



Date: Sunday, December 8, 2019
 Time: 10:00 – 10:15 am

Abstract Title:	Preventing Axilla Contractures
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Objective:	<ol style="list-style-type: none"> 1) Understand the value of early structured burn therapy program and how it relates to burn functional outcomes for preventing axillary contracture. 2) Develop an understanding that successful occupational therapy burn rehab program is dependent on team centered approach.
Abstract:	<p>Introduction: The development of burn scar contractures is common after major burn injuries. According to the Burn Model System Summary report from 1994-2018, 62.8% of patients sustained a burn injury to their trunk, and 39% of grafts are located on the trunk/flank area. Since more than one third of patients with a major burn injury develop contracture at discharge, it is important for therapists to provide daily passive movement for elongation of soft tissue pre/post skin grafting to prevent contracture (Schneider et al, 2006). The scapula-humeral joint has the greatest range of motion available of all the joints and axilla contractures resulting from a trunk burn can hinder patients when participating in activities of daily living and return to work (Ndiaye et al, 2018). Upper extremity function to preburn activity level is the goal of the patient and the burn rehabilitation team. Literature identifies that following burn injury, ROM exercises and burn therapy minimizes development of contractures. However, the literature has not identified the type of structured burn rehabilitation program and minutes required for therapy to decrease potential of contractures in axilla/flank. The purpose of this presentation is to describe the occupational therapy burn rehab program implemented at one ABA verified burn center to minimize development of contractures in axillas that would require invasive surgical procedure to less than 2%.</p> <p>Methods: This retrospective chart review was conducted from 1/1/15-9/30/18. Inclusion criteria included patients admitted to the burn center, patients 12 years of age and older, with deep partial and full thickness burns that required surgical intervention, and presence of occupational therapy services. Chart review identified therapy minutes provided during the length of stay and the motion present at discharge. Over 95% of occupational therapy intervention was initiated within 24 hours of admission to burn center. While the occupational therapy program focused on traditional aspects of burn rehabilitation including positioning, edema reduction, and range of motion; the difference was the early initiation of advanced elongation programs for flank/axilla soft tissue elongation with ongoing reassessment. When medically</p>

	<p>appropriate, occupational therapy services were provided 5x/week or more.</p> <p>Results: 425 charts were reviewed, with 64 patients excluded because of death or leaving the hospital against medical advice. Results indicated patients exhibited passive movement and elongation within 95% of norms, with limitations only secondary to decreased muscle power and strength. A discussion of this structured burn occupational therapy program will be provided.</p> <p>Conclusions: This burn rehabilitation program facilitates patients to return to preburn activities as well as promotes a knowledgeable burn therapy team and effective team communication.</p>
Disclosures:	<p>Mamie Clark – No relevant financial relationships to disclose Sandra Fletchall – No relevant financial relationships to disclose William Hickerson – Honorarium: Avita Medical; Stock: PermeaDerm; Consultant: Avadim; Speakers Bureau: Avita Medical, Vericel</p>



