

EXPANDING ROLES OF THERAPIST ASSISTANTS AND WHEELCHAIR PROVISION

SHEILAGH SHERMAN
Sunrise Medical Canada

Due to tight healthcare budgets, the role of the therapist assistant, and the clinical settings in which the assistant works, are expanding. While not replacing prescribing therapists, assistants provide support in all the steps of wheelchair provision – from referral through to discharge. Based on an informal survey of occupational therapists and physiotherapists working in seating and mobility in Canada in clinical settings ranging from acute care to community care to long-term care/complex continuing care to seating clinics, this paper describes the support that assistants provide and the themes that emerged related to supervision of support personnel in seating and mobility. The themes, which included communication, collaboration, knowledge base and skills development, are well represented in the literature regarding therapist assistants.

Administration/Referral

Depending upon the clinical setting, a therapist assistant may be assigned some administrative duties. In a seating clinic, the rehab assistant may be responsible for booking appointments, which includes scheduling the therapist, client, vendor and any other required individuals at a time that is convenient for all. The rehab assistant may order charts and obtain other background information required by the therapist for the assessment. After the completion of the assessment, the therapist assistant may contact the vendor to request equipment for trial, as specified by the therapist.

In long-term care, some facilities may contract or employ therapists on a part-time basis, ranging from a specified number of hours weekly or monthly, depending upon the size of the facility. These same facilities may employ rehab assistants on a full-time basis. In this situation, the therapist assistant may be responsible for initiating a referral to a therapist for a seating and mobility assessment when a client requires a mobility device so that the therapist is aware of this upon the next visit. Likewise, the therapist assistant may be the point of contact for family members and other staff regarding mobility devices between the scheduled visits of the therapist and may notify the therapist when an assessment or intervention is needed.

Assessment

Whether in acute care, long-term care, inpatient rehabilitation or seating clinic, rehabilitation assistants provide much assistance for seating and mobility assessments. In seating clinics, an OTA/PTA prepares the clinic prior to each appointment and cleans between appointments. In addition, the therapist assistant may assist with custom shape captures at a seating clinic. In long-term care, the therapist assistant may be able to provide the therapist with relevant background information regarding the client, such as usual method of propulsion, transfers, and postural history. In settings where the therapist visits the facility weekly or monthly, having the rehab assistant involved in the assessment allows the assistant to be part of the process and to be informed of the requirements as the assistant tends to be the liaison between the client/family, vendor and therapist.

In all settings, a rehabilitation assistant may assist when a second person is required. For example, an OTA/PTA may assist with transfers or the use of a mechanical or ceiling lift; may help to support an individual with poor sitting balance or unpredictable tone during the assessment; and may take required photos. For individuals who are on isolation or infection precautions, the rehab assistant can act as the “clean” person during the assessment, being the scribe and note-taker for the therapist.

Equipment Provision and Trial

The clinical setting influences the type and amount of involvement of a therapist assistant in equipment provision. In some settings, such as inpatient settings and some long-term care/complex

continuing care settings, the facility has an equipment pool of wheelchairs, cushions and back supports. Sometimes, a therapist assistant provides a temporary wheelchair until the therapist returns to the facility to conduct an assessment to prescribe a more permanent seating and mobility system for a client, such as in long-term care. In some settings, such as acute-care, inpatient rehab, and complex continuing care, the therapist assistant sets up a wheelchair with seating and accessories, such as a lap tray, from equipment pool choices, as specified by the therapist. Adjustments to the set-up are made by the assistant, as directed by the therapist.

When equipment is being trialed for prescription purposes, the setting and the province (i.e., availability of equipment through funding programs) influences the responsibilities of the rehab assistant. At a seating clinic, the therapist assistant may be responsible for installing seating components onto a mobility base or making adjustments to a wheelchair to set it up for trial and/or fittings. The assistant may pre-wrap equipment, if required for infection control precautions.

At a long-term care facility, a therapist may or may not be present when new equipment arrives for a client, depending upon scheduling. If the therapist is not present, the therapist assistant and vendor may set up the client with the new equipment until the therapist's next visit, when adjustments can be made/arranged. If both the therapist and therapist assistant are present when the new equipment arrives, the therapist may assign follow up to the rehab assistant for recommended changes that can be made by the vendor without the presence of the therapist. The assistant, because she has been part of the initial fitting and understands the rationale, can follow up with the vendor as the go-between for the therapist and vendor when the therapist works only part-time at a facility. Particularly when a therapist does not work full-time at a centre, the rehab assistant has a vital role in reporting back to the therapist how the wheelchair trial is progressing for the client with information on issues such as comfort, posture, or sliding.

