DARTMOUTH 2006 POLYTRAUMA CONFERENCE QUESTIONNAIRE

General Thoughts

1. What did you enjoy the most/least about the conference?

Research Agendas

2. Do you have any additional comments on the research agendas in the three broad areas of biology, robotics and simulation?

3. What are some projects that crosscut and combine two or more of these areas? Please review the assumptions of the conference before answering this question.

4. What are your opinions on the notion of engineering medicine as an approach to solving polytrauma?

Tele-conference Components

5. What did you think of the virtual talks and virtual participants?

Future Conferences

6. If this conference were to be repeated in the future

a) Where should it be held?

b) What time of the year should it be held?

c) What changes would you make in how we organized the conference (i.e. bathroom breaks, shorter days, parking etc)?

Current Assumptions of the Envisioned Polytrauma Program

The purpose of the proposed conference is to outline a program for treatment and rehabilitation of Polytrauma patients. The following paragraphs outline some current assumptions about the program (assumptions that may be altered or supplemented at the proposed conference).

Assumption A

Independent of one's political views about policies and events that have led to the existence of these Polytrauma patients, and independent of the number of such patients that exist and choose to be rehabilitated, it is assumed that it is worth making a serious effort to develop an effective Polytrauma program to help such patients.

Assumption B

In order for such a program to be effective, it must contain efforts at two levels. First, there must be a near-term clinical effort to rehabilitate current Polytrauma patients by exploiting to the fullest extent possible existing physical and psychological treatment modalities. Second, there must be a serious long-term research effort to develop more effective treatments than those now readily accessible.

Assumption C

Rehabilitation and treatment programs for Polytrauma patients constructed by applying independent, already existing single-trauma programs will be vastly inferior to a Polytrauma program developed specifically for Polytrauma patients. This inferiority arises from two sources. First, many of the treatments for single-trauma patients are critically dependent on the normal functioning of the systems not being addressed. Second, the use of independent treatments fails to capitalize on the extent to which economies of treatment, like economies of scale, can be realized with an integrated approach.

Assumption D

The envisioned Polytrauma program will extend current work on the Polytrauma problem not only by considering all the injuries of each Polytrauma case in a unified fashion, but also by engaging and integrating organizations, disciplines, facilities, and personnel that cover a broad range. In addition to components in the medical and rehabilitation domains (concerned with psychological as well as physical problems), scientific and engineering components (biology, physics, chemistry, mechanical engineering, and electrical engineering) will also be well represented. It is anticipated that any successful program will involve individuals from academia, industry, and government, and individuals focused on program administration and funding as well as on the content of the Polytrauma program.

Assumption E

Despite the assumption that a robust Polytrauma program is worth pursuing even if it only helps the population of Polytrauma patients, it is expected that results achieved in this program will have substantial "spin-off" for other populations. In particular, it is believed that the program will lead to significant benefits for the aged and for patients of diseases such as cerebral palsy, muscular dystrophy, and spinal cord injuries that lead to multiple failures in normal functioning.