

Brachial Plexus Injury Newsletter

In this edition...

Welcome to the Spring 2011 edition of Brachial Plexus News. There's lots of interest in this edition.

We have...

- **Therapies Day Evaluation Report**
- **Meeting in South Korea**
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Introducing New Orthotist



Hello, I wanted to introduce myself. I am Christine McMonagle and I have taken over provision of orthotic services for the Scottish National Brachial Plexus Service. Brian McLaughlin, your previous orthotist has taken up a new post with

RSL Steeper Ltd., a company that supply prosthetic and orthotic upper limb devices.

I have over 15 years experience working as an orthotist and prosthetist, and I am based at the University of Strathclyde, where I teach on the Undergraduate BSc (Hons) in Prosthetics and Orthotics programme. Previously I worked in Brighton and also in Sri-Lanka.

I am looking forward to working with the team at the Victoria Infirmary and with all brachial plexus orthotic users to improve your service. I am planning to visit Stanmore National Hospital, in London to observe their orthotic services for people who have had brachial plexus injury, with a view to further enhancing the service in Scotland. We are also investigating the possibility of manufacturing silicone shoulder caps at the University of Strathclyde which may offer improved comfort to some orthotic users.

If you have any questions please do not hesitate to contact me at:

christine.mcmonagle@strath.ac.uk

Dell's Story

My name is Derek Rae I am 25 years old. I was involved in a serious motorcycle accident on 15th June 2010. Life before my accident couldn't have been any better; I had just been on a two week holiday with my girlfriend, had just completed the Edinburgh marathon and had settled into a job that I loved. Things have changed drastically! I suffered a variety of injuries as a consequence of the accident: broken bones in my arm, a puncture to my lung; I broke almost every rib on my right side, bruised my left eye and took a serious bang to the head. All of those injuries have now healed. Unfortunately, I also suffered significant nerve damage to my right arm. In medical terms, I have damaged the posterior cord (C5) and the musculocutaneous nerve (C6). In reality, I have lost the use of my arm.

Because I broke my clavicle bone in 3 places, shattered my humerus into so many pieces and broke my wrist I had to undergo surgery whilst I was in intensive care to rebuild my arm. I now have a considerable amount of metal and bolts in my arm but very little bone! That operation was followed by a complex nerve graft operation to attempt to repair the nerve damage.

In terms of my injuries and the surgeries I have required to have, I have recovered well and fairly quickly. The greatest challenge for me has been the changes my injuries have caused to my life. I have always been a very active and physical person, and for a considerable period I was unable to do anything for myself. Even the simplest tasks of zipping my coat or opening a can of juice required more time and more patience! I have had to start

all over again, adapting how I do everyday things. It's taken a lot of hard work and a lot of determination. The support from my girlfriend, my family and my friends has helped me massively. I have also received an incredible volume of support from the Physiotherapy staff at the Victoria Hospital in Kirkcaldy and Queen Margaret Hospital in Dunfermline and as a result I have slowly rebuilt my strength. I have been receiving Physiotherapy since a few weeks after my accident. I have had the opportunity of attending the Hydrotherapy Pool for intensive water-based stretching and exercise. This allowed me to build on my cardiovascular fitness and has helped improve my stamina. I am also continuing to attend appointments with a Hand and Arm specialist who focuses on nerve recovery techniques. I also engage in Mirror Therapy which involves using a mirror as an aid to maintain my brain function and corresponding arm movement. I have also used sensory techniques which involve me subjecting my hand and arm to various textures and temperatures to stimulate return of feeling. I also have gym-based therapy appointments during which I work on stretches to my arm and full body. I use gym equipment to build on my stamina and general fitness. I also work on activities which focus on my balance and ways to improve that. Now, after weeks of hard work and I must say, incredibly hard work, I have started running again. I am finally starting to regain some normality to my life and have even entered the Blackpool and Edinburgh Half Marathon's!

