Waging the War on Scars: Setting the Therapy Scene for Success!

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Objective

To present a case study highlighting the challenges in managing contracture in the rehabilitation of a major paediatric burn

Patient Background

Demographic: 3-year-old female
TBSA: 60% TBSA, full thickness
Type: Flame burn
Location: Circumferentially to the entire upper two thirds of her body, including the head, neck, arms and trunk.
Admission: 6-month inpatient admission at The Children's Hospital at Westmead

Treatment

- Standard burn scar management with early and intensive contracture management
- End of range axilla positioning/splinting from admission
- Intermittent serial casting to manage early contracture and prevent fixed contractures developing

Figure 1-3: Early identification of increasing scar activity and contracture development required serial casting and end of range splinting to regain full ROM

Figure 4-5: 18 months post injury with full active range of motion achieved with successful scar management regime

Outcome

Intensive prospective contracture management enabled excellent functional recovery in this case

Take Home Messages

- Prospective contracture management from admission is the key to the success of subsequent interventions
- Recognition of increasing scar activity and early signs of contracture allows timely intervention to avoid development of a fixed contracture
- Serial casting at various time points enables avoidance/control of loss of range associated with early contracture development
- Always prioritise functionally significant areas associated with high contracture rates e.g. axilla
- Skin tension should be targeted and ROM optimised before strength and function can be regained
- Time investment by therapists in engaging family as treatment partners is critical
- Integrated programs optimise results with flexibility to adapt to changing needs and family life e.g. functional play by day/serial cast at night

Index

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