training program is to increase the strength and endurance of the functional muscle groups to assist you in the future with your mobility and other daily activities. The program is an integral part of your rehabilitation as it will assist you in many of the skills that you learn and practice during rehabilitation. An active and committed participation in the program may well assist in reducing the rehabilitation period and in preventing future injuries.
**Wheelchair Skills**

The Physical Educators will teach you to use a wheelchair safely and efficiently. This will involve teaching the correct pushing technique, basic handling characteristics and more advanced wheelchair skills when appropriate.

Patients who use motorised wheelchairs will practice techniques for controlling them using slalom courses and ramps of varying grades.

The correct wheelchair pushing technique will be taught to you early in the program as bad habits are often hard to break.

**Please Note:** Your wheelchair is designed specifically for you and should not be used by other patients or your family and friends.

**Driving**

If you hold a current license and you have suffered a disability then the law requires that Transport SA be notified. Usually the medical staff will have done this on your admission to HRC. Once notified, a letter is then sent to you requesting that you surrender your license until such time that you can demonstrate that you can drive safely with that disability.

The Physical Education Department has a vehicle that is fitted with adapted controls to allow assessment and training of persons with a variety of disabilities.
On successful completion of the driving programme, Transport SA will be notified. If you require a modified method to drive (eg. hand controls) then this restriction will be placed on the new licence.

There are some concessions in the cost of vehicle registration for persons with a disability, and sometimes in the purchase of a new vehicle. It is advisable to check with the social worker or physical educator if you are eligible for such concessions.

**Recreation and Sport**

Disability Sport and Recreation SA (which this department liaises with closely) also offers a 12 month honorary membership to new patients through the unit. They cater for a vast array of activities and have many Paralympian members. Please speak to your physical educator if you wish to join.
Social Work

What do Social Workers do in Spinal Cord Injury Rehabilitation?

Social workers are trained counsellors. They are available to help you and your family cope with the social and emotional effects of spinal cord injury. They may be able to help you with personal and family problems as well as offering information and advice about a range of practical services. Often, when you are in situations of stress or crisis, it is helpful to be able to talk to someone who understands your situation, but can remain objective.

Their advice may help you to understand and deal better with your own and other people’s reactions to your disability. They may also inform you about benefits, entitlements, services and assistance that are available to people with disabilities.

How do Social Workers do this?

The social worker can help in the following areas:

Emotional Support

Counselling services are available. These services may assist you to cope with being in hospital, being away from your home and any feelings of anxiety as you adjust to your disability.

Financial Assistance

Usually information on available financial help such as pensions, benefits and allowances will have been provided in the acute hospital (eg. RAH), but may require follow up here. You may also benefit from help with financial problems and debts. You may be eligible for concessions which may save you money.
Accommodation

You will be given help with accommodation options and applications to relevant agencies such as Housing Trust and Disability Housing SA if you cannot return to your previous accommodation. You will also be assisted with admissions to aged care facilities should this be appropriate.

Education and Work

Education and employment opportunities will be discussed with you and referrals will be made to relevant agencies if appropriate.

Social and Community Support

You may need services after you leave here and you will be referred to the most relevant agencies.

Compensation

You may be wondering if you are eligible for compensation. You need to be aware of your legal rights and the schemes that operate in your state. To be sure of your legal standing it is best to contact a solicitor skilled in the area of compensation. The solicitor will act on your behalf, establish your entitlements and ensure that you are properly compensated. In SA there are a number of solicitors who will come and visit you in hospital and who do not charge a fee for the first interview.

Personal Injury Compensation Schemes

- Common law negligence actions
- Third party personal injury compensation
- WorkCover
Detailed of the various schemes can initially be discussed with the social worker, but you will need to contact a solicitor to find out more about your individual claim, how it will be processed and what your possible benefits are. Issues about liability, court proceedings, interim payments, economic versus non economic losses, entitlements etc will need to be explained to you by your solicitor.

**Resources**

There are many community resources which you may wish to access when you go home. Listed below are some of the services that are available to most people.

- **Access Cab Subsidy:** A subsidy by the Department of Transport that enables you to travel by taxi at either 50% or 75% reduction dependent on level of disability.

