

TRAINING MANUAL

Management of Spinal Cord Injury (SCI) Booklet For Patients with SCI And Family members



INTRODUCTION

Hospital for Rehabilitation and Professional Diseases - HRPD- and Handicap International Belgium establishing a Center of Rehabilitation for people with SCI in Vietnam write this booklet as a part of the project that is being run.

This booklet describes basic knowledge of Spinal Cord Injury and Care as well. It is also designed simply, clearly to help patients and family members understand easily. After reading, if patients want to know more information about medical issues or psychology and vocational guidance, please do not hesitate to contact us:

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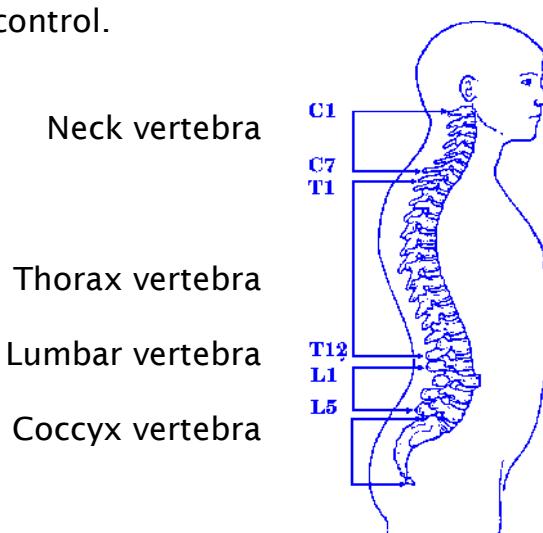
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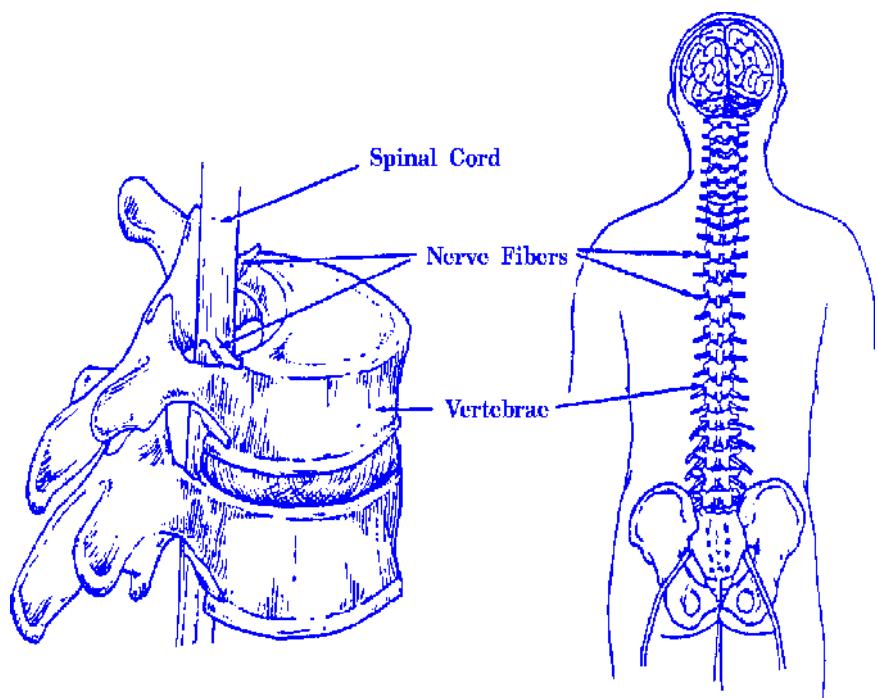
I. WHAT IS THE SPINAL CORD? WHAT IS THE IMPORTANT ROLE OF YOUR SPINE?

The spine is the most important support of your body, consisting of many bones stacked upon one another. These bones are called vertebrae (ver-te-brae), which together provide a protective passage for the spinal cord, and its nerves. The spinal cord is the main part of the nervous system and is connected from your brain, and runs down the neck, down the centerline of your back to your buttocks.

The spinal cord, however, can be damaged at any point from the neck to your buttocks. The spinal cord can be looked at as a group of telephone wires sending messages from the brain to all parts of the body and vice versa.

The brain acts as a computer for classifying and interpreting these messages, then require other parts of the body to answer those stimulations. Thus, when the spinal cord is injured the nerve system from brain will be damaged then another parts of the body where usually receive information from the brain will be out of control.



