

## **WOUND CARE AND SEATING – A MATCH MADE IN HEAVEN**

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Seating specialists are often asked to get involved with patients who are at high risk for skin breakdown, or who have breakdown in the sitting area. Knowledge of how wounds develop, why they are often slow to heal, and how wounds heal will make the seating clinician a more knowledgeable consumer and prescriber of DME.

The etiologies, characteristics, and treatments for superficial (partial thickness) and deep (full thickness) ulcers will be covered. How pressure, shearing, heat and moisture contribute to ulcer development, how their effects are evident in the ulcer, and psychological stresses that impede wound healing – especially for patients on bedrest – will be covered.

Since so many of these sitting-related ulcers are on SCI patients, a brief overview of the differences in denervated skin will be covered; these differences make SCI more susceptible to ulcers and probably slower to heal.

Shearing forces of deeper tissues also increases with the extended sitting times and constant pelvic movement that comes from wheelchair use. Shearing results in the development of pseudobursas, pockets of fluid that develop deep to tissues. Pseudobursas are little known, but probably overdiagnosed and overtreated as pressure ulcers. If caught early, their treatment is more benign, and resolution is faster, than pressure ulcers. The seating clinician must be aware of these bursas, their diagnosis, their treatment, and patient education to minimize re-development and to maximize early diagnosis.

### **Speaker Bio**

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