

# BENEFITS OF EARLY PROACTIVE PRM EVALUATION IN ACUTE CARE SETTINGS FOR PATIENTS WITH MULTI-TRAUMA INJURY

**Michael Glukhoded, Vera Knaizer, Tamara Kimelman, Alon Friedman, Iuly Treger**

Soroka University Medical Center, Israel  
e-mail: [glukhoded86@gmail.com](mailto:glukhoded86@gmail.com)

## Background and Aims

Victims of terrorism and combat injuries usually present with a multifaceted injury pattern, including orthopedic injury, mild traumatic brain injuries, and acute stress response. These patients show a significant functional decline requiring an intensive and prolonged rehabilitation process to return to optimal functioning levels. PRM assessments are typically conducted upon request by the acute care team, which may lead to underdiagnosis and delay in diagnosis of impairments. Starting from October 9, 2023, the rehabilitation department at Soroka University Medical Centre began proactively identifying patients needing rehabilitation intervention following a multi trauma injury due to military operations or terrorism. Since then, daily monitoring by a rehabilitation physician has been conducted for all hospitalized patients with multi-trauma injuries. Our aim was to assess whether proactive assessment and monitoring by a rehabilitation physician for all war-related multi-trauma patients from the first day of hospitalization contribute to referring more patients to a multidisciplinary intensive rehabilitation framework.

## Methods

A retrospective study compared two groups of patients: Those injured on October 7 and 8, 2023, and the intervention group of multi-trauma patients hospitalized in the following year. Demographic data of the patients, aspects of hospitalization, and the type of rehabilitation required, were examined and compared between the two groups.

## Results

The demographic and injury data of the two groups were similar. Among the 302 patients in the control group, 68 were discharged and 28 were sent to rehabilitation. Among the 625 patients receiving an early proactive assessment and intervention, 318 were discharged and 67 were sent to rehabilitation. ( $\chi^2(1, N=628) = 4.2, p = 0.04$ ).

## Conclusion

Proactive and early intervention by a rehabilitation physician leads to more effective identification of patients needing multidisciplinary intensive rehabilitation, and therefore, such measures should be considered for populations at risk of severe functional decline due to multi-trauma or similar situations.

**Keywords:** multi-trauma, acute rehabilitation