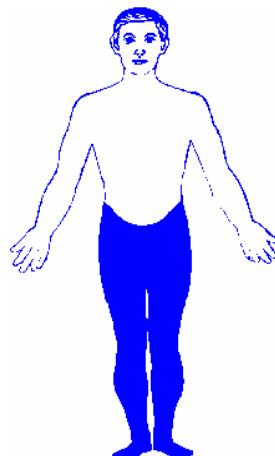


II. WHAT CAN HAPPEN TO YOU WHEN YOU GET A SPINAL CORD INJURY?

When the spinal cord is injured:

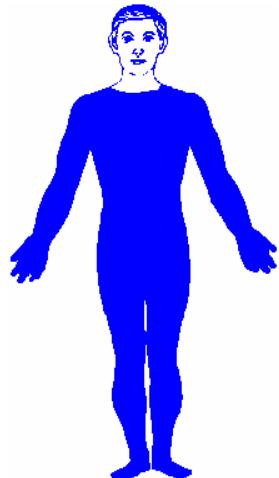
- All nerves connected from the spinal cord above the point of injury function normally.
- All nerves connected from the spinal cord below the point of injury lose function, very much like a damaged telephone wire. Therefore, the spinal cord nerves can no longer send messages to and from the brain to the parts of the body they control. Some parts of the body below the point of injury will not function normally such as: heart, blood vessel, lung, bladder, bowel and limbs, etc ...
- ❖ If you are unable to move your legs but able to move your arms this indicates your spinal cord was injured at a "low" level as the following picture, this person has paraplegia

This picture shows a person who has injury at T-2 level. The blacked part indicates the area that it doesn't function after injury. This person has paraplegia



- ❖ If you cannot move both your legs and arms this indicates your spinal cord was injured at a "high"

level as the following picture, this person has tetraplegia



This picture shows that a person was injured at C-3 level. The blacked part indicates the area that doesn't function after injury. This person has tetraplegia.

- Will you be able to walk again as you used to? That depends on how severely the nerves in your spinal cord are damaged. Doctors will give you the answer.

III. WHO WILL TAKE CARE OF YOU WHEN YOU ARE IN THE SPINAL UNIT?

When you are in the spinal unit, the following professional people will take care of you and your

family members.

PHYSICIAN

The physician, the doctor, who has main responsibility for the treatment process. The physician will give needed indications for treatment based on your specific condition. The physician will go to visit the patient, explain and answer all of your question as well as your requirement everyday. The physician is also the person who will decide the date of your discharge. You should not hesitate to discuss with your doctor.

NURSES

The nurses will give you the appropriate care, under the guidance of the physician. They will monitor the progress of your situation by making the appropriate regular examinations (your body temperature, blood pressure, etc ...). They will also teach you, as well as your family members, how to take care of yourself to prevent further complications.

PHYSIOTHERAPIST

The department of physiotherapy will teach you how to move and strengthen your body, to help overcome the stiffness and the pain that you may experience. They will also teach you how to breathe and keep your airways clear, practice walking with support devices etc ...

OCCUPATIONAL THERAPIST

The occupational therapy teaches you how to conduct the daily activities such as eating, washing and dressing yourself and going to the toilet in the easiest possible way. This department also teaches you how to use a wheelchair and provide you with special equipments to assist you in your daily activities. At

this department you will practice the activities to prepare you to go home and live in your environment. Besides that they also guide you to choose an appropriate job.

PEER COUNSELLOR AND SOCIAL SUPPORT

Peer counselors are people who have the same situation with you. They will exchange and share their experiences to you. They will advise you how to deal with your new situation and the feelings you have. The peer counselor and social worker will listen to your concerns, and help you with questions or queries you may have about future aspects of financial support. This department will advise you to find solutions of any problems. This department also organizes some sports activities. You can contact these people to attend in sport activities after have the permission from doctor.

THE CLEANERS

They make sure that the place where you are staying is clean and safe. They will advise you also on how you can help to keep your room, bed and the living space clean

IV. WHAT TREATMENT YOU WILL HAVE WHEN YOU STAY IN THE SPINAL CORD UNIT?

- The rehabilitation team include people who have just been mentioned above will take care of you during your hospitalization.
- Upon your admission into the spinal unit all members of the rehabilitation team will examine you. After a few days, the doctor who is in charged of your overall treatment schedule and length of stay in the spinal unit will inform to you. You are required to follow the time schedule of different treatments (PT, OT, Nursing, and meetings with the health staff), which will be regularly communicated. Through the different activities within the departments you will acquire a better understanding of your situation, and hence improve your situation.
- You should not hesitate to talk and discuss with the other people in the Spinal Unit and with any health staff in the center about your concerns, questions they will answer in the best possible way.
- Before discharge, the rehabilitation team will have a meeting to make a plan for you to continue practice at home and conduct you how to keep contact with the Spinal Unit whenever you need help

a.HOW TO TAKE CARE OF YOUR SKIN AND TO PREVENT PRESSURE ULCER ?

