

THROUGH THE CRYSTAL BALL: SEATING CHALLENGES IN INPATIENT REHABILITATION

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The process of prescribing a client's first wheelchair following a new injury or illness is one of the most challenging tasks faced by inpatient clinicians. Clients are more acute than ever in the rehabilitation setting and the array of equipment available to them is extensive and ever expanding. When prescribing seating and mobility devices, the client's body structure, environment, and lifestyle must all be considered. These factors are often difficult to determine for clients with new injuries or illnesses as they may not have a known discharge environment, they will undoubtedly experience changing abilities, or they may be unsure of what they want and what their life may look like in the future.

Unclear Discharge Location

Many clients who need mobility devices are unable to return to their previous homes due to accessibility issues. When clients are being discharged to transitional living facilities, long term care homes, retirement homes, or hotels for short stays, prescribing an appropriate wheelchair for their home environment is challenging. These clients must leave the hospital with a mobility device, but with no clear final discharge location it is difficult to prescribe, with confidence, a device that will work well in their new environment. Generally, it is recommended clients trial wheelchairs in their home environment prior to purchase and that the therapist take into account all features of the client's home to prescribe the appropriate wheelchair¹. But, when there is not a discharge location to measure or to trial a device in, the clinician is faced with a very difficult task. Prescribing a wheelchair for the clients' short-term discharge location can allow the client to learn to use their device in a home-like environment and determine what their ultimate environment needs to look like. Prescribing a piece of equipment that will work in their community, work, and leisure environments is a way to ensure participation and decrease social isolation even if the home environment is unknown. In practice, it has been found helpful to put the patients seating and mobility needs first and prescribe the chair that best meets those needs when no discharge location is known. Finally, prescription can be delayed until an environment is known².

Client Continues To Change

Many mobility devices are abandoned following their prescription due to the needs of the client changing shortly after their discharge from hospital³. Due to short lengths of stay in rehab, clinicians are challenged to prescribe appropriate mobility devices to clients whose function continues to change. The prescription of a device that is not appropriate can, over the long-term have consequences such as loss of function and pressure injuries⁴. Not only are clients changing physically, they may be changing mentally as many are grieving the loss of their previous function and independence⁵. This grieving adds another layer of challenge to prescribing a wheelchair for a changing client. Frequent assessment of a client's physical and emotional status during this time can help the clinician make a more informed decision about the clients long-term needs¹. Prescribing multiple devices can also lead to greater use and satisfaction in the long-term for clients who are about to reach new levels of function after discharge¹. Beginning the process as soon as possible and trialing appropriate devices will assist the clinician in determining how the client is changing and how the change(s) may affect their ability to use different equipment. Prescribing the device that will work for the client for at least six months after their discharge, even though this may not be their long-term device, will allow them increased independence and safety in the months following their discharge until they have reached their ultimate functional level.

Client Unsure Of What They Want

Clients who are being prescribed their first wheelchair are often unaware of the technology available to them and are struggling to come to terms with their new injury or illness and are not able to picture their future. First-time users have been found to have a very limited ability to predict their future wheelchair use⁶. This uncertainty increases the challenge faced by the clinician in determining how a client may want to use their wheelchair in the future. One of the biggest reasons clients are unsure of what they want and are unable to predict how they will use their wheelchair, is that they have a lack of understanding of the process and the equipment available². To assist clients, clinicians need to provide as much education as possible about the equipment, its use, and its maintenance². Clients need to be fully engaged and involved in the entire prescription process to ensure long-term success of the device¹. It is also important to encourage clients to talk to others about their mobility devices so they can gain a user's perspective on the equipment². Finally, clinicians need to tap into the client's hobbies and interests as they are likely to return to these in the future.

The prescription of a wheelchair is often the most important part of a client's rehabilitation stay and can often be the most difficult. As clinicians, it is important to keep in mind the impact a mobility device has on a client's success in realizing their full potential and why it is vitally important that the client is fully involved in the process. The clinician's goal is to look through a cloudy crystal ball and prescribe the most appropriate piece of equipment based on as many factors as possible in spite of a multitude of uncertainties.

References:

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Speaker Bio

Lara Feasby is an occupational therapist who works on an inpatient spinal cord injury unit at Toronto Rehab. She has also spent time working in the outpatient seating clinic at the Lyndhurst Centre. She has experience prescribing seating and mobility devices to people in both the inpatient and outpatient setting.