Returning to running has been great. My days have lacked a certain level of productivity since

my accident so the regularity and focus involved in training has been a welcome development. In order to overcome the obvious difficulty when training, I was wearing my daily use sling, and whilst this afforded me some support it was not great. I had to stop to have my sling tightened frequently and it was bulky and quite visible. After searching the internet day after day, I came across a running forum where others who had suffered a similar injury or were aware of my injury had come across the same problem. I put up a post on runnersforum.co.uk asking if anyone knew where I could get a sling for running. I was directed to an American website for advice and ideas from individuals who had suffered and were living with a Brachial Plexus injury. www.ubpn.org/forum/viewtopic.php?f=18&t=18806. I was directed to contact a guy, Dan Aldrich, who had developed the idea of an athletic sling and went onto the UBPN site where the sling is available to look at have a read of other peoples reviews and the guy who designed its email address is there and there are 5 or 6 measurements to send to him then they make it. I think the total cost was £80-£90.

Having lived with the injury for 25 years, at some stage he had also experienced the difficulty of finding a sling that would allow him to remain active whilst providing the necessary support. He developed a design and he approached a manufacturing company with that design. The slings are made to order, each individual providing measurements particular to them at the time of ordering the sling. The reviews filled me with confidence and I understand that the US National Para triathlon Champion also wears one, so the product has been well tested. I placed my order. When the sling finally came I was more than happy with it. It supports my arm well and my arm doesn't

move about when running. I was optimistic as to weather the sling would give my arm the support it needed but it has allowed me to start enjoying my running without thinking about my arm. I have given Beverley the details of where you can find the sling and I have some pictures of how the sling looks.

Dell in sling front and back



Patient Therapies Day

October 2010, New Victoria Hospital, Glasgow

22 patients were invited to the event.

14 responded (64%) to this with 7 confirming their intent to attend

4 patients attended on the day with a total of 3 family members being present for the day + 2 additional patients to lead their story activity - a total of 9 persons + 3 staff members to facilitate the event

6 out of 9 persons completed an evaluation for the day (67%)

Distance travelled to the event (one way)

1 person travelled 1-10 miles

2 travelled 10-25 miles

2 travelled 25-50 miles,

1 travelled 100+ miles

All persons agreed that the day had met their expectations and covered the topics they wanted.

All sessions provided were of interest with a slight preference for the patient stories and the driving adaptation demonstration.

Overall rating for the day

1 rated Good

3 rated Very Good

2 rated Excellent

No other comments were made



Meeting in South Korea

In early November 2010 Tim Hems spent a week in Seoul, South Korea attending the Congress of the International Federation of Societies for Surgery of the Hand (shortly before the G20 summit). After a long flight stopping in Dubai he headed into the vast modern metropolis of Seoul home to 20 million people (nearly half the population of South Korea). The city is composed mainly of high rise concrete buildings.

With one day free before the conference Tim took the opportunity to partake in the national weekend pastime of hiking. On boarding the subway to the Bukhansan National Park which lies just outside the city he found the train full of people carrying rucksacks and sticks. Everyone was very friendly and he walked up to Jaunbong Mountain, a 700m climb with two local men. Although cool the weather was sunny and clear giving a good view over the city and surrounding areas. The day finished with a beer before returning to the hotel to work on the lectures for the conference.

The conference was held in a large hotel pleasantly situated overlooking the Han River. There were 1400 delegates from throughout the world. Tim gave three short lectures as well as chairing one of the sessions on brachial plexus injury.



Tim Hems in South Korea

The first presented the outcome of the nerve repair operations for brachial plexus injury in Scotland. The second explained our observations on the patterns of nerve injury associated with fractures and dislocations of the shoulder. The final paper related to our experience of treating shoulder problems in children who have sustained birth injury to the brachial plexus. Many lectures were given by surgeons from China and other countries of the Far East. As a result of large populations and popularity of motorbikes, these surgeons are treating larger numbers of patients with brachial plexus injury than occur in the UK and are therefore able to share a huge experience in management strategies.

Although attendance at International conferences at distant locations represents a big investment in time and cost, as well as contributing to global warming, the opportunity to discuss experience directly with surgeons from around the world and develop friendships is very valuable, and cannot be replaced simply by reading journals and books. Among other, Tim met again with Anil Bhatia from Pune, India who has vast experience of many aspects of brachial plexus injury.

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