- **Mobility Allowance:** If you work or perform volunteer work for 8 hours or more per week you are eligible for a benefit of about $74.30 per fortnight. This is not means tested.

- **Disability SA:** If you are between 16 and 65 years of age you may be eligible for carer support or equipment.

- **Disabled Parking Permit:** This permit enables any designated car with the appropriate sticker to park in disabled parking areas. Cost is $18 for 5 years.

- **Housing:** If you do not have a house to be discharged to, you may be eligible for assistance as a priority application to the Housing Trust or through Disability Housing SA.
Clinical Psychology

What do Clinical Psychologists do in Spinal Cord Injury Rehabilitation?

Clinical Psychologists specialise in the assessment, treatment and prevention of a wide range of psychological and general health problems affecting individuals and families.

Specific concerns which you may choose to discuss with the Psychologist during your rehabilitation may include:

- Feelings of depression
- Feelings of anger/frustration
- Concerns about family members
- Managing relationships better
- Managing stress
- Persistent worries
- Difficulty coping with hospital and treatment routines

You may find you want to talk with the Psychologist to get a different perspective on these issues. Often people just appreciate some additional support and encouragement to adjust to the changes and manage the emotions that come with spinal cord injury.

You can arrange individual sessions with the Psychologist by speaking directly with them or by asking a member of staff to arrange an appointment.

Just as you are likely to experience a range of emotional reactions to your injury, so too are
your family members and close friends. Family and friends are encouraged to speak to
the Clinical Psychologist on an individual basis if there are specific concerns.

**How Do Clinical Psychologists do this?**

Psychologists use observation, interviews and standardised tests to understand people’s
issues. They choose from many psychological treatments and counseling techniques
which are aimed at helping you enhance your sense of control over problems and
recognising the resources you possess for approaching difficulties.

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**Confidentiality**

*Personal details arising from a discussion with the Psychologist
will be kept confidential, except when your permission is given.*

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The SIU Psychologist often works together with the unit’s Visiting Psychiatrist to help
people deal with emotional issues.

**What about when you are discharged from HRC?**

If you need ongoing counselling on your discharge, there are community based services
that you can seek. Your SIU Psychologist will provide you with information about these
services.
Neuropsychology

What do Neuropsychologists do in Spinal Cord Injury Rehabilitation?

After a spinal injury, some people notice problems in concentration, memory, or other areas of thinking, even when there has not been an obvious brain injury. However, subtle brain damage can occur as a result of any severe trauma or may be due to a pre-existing medical condition. Pain, stress, fatigue or other causes can also affect a person’s mental efficiency. Neuropsychologists have special training in performing and interpreting tests to help identify and measure problems with thinking and memory. This information is important, as once these problems are identified we can modify a person’s rehabilitation programme accordingly and make recommendations for discharge planning. This may include preparation for appropriate accommodation, return to work or driving, and other important life roles (e.g., return to managing one’s finances).

How do Neuropsychologists do this?

The testing involved is quite complex and can take several hours although longer assessments are often completed over multiple sessions. Feedback is provided to the individual. Neuropsychologists also work closely with family/carers, with the individual’s permission, and important others including GPs.

At present, there is no outpatient neuropsychology service provided by Hampstead Rehabilitation Centre.
**Nutrition and Dietetics**

Nutrition plays an essential role in achieving and maintaining optimal health. Good eating habits and nutrition can assist with weight control, skin integrity, bladder and bowel management and can optimise immune system function. The health of spinal cord injured persons has significant impact on quality of life.

**What do Dietitians do in Spinal Cord Injury Rehabilitation?**

Dietitians are health professionals who specialise in nutritional and dietary management. Clinical Dietetics provides the following services:

- Nutritional assessment
- Nutrition and diet education
- Nutrition counselling
- Dietary treatment/management

**How do Dietitians do this?**

When you first come to HRC, the staff will ask you about your dietary requirements. If required, you will be referred to the dietitian. Your nutritional status and needs will be assessed and dietary changes or supplementation arranged. In addition, any other dietary issues can also be addressed.