The skin protects the body from factors that might cause harm to your skin in around environment. Skin will send a message to brain whenever there is a harmful factor that influence to your skin as heat, cutting... and brain will send message to make skin at that area contract and avoid these factors. After injury your skin under the injury level will not function to send these messages normally. Therefore, you might not have sensation at the point where gets cutting or being hot or pressured too long. Then skin at this area will be damaged. Thus, you should learn how to remind yourself to keep your skin healthy. If you forget paying attention on this, your skin will become a pressure sore. By self-learning, you will be able to protect your health and you don't have to go back the hospital again.

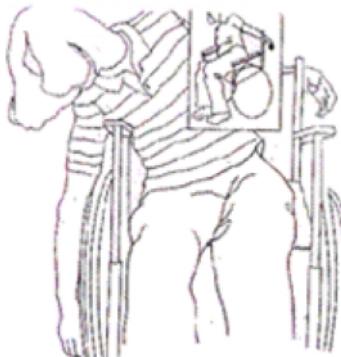
What you should do to keep your skin healthy?

1. Sit on the cushion when you have to sit on the wheelchair, car, chair or any place for long time. The occupational therapist will help you to choose a cushion.
2. Change your position occasionally when you are sitting on the cushion every 20-30 minutes, during 30 seconds. Health staff will conduct you and your family how to move your body.

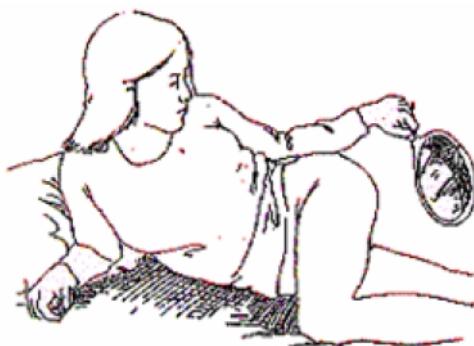
Tetraplegia: move your bottom by leaning toward left side within 30 seconds then leaning toward right side within 30 seconds.

Paraplegia: Push two hands on the arm rests of the wheelchair then lift your bottom within 30 seconds.

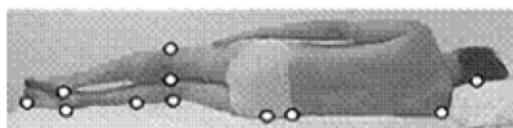
Tetraplegia:



3. You and your family will be conducted how to check your skin everyday. If you see reddened, swelled, blister, pressured, hardened and hot areas on your skin you should stop sitting or lying on those places till they healed as normal. These signs indicate that the pressure sore will happen soon. The pressure sores can happen easily at common places such as bottom, heels, knees, hips and elbows etc... where there is no muscle, only almost bone stay under skin.

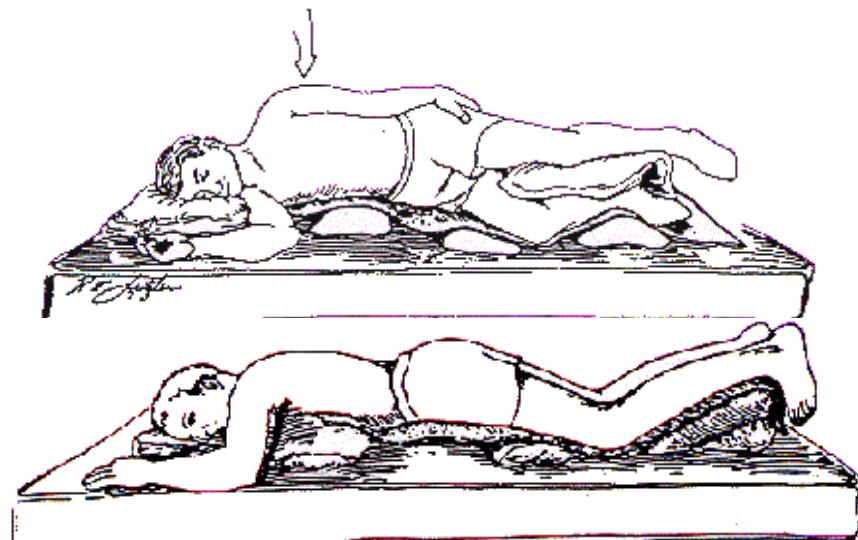


Check your skin by the mirror every day



**Points where the pressure sores occur easily
You should check every day**

4. Be careful when touching things that have heat, avoid staying under sunshine for long time.
5. Keep your skin clean and dry. If urine wet your skin you should dry it immediately. Change your clothes every time you get wet. Keep a good hygiene for scratched area, blister by water and soap. When your skin is burnt or damaged and it takes long time to be healed you should go to see doctor as soon as possible.
6. Turn your position every two hours in bed. Put a cushion between two knees and two ankles: Massage lightly areas where there are only bone and skin



Knock a cushion under a person lying on the bed to prevent pressure sore.

