

## 5. PARALYSIS

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### 5.2 Introduction

- 5.2.1** Paralysis is the loss or impairment of movement due to damage in the nervous system or muscles, and may be associated with loss of sensation (feeling). Paralysis may occur following damage to the brain, spinal cord, nerves or muscles. Various terms are used to indicate the pattern of paralysis such as hemiplegia for one side of the body, paraplegia for both legs, and quadriplegia or tetraplegia for all four limbs.
- 5.2.2** The effects of damage to the brain and spinal cord will differ according to the site and level of damage. These include the loss of voluntary movement, an alteration in muscle tone (either relaxation or stiffening) and an alteration in reflexes. Not all of these are necessarily present, but paralysis is more than just a loss of power.
- 5.2.3** In most cases paralysis leads to a major disability, but the degree of disability depends on the site and extent of damage to the nervous system. Where there is a loss of sensation, there is the risk that at the affected part of the body there may be damage to the skin and the development of pressure sores. Other complications following damage to the spinal cord may also be present [see Chapter 18]; loss of bowel or bladder control will have both serious physical and psychological effects unless appropriately managed.

### 5.3 Care Needs

- 5.3.1** The degree of care needed depends on the degree of paralysis and which parts of the body are affected. Thus the person with paralysis may need no help, or may need help in attending to bodily functions (including toilet needs), sitting up in bed, dressing and undressing.
- 5.3.2** The person with paralysis may be unable to relieve sitting pressure during

the day, or turn over in bed at night. Attention may therefore be required to avoid the breakdown of skin and the formation of pressure sores, which can be serious problems.

#### **5.4 Mobility Considerations**

**5.4.1** The mobility needs resulting from paralysis are very variable. At one extreme some people can manage to walk well, maybe with the aid of a walking stick, and at the other extreme some people are confined to wheelchairs, being unable to walk at all.

#### **5.5 Duration of Needs**

**5.5.1** The duration of the needs varies considerably, depending on the degree and nature of the paralysis, and which parts of the body are affected. For example many people with strokes make a reasonable recovery and may become independent, whilst some people will be permanently disabled and always need assistance.

#### **5.6 Further Evidence**

**5.6.1** If there is difficulty in deciding the degree of a person's disability and the amount of attention or supervision required, a report from a GP or an examining medical practitioner (EMP) should be obtained.