**Nutritional Management Goals**

- Assist with recovery and rehabilitation.
• Improve and maintain nutritional status.
• Improve and maintain immune system function.
• Maintain weight within healthy weight range.
• Assist with bladder and bowel management.
• Preserve normal body composition.
• Prevent complications associated with spinal cord injuries (UTIs, constipation, pressure sores).

The dietitian is dedicated to providing you with the best nutritional care by working together with you, so that you can achieve the best possible health and quality of life.
Goal Setting Document

What is the Goal Setting Document?

This is a document that will be developed by collaboration between the team and yourself. The goal setting document will list goals for your rehabilitation and estimate the time frame in which you can expect to achieve these goals.

This document is for you, so that you are better able to understand your progress throughout your rehabilitation. It also gives you an opportunity to question the process or the goals themselves, and direct your rehabilitation.

For this document to be useful it requires input from all involved, especially you. You will be given the document to keep and your rehabilitation co-ordinator and other team members will explain the contents and how to use it. You are invited to question any of the goals throughout your rehabilitation stay.

Patient Education

Education is an important and integral part of your rehabilitation program. The SIU Patient Education program aims to provide information which you will need to successfully maintain your health and independence in the community. As part of this process, Patient Education sessions will be held during your rehabilitation. On your admission, you will receive a program outlining the current schedule of patient education
topics. Sessions are usually held on a Tuesday morning from 10.30 to 11.30am in the Block 2 Conference Room. Your attendance is expected and therapy sessions are not conducted during this time. Topics covered in the patient education sessions include the medical and emotional aspects of spinal injury and community services. If you are unable to attend an education session, please ask staff or your Rehabilitation Coordinator for a copy of the handouts available for that session.

One of the education sessions will involve a community outing with therapists. The outing is an important part of your rehabilitation as it provides an opportunity to practice skills learnt on the ward in a practical setting, i.e. mobility skills in the community, public transport access etc. We encourage all patients to attend one outing during their rehabilitation.
Clinical Research

Research is regularly conducted at the SIU. While you are on the unit you may become aware of other patients being involved in research projects or you yourself may be asked to be involved in a research study.

What is Clinical Research?

Clinical research is a process of enquiry and investigation. It enables us to follow up observations made by health personnel or to answer serious questions about whether a treatment or intervention or agent (such as a medication, an operation, a treatment method etc) brings about important changes in a person's condition or health outcome.

A committee at the RAH ensures that all research projects are designed not to disadvantage any patient. Approval is not given for any research which takes away any essential parts of the rehabilitation program.

Who Participates in Research Projects?

Each research project must have a set of criteria, to select participants in an objective way. People may be excluded for reasons of safety, or due to other conditions (eg infection, fractured bones, under-age, pregnancy, diabetes) because these factors may interfere with the results. This explains why some patients are not recruited into a research project during their rehabilitation stay. However they may be invited to participate in a later study, after their return home. Not all research requires people as “subjects” - it may
involve the staff but not the patients - to review case notes, causes of injury, treatment costs, or to compare the Adelaide SIU with others in Australia or overseas.

What Research has been conducted on the SIU in the past?

- Sleep studies in people with SCI
- Changes in bone density after SCI
- Setting and measuring achievement of rehabilitation goals for people with SCI
- Exercise effects of electrical stimulation in people with SCI
- Use of the Bionic Glove in people with tetraplegia
- Comparing spinal rehabilitation with other units

Why is Research Undertaken?

Research questions which have important outcomes may lead to publication of research papers or articles in journals - scientific magazines - which are read by colleagues around the world. Before publication, these articles are strictly analysed to meet standards set by the editorial committee of each journal.

This means that research work done here may be published and read around the world, hopefully leading to benefits for other people with SCI, not just those in our rehabilitation centre. Also, staff regularly read and discuss published research from other centres here and overseas.

At times, visiting Specialists from other institutes and from overseas are invited here to
give lectures or discuss clinical cases, to share knowledge and experience. Staff also attend conferences where the results of research are presented and critically reviewed. Some of our research posters are displayed in the ward and Therapy Complex.

The participation of all research subjects is greatly valued by the staff.