7. Keep your foot clean and dry, nail cut, not to let them grow too long, wear loose shoes, check to see if there is any reddened or scratched areas. Do not wear shoes when there are signs of pressure sore.
8. When swimming you should wear sock to avoid being scratched.
9. Stop smoking immediately. Smoke of cigarette will decrease distribution of blood and oxygen to your skin.
10. Eat variety of foods, which is rich of protein (meat, fish, and milk products), fruits. You should not eat too much fried food. Eat 3 meals regularly everyday.
11. Drink at least 2 little of water everyday

Note: Prevention of pressure sores is easier than treatment!!

b. HOW TO TAKE CARE OF YOUR URINARY TRACT AFTER SPINAL CORD INJURY?

The bladder is a collapsible sac that is able to hold urine till it is full before you go to the toilet. When the bladder is full it will send a message to the brain and make you want to urinate. According to the convenient situation (ex: there is an appropriate toilet) brain will send a message allowing to empty the bladder, if not, the brain will send message to control the bladder not to empty urine by contraction of sphincter and you can stand by urination till possible.

After injury, the nerves will not send these messages as normal and you are not be able to control your urination.

1. Firstly, when you arrive the first-aid ward you will be put of a catheter into your bladder to take urine out and hold it in a bag. You should keep the bag clean to prevent urinary tract infection, never tie the urine catheter and always remember to keep the bag lower than the catheter. You should keep the bag not too full and empty the bag when the urine is contained about two third of the bag.

2. After admission in the rehabilitation unit, doctors will measure your bladder. According to different conditions of your bladder you will learn how to do self-intermittent catheterization to empty urine or use a bag to hold urine. Do not worry, the nurses will conduct you specifically how to do this technique easily. If you are not able to do, they will teach your relatives to do it for you.

3. Drink at least 2 liters of water. Do not drink too much soft drink that has gas.

4. Take medicine prescribed by doctors continuously and should not stop without permission of doctors.

5. To keep your bladder healthy, you should learn and follow what nurses teach you seriously, you should fill in the urine diary forms given by nurses regularly.

6. Go to see doctors immediately if there are signs as following: fever, feeling chilly, having blood in urine, dark and bad smelly urine. Drink more water than usual if the urine is dark or smelly. Signs of urinary tract infection are: high fever, dark and cloudy urine, bad smelling.

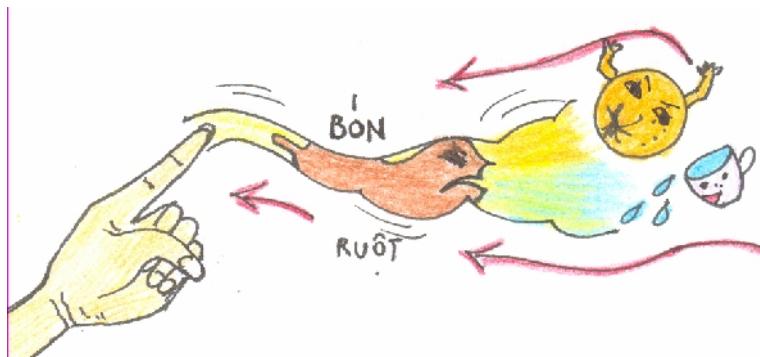


Tip: Drinking of lemon juice might increase the risk of urinary tract infection, knowing that the bacteria doesn't like acid environment!

c. BOWEL PROGRAM AFTER SPINAL CORD INJURY:

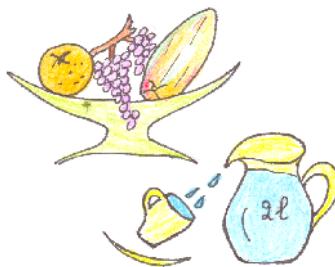
After the injury, the nerves will not transmit the fullness feeling of the rectum to the brain, so the normal function of pushing gas and feces out of bowel will be slow down. You will lose feeling of going to the toilet or incontinence. Stool that is still in your rectum will make the stomach swells up and you don't want to eat. Thus, nurses will show you how to remove stool when you want.

1. You will remove stool every two days, it is better to do it in the morning after breakfast. At first, you sit on a piss-pot or a toilet, wear a lubricated handglove and insert your finger into your anal and turn around lightly to stimulate reflection of stool evacuation.



2. You should not leave the stool in the intestine until 3 days. If you can't remove by hand, you can use a kind of a small lavement to pump into your anal but you should not use it too much.

3. In order to soften the stool you need: To have movement frequently, to eat fibrous foods (vegetable and fruit), and drink at least 2 liters of water per day.



4. If you can't remove stool within 3 days and your stomach is swelled up you should go to doctors immediately.

d. WHAT IS GOOD AND APPROPRIATED NUTRITION FOR YOU?

