# Dressing and Donning a TLSO

## Edited Video Transcript

### Know Your Spinal Precautions

Today, we're talking about spinal cord injury, our interventions, and what we do. We're going to go through kind of our normal day. You come in. Our [client] with a spinal cord injury needs to start with the radial, so getting dressed, right, getting out of bed and doing something. T o start with, we need to know our spinal precautions. What are our spinal precautions? Yeah, no bending, lifting, or twisting, yep. So, it's really that half gallon to a gallon of milk, depending on your individual precautions. Now, one important point here especially with the lifting and the twisting is it really depends on the area that you're focused on. If Phil has a cervical level injury, right, [for example] in the neck, he can't bend his neck, but he can, actually, if he had movement, he could lift with his low back. If Phil had a lumbar injury, he could turn his head. He could use his arms but not his low back. So generally, when you see somebody in an acute scenario, they will very likely have some type of stabilizing device.

### Stabilizing Devices

So, introduced last semester, the TLSO, our thoracic lumbar sacral orthosis. We also have our cervical collar. Precautions are a little bit different. Generally, with the cervical collar, sometimes you'll see orders written that they need to be wearing it whenever the head of the bed is above 30 degrees, right. Now, Phil is at 30 degrees. More often, I see it so they can have the cervical collar off if they are flat. Still, I will often see clients wearing this 100 [percent] of the time.

### Donning a Cervical Collar

The way this works, there's a front half and back half. Take off the back half, and then you place the front half on them. Then, we're going to help Phil roll. For somebody with a spinal cord injury, how do we roll? Log roll—I heard Phil say it. So if he's dependent, I'm going to bring [his leg] up, stabilizing [his shoulders] Generally, I have a second person here to help me with this just so there's enough hands. Place the back half on, and I'm going to help Phil roll back. Come around to the other side, take my Velcro out, get everything nice and snug, okay. So now his neck is stabilized. "Turn to the side Phil. Yeah, really can't, that's the purpose of it, right?” So then, we could also put on a TLSO.

### Donning a TLSO and Clothing

The TLSO goes on the outside of the shirt because you want this shirt there, as that level of pressure relieving. Plus, it's a big bulky thing, and your shirts won't fit right. So, we can put on the shirt. Now doing this, depending on how you're doing, you may do the pants first, the shirt second. You could do the opposite. Doesn't really matter. If Phil can move, I'm going to send [him] up to 30 degrees. “You'll know because you'll have the occupational therapist who [would have] already done the evaluation and will have recorded your movement at each of these joints. You're going to know your injury level. You're going to know it's completeness. Yes, very fun!”

### Upper Body Dressing

Yep, so in general, with spinal cord injury, if they're able to move, they're allowed to move. So, if Phil can move, we would have him put on this shirt. If not, I'd be doing it for him. Then, bring it up over the head and down over the cervical collar because he's got to wear it all the time. Then, arms back down, okay. I'm going to lay them [arms] flat, and it's roll, roll, the theme of spinal cord dressing. So, we're going to log roll the shirt down. I will generally try to bring it under the cervical collar at this point—yes, it fits better—to the other side – and roll, roll roll and back. Pulling the shirt down] we got a shirt on. Again, if Phil also needs our TLSO, we're going to put that on. So with that, [there will] always be a front and back. Knowing which side they open on is really useful. I can come around to the opposite side. We can stick this underneath, then lay the front across. Again, I'm going to roll, last minute adjust to the shirt, roll onto the back, flip that over. Literally, not much needed, and back, okay? We have [the] upper body dressed.

### Lower Body Dressing

And lower body dressing—so, if Phil can help, we're going to have him help and do his best. Kind of depends on back to that functional level—if he can get [to] the level where he can do it with some assistance. And we're going to train him on this. If he's going to be dependent, we're going to be focused on training caregivers and training him on how to instruct caregivers. So, if he can help, I'm going to sit him up. Since he has the TLSO on, we can come up over 30 degrees, and then we use a position called long sit, which is [siting unsupported with legs extended. Some people will have the core strength, so they can sit up. Some people don't, then we use a figure-four position. “Do you have a leg weakness or range of motion limitation at the moment? Yeah? No? Okay, so then just cross one leg over the other. Think about crossing above the knee. Now, it's a [figure] four. Let's slip off your shoes.” Now, Phil can dress his right leg. “That's going to be your, yep, that's right. You're right Phil.” And then use his arms to straighten that leg out. “So just toss it down, reach, bring the pants up. You would repeat on the opposite side.” Now, if Phil needed more assistance: “I'm going to lay you flat. You're going to have caregivers put on the pants.” So threading his legs through while lying flat, bring it up high as you can on the thighs, and then roll, roll. Phil is dressed for the day, right? In going through that process of having the person dress with as much independence as possible, it's still telling me how I can help him get dressed. That's him directing care, or [it] may be him doing it independently, or what's set up, or some adaptive equipment, but generally, [it goes] something like this. So remember, all the while following your precautions and giving him the support he needs.