Medical Rehabilitation and Reintegration of Wounded Canadian Soldiers

A primary care perspective

Michael Crouzet MD, CCFP(SEM)
Diploma Sport and Exercise Medicine
Flight Surgeon
Advanced Dive Medical Officer
Overview

• Background
• Soldiers’ stories
• Phases of reintegration
• Lessons learned
Personal Background

- No military experience
- Began November 2000
- Civilian General Duty Medical Officer
Background

- Town of Petawawa
Background

- Garrison Petawawa
Clinical practice changed following 9/11

Changed dramatically in the summer 2006
Soldiers’ Stories

- Individuals behind the injuries
MCpl Trauner (Infantry)

- IED blast injury Dec 5th 2008 - Afghanistan
MCpl Trauner

- Left Transfemoral amputation
- Right Transtibial amputation
- Right thumb injury
- Left hand/forearm reconstruction
Sgt Nielsen (Infantry)

- IED blast injury July 1st 2010-Afghanistan
Sgt Nielsen

- Occurred during dismounted patrol
  - Left transfemoral amputation
  - Severe left arm injury
  - Bilateral TM rupture
  - Left thoracic injury
Sgt McFadden
(Combat Engineer)

- IED blast November 24, 2010-Afghanistan
- While disarming an IED
Sgt McFadden

• Left Transradial amputation
• Distal right index amputation
• Significant Dental injury
• Left TM rupture
• Multiple shrapnel injuries
Cpl B. (Special Forces Operator)

- Gun shot wound Left leg 2015-Iraq
- FFI resulting in one fatality
- Comminuted left femoral fracture
- Significant Soft tissue injury
- Left Femoral superficialis artery injury
Cpl B.

- Required External fixation
- Prolonged intubation-28 days
- Femoral-femoral bypass venous graft
- Total of 9 surgeries
- Complicated by DVT/Infection
Sgt Daniels (Infantry)

- T11 Blowout fracture Parachute landing accident-2005
- Permanent/complete paraplegic
- Injured prior to many support program being available
- Sped up his release process to begin school
• All these stories are factual, but markedly incomplete
MCpl Trauner
Sgt Nielsen
Sgt McFadden

- Retained in Canadian Forces as a Combat Engineer
This week returned to his second Tour of Duty to Iraq
Sgt Daniels

- Chance encounter 5 years later
Sgt Daniels

- An unbelievable journey
Photographic Pause
Phases of Reintegration

• Honeymoon phase
• Physical phase
• Emotional/psychological phase
• Reconciliation
Honeymoon phase

- Short
- Unrealistic expectations
- Pitfalls of administrative promises
Physical phase

• Takes precedent
• Focus
• Varies in duration
• Administrative snags
Emotional / Psychological phase

• New normal
• PTSD/OSI not related to catastrophic event
• Chronic PTSD not the norm
Emotional / Psychological phase

- Struggle with “internal narrative”
- Pre-existing co-morbidities
- “Self-medication”
- Surrounding factors
Reconciliation phase

- Key to successful reintegration
Reconciliation

- Resilience
- Forgiveness
- Resetting internal narrative
- Overrides disabilities
Reconciliation

- Personality driven
- Not universal
- Co-morbid impact
Reconciliation

- Empowering vs enabling the victim role (we play a role)
Reconciliation and the Severely Wounded Soldier

- Physical injuries don’t appear to reflect psychological sequelae
- Offers better environment?
Clinical care

• Medical care
• Civilian Specialist
• Continuity of care
Administrative and Non-Clinical support

- Area of friction
- Evolution over the Afghanistan war
- Strive to be Industry Leader
Administrative and Non-Clinical Support

- Potential paradoxical effect
- Direct impact on medical treatment
Medical Transition from the Canadian Forces

• DND Case Manager
• Integrated Transition Process (ITP)
• Veterans Affair of Canada VAC
• SISIP
• Integrated Personnel Support Centre (IPSC)
• Soldier On
Retention

- Universality of Service
- Operational entity
- Long term care short comings
Summary

• Courage to ask honest, hard questions
• Will dictate our moral obligation
• What are the right things to do
Thank you