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MAJOR TRAUMATIC INJURY IN ADOLESCENTS

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Dr Rebekah Ogilvie | Clinical Assistant Professor
Trauma Nurse Practitioner
Disciplines of Nursing & Midwifery
Faculty of Health



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YOUNG PEOPLE AND ADOLESCENCE

- Developmental psychologist Erik Erikson
 - A time devoted to deliberation on self - identity
 - Immersion in socialisation and competition with peers
- A period of transition
- Coming into adulthood
- Societal integration

YOUNG PEOPLE AND RISK-TAKING

- Biological factors
 - underdeveloped prefrontal cortex and effect on
 - decision making
 - impulse control
- Dispositional or personality trait
 - sensation seeking, experience seeking, disinhibition and boredom susceptibility have been used to compare individuals and their tendency (and motivation) for taking risks
- Cultural perspective
 - locates risk-taking within behaviours adopted by specific peer groups

Normal part of development, shaping the individuals identity

YOUNG PERSON EXPERIENCE AND CLINICAL SIGNIFICANCE

- Injury in young people is significantly associated with feelings of vulnerability and loss of control over physicality, environment and life-course
- Reliance of loved ones to support injury recovery was most prominent of all adaptive self-management behaviours
- Factors that contribute to injury resilience include a sense of self-efficacy, positive self-appraisal, problem-based coping, positive emotions, and strong support networks
- The hospital environment, and the current systems of care that underpin it, do not sufficiently support injured young people
- Injury is experienced very practically

RECOVERY NOT REHABILITATION

- Young peoples' understanding of recovery from injury conflicts with the way in which healthcare systems are structured to provide formal and informal rehabilitation.
- Young people did not experience or understand rehabilitation in terms of being a defined phase of specialist clinical care.
- They experienced it in terms of their ability to 'regain balance in their life' in order to move forward from injury; and this process of recovery began from the moment that their injury occurred.

RECOVERY NOT REHABILITATION

- Physicality was used as a means of regaining control and recovering from injury, just as routine and active participation in care planning created a sense of control mentally and emotionally.
- All young people experienced anger and frustration at the lack of physical activity that occurred during the acute phase of care.
- They want to actively engage in physical therapy and muscle strengthening work but instead had to endure enforced bed rest and non-weight bearing protocols which reinforced the emotional aspects of injury they were feeling such as dependence, vulnerability and stagnation they were often silently enduring.

WHAT WE CAN DO IN THIS SPACE...

- Integrated recovery through strength and conditioning
 - During times of bed rest
 - Early goal setting
 - Deconditioning prevention
 - Prior to discharge
 - Plans of care to include training restrictions
 - Discuss what a reconditioning program looks like and who might provide that
 - Utilise return to work/school strategies

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THANK YOU!