It is needed to have a good balance in your daily food. It will help the bladder, the bowel, the skin, the lung and the other parts of your body always healthy. Then you will have enough energy to do what you want. Foods should be included:

1. Meat, fish, chicken, cow, pig, etc ...
2. Cleaned, fresh vegetable, and it is better to eat without cooking. Vegetable will provide fibre for the bowel movements.
3. Fresh fruits, especially fruits with a lot of fiber like orange, pompeelmoes, etc ...
4. Grain, cargo rice, bread, corns, beans, etc ...
5. Water, at least 2 liters of water a day, drink more when the weather is hot, sweating too much or playing sports.

Special care for your nutrition after Spinal Cord injury:

For your intestine: Eat 25-35 gr fiber every day

Take at least 2 liters fluid a day.

- For your heart and vene: Too much cholesterol will increase the risk of heart diseases. If you were a heart patient, you should avoid to eating food which is rich in cholesterol: eggs, seafood, oils.....
- Avoid to eating very salty if you have already high blood pressure.
- For pressure ulcer: It is advised to eat food which is rich in protein (milk, milk products, meat, eggs,...), vitamin (fruits, vegetable) and mineral.
- For stones in the kidneys and/or bladder: If you are a risk person for stones in the kidneys and bladder, you better avoid to eat milk and milk products (cheese, yoghurt, ...) The best habit is to drink a lot of water to clean the kidneys and the bladder.
- ***Your body weight:***

After the spinal cord injury, it is important to have a healthy and an adapted body weight for individual patient. After the rehabilitation phase, the ideal body weight for people with spinal cord injury is less than people who's not injured because people with spinal cord injury don't use much energy than people without injury.

Obesitas: Reasons:

- A change in the daily activities and the way of life.
- Not able to consume all the excess body energy.
- Booring and just want to pass the time, forget the



sadness etc by eating. So you should follow the instruction below:

- Be aware what you are eating
- Be active and have regularly exercises and mobilization.



Malnutrition:

If you are malnourished, it means that your body consumes more energy than your body earns energy.

These situation are dangerous for:

- Infection and high risk of pressure ulcer
- Quickly feel tired

A good nutrition will keep you always healthy.

Remember to follow up your weight regularly! The doctor will tell you about your suitable weight. Should not let you overweight because it will be difficult for you to move and use wheelchair at that time. Beside that, it will cause heart disease to you easier than normal people.

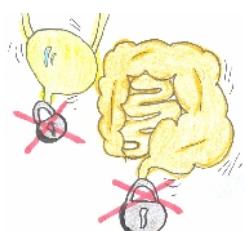
e. WHAT IS AUTONOMIC DYSREFLEXIA? WHAT YOU SHOULD DO IF IT HAPPENS?

This is a case needed to do first-aid immediately. It happens to people who have high level of injury upper T6. It causes the increase of blood pressure quickly and suddenly that might influence to the brain and the heart as well. You should remember all of these signs to protect yourself:

1. Having extreme headache
2. Getting sweat above the level of injury. Having a red face. Get goose-flesh on face, on arm, chest (upper level of injury)...
3. Sometimes feeling of nauseous.
4. Being stuffed-nose suddenly
5. Not being able to have a clear vision, have spots in front of eyes
6. Blood pressure increases over 140/90 mm Hg
7. Pulse slows down under 60 times per minute

When you have these symptoms you need to do as following immediately:

1. Sitting up and put your legs hanging under bed
2. Releasing your clothes, belt, splint etc ...
3. Doing intermittent catheterization to empty urine
4. Using hand to remove stool lightly
5. Going to the closest emergency ward



How to prevent it?

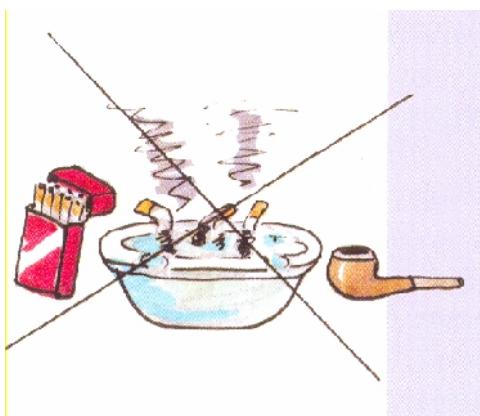
- Avoid urine obstruction
- Avoid longtime constipation
- Avoid that any wound or ingrown toe nails will have infection or lying on a sharp object.

f. HOW TO CARE OF RESPIRATION?

After injury, muscles that support your respiration will be decreased significantly and function uneffectively. Groups of muscles that support the cough function might not work. Additionally, being in bed too long will cause difficulties for deeply breathing. If you can't breathe deeply and cough strong enough, sputum will be obstructed in lung then it will lead to pneumonia.

What you should do to protect your respiration?

