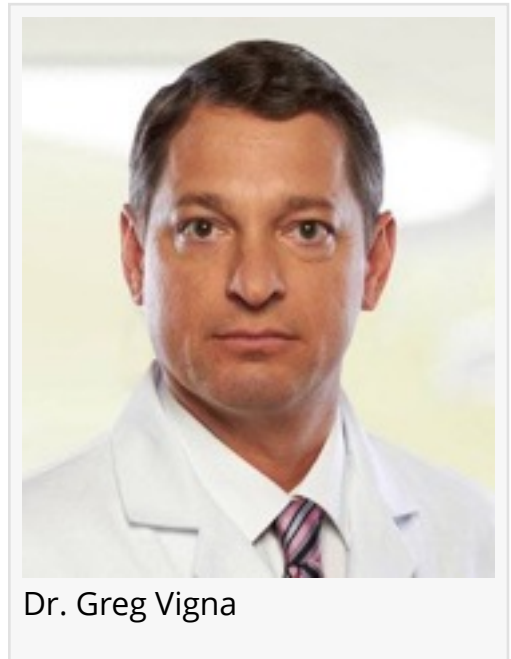


Acquired Deforming Hypertonia and Contractures: Dementia and Pressure Injuries

Hypertonia in severe dementia raises the risk of heel and trochanteric ulcers, leading to serious morbidity and mortality without proper positioning and care

SANTA BARBARA, CA, UNITED STATES, October 10, 2024 /EINPresswire.com/ -- "Hypertonia-related contractures in the severe dementia population are significant risk factors for heel and trochanteric decubitus ulcers that lead to predictable morbidity and mortality. There are several possible mechanisms for the contracture. The most likely primary cause is chronic central nervous system pathology, and this diagnosis is part of the upper motor neuron syndrome," states [Greg Vigna, MD, JD](#), national decubitus ulcer attorney and wound care expert.



Dr. Greg Vigna

What is acquired deforming hypertonia (ADH)?

"Defined as any joint deformity with decreased range of motion and increased resistance to passive movements, regardless of the cause, that promotes functional impairments, discomfort or any other limitation in activities of daily living ... often associated with pain ... ADH can be an important source of difficulties for positioning in a bed or chair with a risk of discomfort and pressure ulcers," says Patrick Dehail, Professor of Medicine, University of Bordeaux, France.

“

Pressure injuries to the heels and trochanters are a significant source of morbidity and mortality caused by acquired deforming hypertonia.”

Greg Vigna, MD, JD

Read Dr. Dehail's article:

<https://www.sciencedirect.com/science/article/pii/S1877065718314829>

Greg Vigna, MD, JD, national malpractice attorney and

wound care expert, says, "Pressure injuries to the heels and trochanters are a significant source of morbidity and mortality caused by acquired deforming hypertonia. Progressive flexion contractures of the knees make supine lying impossible as there becomes significant pressure at the heels that makes it very difficult to offload. Therefore, patients are required to be positioned

side to side every two hours to prevent decubitus ulcers.”

Dr. Vigna continues, “In situations where there is not reliable pressure relief by caregivers, Stage III or Stage IV decubitus ulcers on one or both hips develop. Other patients present with Stage III or Stage IV hip decubitus ulcers in addition to Stage IV ulcers involving the lateral aspect of the feet and lateral ankle.”

Dr. Vigna adds, “I have managed hundreds of patients with ADH as this diagnosis is common among patients in long-term care facilities. ADH is a risk factor for decubitus ulcers that are preventable with reliable pressure reliefs on an alternating air mattress. In addition, the care burden caused by joint contractures can be decreased with spasticity management, which refers to interfering with bedside care in ways that might include Botox, motor point neurectomies, and routine range of motion. Tendon release and other soft tissue releases can be provided with joint manipulation as well.”

Dr. Vigna concludes, “Trochanteric decubitus ulcers and osteomyelitis can be treated with myocutaneous flaps and intravenous antibiotics, and tendon releases can be provided at the right and left hamstring at the time of debridement or flap. Stage IV ankle and Stage IV lateral foot decubitus ulcers may require above-knee amputations at the time of the flap as well.”

Greg Vigna, MD, JD, is a national malpractice attorney and an expert in wound care. He is available for legal consultation for families and patients who have suffered decubitus ulcers due to poor nursing care at hospitals, nursing homes, or assisted living facilities. The Vigna Law Group, along with Ben C. Martin, Esq., of the Martin Law Group, a Dallas Texas national pharmaceutical injury law firm, jointly prosecute hospital and nursing home neglect cases that result in bedsores nationwide.

To learn more, visit the [Decubitus Ulcer Help Desk](#).

[Click here](#) to read Dr. Vigna’s book “The Mother’s Guide to Birth Injury”

Greg Vigna, MD, JD
Vigna Law Group
+1 800-761-9206

[email us here](#)

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