

EARLY REHABILITATION AFTER WAR TRAUMA AND OPERATION. ISRAELI EXPERIENCE

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Advancements in rehabilitation medicine are closely intertwined with the impact of war. While life-saving techniques have made survival possible for many grievously wounded individuals, this marks just the initial step on the long journey to recovery. In the context of disasters or war, integrating Physical and Rehabilitation Medicine (PRM) professionals into multidisciplinary medical teams, even during the acute phase of patient care, has become crucial. Delivering a comprehensive rehabilitation program in acute medical settings can be done by Mobile Rehabilitation Team (MRT) model, or through early admission to PRM departments within acute general hospitals. On October 7th, 2023, Soroka Medical Center became the focal point of a mass casualty event, with hundreds injured by various wartime mechanisms.

Both models were immediately accepted, including opening a new department for war victims and initiating the MRT in acute departments. The MRT activity model comprised several key stages: 1. Proactive review by a senior PRM doctor from Soroka's rehabilitation department for each new war victim, admitted to Soroka the next day after admission; 2. Primary assessment to determine the need for involvement of other PRM team members, identify rehabilitation requirements post-acute care, and prepare for future transfers to appropriate rehabilitation settings; 3. Provision of specific PRM treatments by team members; 4. Case presentation and discussion of pertinent PRM aspects with department staff at each management stage; 5. Patient consultations providing recommendations and explanations regarding functional aspects of their injuries; 6. Family consultations outlining future rehabilitation plans and functional prognosis. Over the 6-month conflict period, 496 war victims admitted to the Soroka Medical Center were assessed by a PRM doctor within days of hospitalization, with a total of approximately 3000 follow-up visits. Patients hospitalized on October 7th and 8th, 2024, prior to the initiation of MRT activity (298 patients), primarily suffered gunshot wounds (78%) and exhibited higher severity of injuries: mild/moderate/severe/devastating - 44/31/16/9 (%). Comparatively, victims admitted after October 8th, 2024 (456 patients), were predominantly injured by explosions (67.54%) and displayed similar severity indices: 61/17/9/13 (%). Despite the greater severity of injuries in the first group, only 8% were transferred to the rehabilitation department. In contrast, with the active involvement of PRM doctors and the implementation of MRT, this transfer rate increased to 28% in the second group.

During 6 months of conflict, the rehabilitation department admitted 86 wounded patients. Upon admission, the average FIM score was 92, which increased significantly to an average discharge score of 117, resulting in an average Δ FIM of 25. Patients suffering from blast injuries and multiple shrapnel wounds were transferred to the rehabilitation department within an average of 5.6 ± 4.7 days after admission to the Medical Center.

The average length of stay (LOS) was 40.83 days. Patients received continuous care from colleagues in acute medical departments. For instance, 23 patients (19.5%) underwent surgical procedures, with one patient requiring 4 surgical interventions during their rehabilitation period. Both MRT model and early admission to inpatient rehabilitation departments within acute general hospitals can be appropriate.