1. Drink enough water and have a moderate standard of nutrition
2. Sit on bed or wheelchair and limit lying on the bed
3. Practice breathing correctly like what the physician therapist conducted
4. Stop smoking and stay far away from smoking people
5. Stay away from people who have a flu or cough
6. Brush your tooth after eating
7. Keep your body warm enough when the weather is cold
8. Keep hygiene of environment around, your house should be clean and airy.



g. PAIN

Most people with SCI have pain because of injured muscles and nerves. Pain is caused by symptoms of injured nerves or loss of function of the central nervous system (brain and spinal cord). The degree of pain more or less depends on the tolerance of each individual and causes of injury.

Pain is usually persistent and worsens when the injury is touched or moved, when there is a change in temperature, or when you have different emotions. People with SCI typically have burning pain, tingling, stinging, or a "pins and needles" sensation.

There are some palliative measures that can help to ease pain but usually not completely. Decreasing stress or worry will also help to relieve the pain.

h. BODY TEMPERATURE

After injury, you might not have feelings of hot or cold below the injured places. Therefore, you should pay attention on following things:

- You should wear warm clothes and drink warm water when the weather is cold
- You should drink cold water and can take shower when the weather is hot

i. CONTRACTURE

When you are paralyzed, you usually have contraction of muscle because of muscles and joints do not move actively. Thus, it causes a diminished range of motion and ultimately contracture can result.

It is important for you to move frequently (with assistance if necessary) and to transfer from bed to wheelchair more often to prevent stiffening and contracture.

However, contracture can still occur in some cases. Thus, physical therapy and muscle stretching is still very important.

j. SPASTICITY

Causes of spasticity might be urinary tract infection, pressure sores, constipation, bone fracture, nail infection (ingrown toenail), stress, and other emotional issues.

Relief of spasticity will diminish pain and help you to be more comfortable. Prevention of spasticity can reduce complications (pressure sores, pain) and improve your sleep and your ability to move more easily. It will also be easier to implement health care and hygiene.

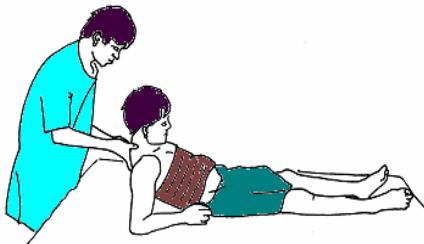
In some cases, relief of spasticity can lead to a reduction of mobility.

V. PHYSIOTHERAPY:

One of the objectives of your stay at the spinal unit concerns physiotherapy.

Upon admission, your recovery perspectives cannot be fully foreseen. So the role of the physiotherapists taking care of you will monitor this recovery and will help you develop your physical capacities in order to speed up your recovery and compensate the functions that are deficient.

If you had a trauma of a backbone fracture or bone dislocation, causing your spinal cord injury, physiotherapy will handle the bone problem as much as the spinal problem. Depending on the level of trauma, a neck splint or a corset (lumbar or trunk) will be considered for you, where bone consolidation will start to take place. The various exercises that you will perform will depend on the level of your bone consolidation.



During bone consolidation, the following will be proposed accordingly to your needs:

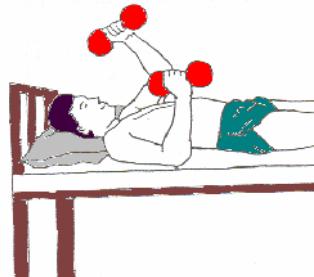
- To make a first assessment that will define the objectives of your rehabilitation (with your cooperation). This assessment will be repeated if necessary.
- To perform exercises that will facilitate maximum mobility for your chest bones hence improve your

breathing capacity at its utmost; this chest mobility would have been affected at the time of your accident.

- To take treatment against any pain you may have by using massage and, if necessary, electrotherapy tools.
- To learn how to prevent pressure sores; these are breakages of the skin, which is a common complication of spinal cord injury.
- To learn how to maintain the correct position in your bed and perform exercises that will allow you to transfer from your bed.



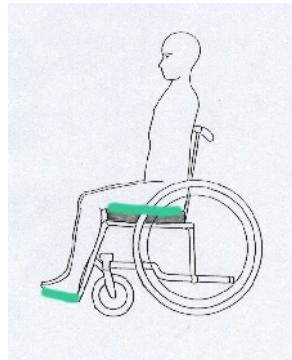
- To maintain the elasticity of joints by moving and stretching your limbs.



- To maintain the strength of your muscles by moving and stretching your limbs.
- To learn how to sit again progressively.
- To put your body in an upright position with the help of a tilt table. This tilt table will help you to sit again,

wean you from the long periods of the lying position and help you relieve the stiffness of your body.

- To learn how to sit correctly in a wheelchair and use it with ease.
- To learn the basic techniques of how to transfer from one position to another in the physiotherapy room, for example moving from the treatment table to the wheelchair. These techniques will be adjusted to your physical capacities and to the degree of your recovery.



