classification

first degree	superficial, minimal pain, healing is 3-7 days
second degree - superficial partial thickness	– extend through the first half of the dermis. -pink, painful, moist skin under the blisters -heal in 7-21 days -no to minimal scarring or impairment
second degree - deep partial thickness	– extend into the second half of the dermis. -cause skin color to change, scarring -heal in 3-5 weeks -may acquire scar management
third degree - full thickness	The burn extends all the way through all layers of skin. -white, brown, black or cherry red in appearance -may or may not have blisters -require specialized treatment and possibly surgery
fourth degree - subdermal	Burns that extend into the fat tissue, muscle and bone. -Charred in appearance. -Often requires amputation of the affected limb. -Survival rate is low.

evals

wallace rule of nines	Head and neck = 9% Each upper extremity = 9% Each lower extremity = 18% Front of trunk = 18% Back of trunk = 18% Perineum = 1%

phases of healing

inflam-matory phase	From onset of burn to 3-10 days after onset; edema develops
prolif-eration phase	From about the 3rd day after injury until burn is healed.; rigid scars
maturation phase	From about the 3rd week after onset to 2+ years after onset or reconstructive surgery.

types of scars

type	description	tx
hypertrophic	Thick, rigid scars that are red in color and appear 6 to 8 weeks after the wound closes. Hypertrophic scars are confined to the burned area. Most second degree deep partial-thic-kness burns and third degree burns develop this type of scarring.	-Splinting -Pressure wraps or garments -Massage when tissue has healed, positi-oning with the scar in extension to stretch tissue

types of scars (cont)

keloid - bubbly	Very thick, raised scars that extend beyond the burned area and are red or pink in color. These scars are caused by an overgrowth of scar tissue and usually start forming about 3 months after the burn onset.	pressure wraps, cryotherapy, surgery
contracture	Scar tissue that forms near or across a joint, causing the skin to tighten and pull. This scarring can limit the range of motion in the affected joint.	Positioning with the joint in extension -Splinting -Pressure wraps or garments -Passive and active range of motion. Treatment for heterotopic ossification – active range of motion within pain tolerance, passive range of motion according to physician's instru-ctions. Home active range of motion program.

OT intervention/tx general	
occupational history and roles	1. Develop long term goals to achieve the patient's desired outcomes related to occupational performance. 2. Modify goals based on any potential limitations or unrealistic expectations, based on observations and family/caregiver input.
ROM	1. Edema control -elevation and positioning -coban wrap or compression garment when wound closed. 2. Wound care-sterile whirlpool -wound debridement if necessary to promote development of healthy tissue -dressing changes 3. Active and passive range of motion. Exercises as patient will tolerate. 4. Splinting to stretch and remodel scar tissue if necessary.

OT intervention/tx general (cont)	
sensation	1. Complete stimulation activities to affected area when wound is healed. 2. Fluidotherapy at lower temperatures if wound is on hand or lower arm. 3. Immersion in textures as patient will tolerate. 4. Brushing, vibration as patient will tolerate if wound is not on the hand or lower arm. 5. Massage to affected area when wound is healed. 6. Stereognosis activities if wound is on the hand.
strength	when wound is healed if necessary – superficial burns may not impair strength. 2. Graded exercises as patient will tolerate.
ADLs and IADLs	Begin ADL treatment as soon after onset of injury or surgery as possible. 2. Introduce IADLs as patient will tolerate. 3. Work and driving assessments if necessary.
postoperative intervention	72 hours: dressing changes, splint at all times; five to seven days begin AROM, light ADLs