We conducted a retrospective study on patients over 18 years with traumatic central spinal cord injury level in Upper Normandy, between 2002 and 2012. One hundred and eight patients were included (49.0 ± 21.1 years), with an increase in the proportion of falls. The male/female ratio is 3.9 males to 1 female, with the level most frequently found the C5 level, then the C6 level, C4 level, the C7 level, the level C8 and C3 level; 27.8% of patients were admitted in ICU, and 40.7% had a tracheotomy, which 56.8% were able to be weaned from their tracheotomy; 6.5% required permanent mechanical ventilatory support. The incidence of admissions in ICU of post-traumatic tetraplegia was calculated at 12.7 and 13.4 cases per million inhabitants, stable for the years 2009, 2010, 2011 and 2012. This study shows that taking into account the ventilated quadriplegic remains difficult, and the creation of a national health sector would serve as a dedicated use for patients and supporting the teams throughout the territory.

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Deep venous thrombosis in patients with chronic stage after spinal cord injury
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Keywords: Deep venous thrombosis; Spinal cord injury
Introduction.– It is well known that deep venous thrombosis (DVT) is common in patients with acute stage following spinal cord injury. However, the reports of thrombosis occurrence in chronic stage are limited.

Methods.– Sixty-three patients after neurologically manifested spinal cord injury longer than 3 months admitted to Rehabilitation Department Bydgoszcz, Poland. There were 15 women and 48 men, mean age 32.1 years (13–65 years). The time from injury varied from 4 to 124 months. All patients were admitted for rehabilitation program. The prospective study included clinical assessment, laboratory findings of D-dimers and ultrasound duplex scan.

Results.– DVD in duplex scan examination was found in 5 patients. The time after injury in four of them varied from 4 to 5 months while one sustained the injury 42 months ago.

Discussion.– DVD in patients with spinal cord injury occurred also in chronic phase, mainly by 6th month. As clinical presentation may be atypical or mute we recommend repeated ultrasound duplex scan examination in these patients every 4 weeks and after 6th month when new co-morbidities appear.

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Factors influencing the success of home modification in paraplegic spinal cord injured individuals in Bangladesh
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Keywords: Spinal cord injury; Home modification; Rehabilitation
Introduction.– This study is designed to identify the factors and barriers experienced by participants in completing home modifications.

Methodology.– A qualitative study design was selected to explore individual experiences of people living in the community post rehabilitation.

Results.– Of the 30 participants, fifteen were successful and fifteen unsuccessful in achieving an accessible home environment. Factors presenting difficulties included: new and challenging environments, financial strains, insufficient space, poor understanding about modification, living in rented accommodation and inadequate support from relatives. Participants who made sufficient modifications had engaged in productive occupation, were independent in most activities, received family support, understood the importance of modification, received