Once bone consolidation is achieved, the splint or corset will be removed and a more intensive exercise program will follow:

- A specific treatment plan against pain.
- A follow-up focusing on the stimulation and the recovery of the paralyzed limbs.
- A follow-up on the airway and chest functions in order to avoid any complications.
- The positioning of the upright position will continue,

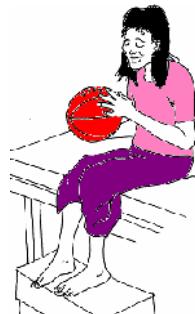


if necessary.

- A focus on reinforcing certain muscles more than others, in order to replace the functions lost at the sites of paralysis.
- Specific stretching of the muscles, stiff or difficult to control, to decrease spasticity.



- During the sitting position, to practice your balance and subsequently your trunk muscles.



- An advanced exercise program focusing on balance for transfers.
- A learning program for ambulation according to the level of your lesion and muscle recovery.





- In presence of a sports teacher, a 'step by step' sports activity with use of a wheelchair, according to the level of your recovery.
- The overall aim, in cooperation with other members of the team, is to achieve the highest degree of autonomy and independence.
- At discharge of the spinal unit, a final assessment of your capacities and your sequels will define the needed follow-up of physiotherapy for your return home: range of motions, muscle workout and stretching.

vi. OCCUPATIONAL THERAPY:

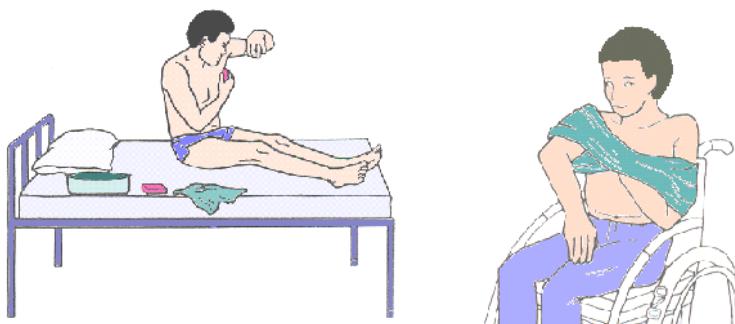
The occupational therapy treatment is a personalized program of activities that will be planned out by a referred occupational therapist. You and your referred occupational therapist, together, will define your objectives for rehabilitation.

There will be three different conducts you will approach:

The **movement** in the space within your room and the organization of your nearby surroundings, and your **rehabilitation** and the **adaptation** to your daily life

We will help find the right positioning for you to practice certain acts of daily living, e.g. drinking, grooming, etc... Positioning is important to avoid skin problems and bone deformities.

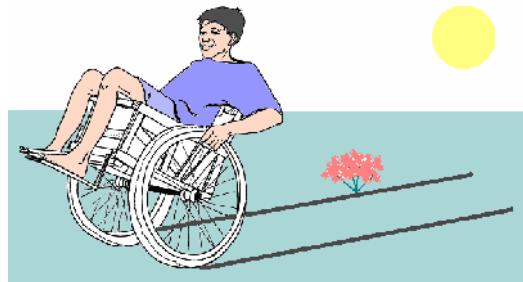
Examples: a personal adaptation that allows you to drink by yourself, use of a small table at your bed to take your meals, go to the bathroom with minimal assistance, positioning of your arms and hands.



The interventions of occupational therapy will allow you to improve the movement of your body and limbs. These include work on balance, use of your fingers and the improvement of your body strength through a functional exercise activity program. These activities

will be useful throughout your daily life and define.your independence significantly.

Example: practice the grips and positioning of your hands by lifting and handling small objects for the use of daily living activities, and exercise your strength and endurance with use of a wheelchair for short and long distances of ambulation.



With the help of physio Therapist, you will learn how to prevent the pressure sore when sitting on the wheelchair

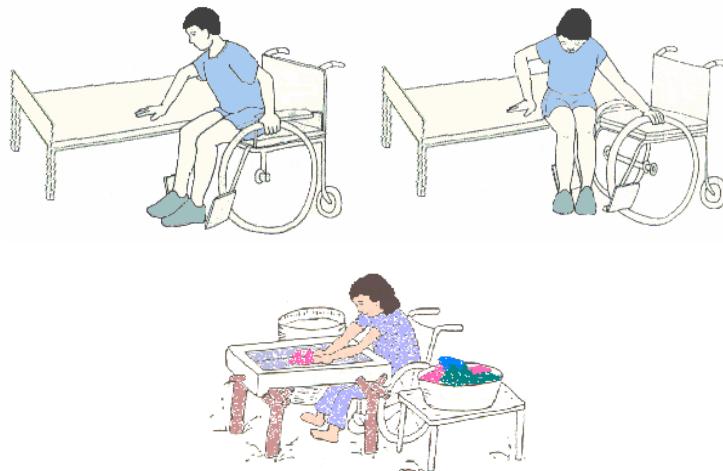


To practice in a real life situation will allow you to increase your independance in your daily life e.g.eating, hygiene, dressing, travelling and activities in the home.

Example: ideal positioning for taking your meals, writing on an appropriate support, use of dedicated upper limb orthosis to help with eating, grooming etc ... the choice for adapting your bathroom furniture or maximizing the features on your electronic device.



Occupational therapy includes the practice of transfers in every possible situation (from bed to toilet, from seat to ground) as well as the usage of your wheelchair on the practice grounds. Cleaning the dishes and parts of your house can also be considered.



The occupational therapist will assess your plans and needs for the future, focusing on technical aids to help

with the daily living activities as well as looking into the adaptations of your home environment. These focuses will be put into practice in a real life situation, which will be evaluated. For example the occupational therapist may assist in the choice of your wheelchair and cushion to give you the best possible use and convenience. Most importantly the aim is to allow you to be as independent as can be.

Example: the occupational therapist will ask you questions about your home environment to plan adaptations for the facilitation of your daily living activities e.g. to install a ramp at the door of your house for easy entry, to increase the height of your bed to the appropriate level of your wheelchair, etc



The occupational therapist can also assess your capacities for the work place and advice you on the adaptations for this work place. The occupational therapist can work with social services to help you with what you can do for your career.



VII. HOW TO DEAL WITH THE NEW SITUATION AND YOUR FEELINGS?

You are in good health, in a happy relationship, you have a good family and a good job but one day you suddenly find yourself in an accident which leaves you disabled. You can no longer walk, move, or do the daily activities you once were able to do so easily. How does that make you feel? Sad, depressed, hopeless and disappointed that wanting to die comes into mind?

No one is able to predict what lies ahead in each of our lives. There is no telling what will happen in the future. Accidents occur, and to anyone no matter how rich or poor, smart or dumb a person may be. The worst things can happen even to those who least deserved it, but this is one of life's hard things to accept. Wondering why this terrible accident happened to you and not to others cannot help to change your situation, and to be so hard on oneself cannot be healthy. Time

should not be wasted thinking about the past, how things were like before the accident but to look into the future. A long life ahead is waiting for you, challenges that admittedly will be harder to overcome than the other average persons, but there is this opportunity for you to make the most of your life, to make it more beautiful and meaningful, to manage the things in your life more independently to less burden your family.

We understand that everyone will not overcome the feelings of sadness, disappointment and desperation after the accident, as easily as said. But we believe that by talking, listening and finding understanding to share or exchange experiences would help you to relieve stresses that you might have. We have peer counsellors who are in the same situation as yours and can help you by revealing their own experiences, give you the advice and provide you with the knowledge and new technical skills that will be useful for you in your new situation. Do not be afraid to speak out your thoughts and feelings to our health staff, psychosocial workers. They are approachable and will help you through, to teach you how to take care of yourself, self-rehabilitate, how to integrate yourself back into the community and even provide you with a suitable job so you can support yourself and the difficulties in your life ahead.

Disability is a disadvantage for integration back into society, working and building the life. This does not mean doors will be shut in your life. You can continue with schooling, go to work and do activities, which are adapted with your well-being and the conditions of your life. How your life from here goes depends on you, your confidence, behavior and efforts.

***Love yourself- even your unperfected things
and live positively with the whole of your
heart for the better life, the better future.***

VIII. AFTER INJURY IS IT POSSIBLE FOR SEXUALITY?



It is normal to see that everyone feel not really comfortable to talk about issues related to "SEX" even with their relatives. However you should talk and share these issues with any member of your group. They will

find a solution to help you when you are in the department. After injury, you still have a ability to have children as other people. The matter is more technical mainly and we will conduct you how to implement- do not hesitate to tell us your concerns.



The benefits of sports are numerous. Sports intervene at many levels at your integration and long-term rehabilitation. It can also significantly contribute towards the PT and OT long-term treatment.

In Vietnam, those with SCI can practise the following sports: athletics, basketball, tennis, table-tennis, badminton, swimming and physical culture. The health staff can inform you about the options during your stay at the spinal unit. Upon your return home, you can contact the Youth Disabled Association, Ho Chi Minh City. They can provide you with the necessary information on what sports you can practice near your home.

X. NEEDED INFORMATION:

This booklet contains general information about your condition and how to improve the situation concerning yourself and your family.

For any queries, the staff of the center can answer your questions to help you during your stay at the spinal unit.

The personnel at the spinal unit hopes this booklet of information will help you integrate into the community after your stay at the spinal unit.

Whenever you have doubts, remember to refer back to this booklet of information. Let it be read by other people around you. They may have other views, which may be useful to you.

At the end of the booklet, you will have some blank pages to write any notes for your personal reference.

Any ideas and contributions to this booklet are very welcome. You can contact us at the Spinal Unit department. Your comments will help improve our services at the spinal unit.

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