Pressure mapping is another area where rehab assistants provide assistance. Therapist assistants set up the pressure mapping system in preparation for appointments when pressure mapping will be used to evaluate seating.

Training

Therapist assistants provide much support in the area of mobility training. Whether it is in acute care, inpatient rehab, long-term care/complex continuing care or seating clinic, rehab assistants often are assigned mobility training with clients. From basic wheelchair safety and mobility in acute care or long-term care to manual wheelchair skills in inpatient rehab to power mobility training over several visits in the community, rehab assistants play a role in assisting clients to learn the required skills and in reporting back to the therapist on client progress. Checklists may be used to ensure all areas of training are covered; for example, accessing transportation in the community. Training may be provided in how to remove/fold some wheelchair components for a transfer. Therapist assistants may provide training to clients in areas such as cushion maintenance (e.g, how to check inflation of an air cushion) and wheelchair maintenance (e.g., how and when to charge batteries on a power wheelchair). In addition, therapist assistants provide informal training. For example, assistants may provide clients with safety reminders regarding wheelchair use when the therapist is not on-site and will advise the therapist of any safety concerns noted when the therapist is not present in the facility.

Funding

A rehab assistant may assist in completing sections of funding applications. Depending upon the funding agency requirements, a therapist assistant may call for price quotes on equipment. The rehab assistant may be assigned administrative duties and be responsible for submitting/faxing completed paperwork to funders or other agencies.

Equipment Maintenance/Inventory Management

OTAs/PTAs may be responsible for seating and mobility equipment and related inventory

management. In larger facilities, this role becomes specialized, with one person assuming primary responsibility and gaining expertise in this area. Often, the job title reflects this expertise, such as “wheelchair technician”.

Therapist assistants are responsible for organizing equipment pools, cleaning and disinfecting equipment, and performing basic repairs. Therapist assistants also may be responsible for charging power wheelchairs and performing maintenance checks on equipment being returned to the equipment pool. In some long-term care facilities, therapist assistants are responsible for submitting funding requests for vendors to complete more complex repairs.

Communication

Communication is an important element in the provision of wheelchairs, no matter the clinical setting. When looking at the role of therapist assistants in wheelchair provision in long-term care settings, being the contact person and relaying communication from the client, family and nursing staff to the therapist upon his or her next visit is one of the duties when a therapist is employed part-time in a facility.

In some settings, the therapist assistant is involved with multiple aspect of the treatment plan, as assigned by an occupational therapist and/or physiotherapist, and therefore spends more time with the client than the therapist who is overseeing the treatment program. Sometimes the rehabilitation assistant can get the “real” feedback from the client on the wheelchair trial. Perhaps the client is uncomfortable sharing negative feedback about the seating and wheelchair with the therapist, but are more willing to share their honest opinion with the OTA/PTA as they spend more time with the therapist assistant.

In the article *“Occupational therapist assistants: Enabling well-being in community power mobility users”*, the authors, Gillespie and Engel, stated that *“there may be a decreased perceived authority differential between the client and the OTA compared to the occupational therapist, and this can foster a good therapeutic relationship.”* (1, p. 9). The decreased perceived authority differential may be another reason why a client may be more willing to give the “real” feedback on the wheelchair trial to an OTA/PTA, rather than an occupational therapist or physiotherapist.

Methods and frequency of communication will vary depending upon the practice setting. For example, in the community, communication on client progress occurs through documentation in the client record and through voicemail and email updates to the supervising therapist, when face-to-face communications may be more difficult to plan. An innovative practice described in the literature is the use of iPads to communicate within a large hospital setting. (2) This allows for immediate communication between the therapist and therapist assistant, using the texting feature to share information and even using the video conferencing feature to problem-solve issues, such as equipment needs, in real time.

Collaboration

When describing the role of the therapist assistant in wheelchair provision, some therapists have described the rehabilitation assistant as being a collaborator in the process. For example, in acute chair, the therapist and therapist assistant may select a wheelchair together from amongst available equipment pool choices if there were difficulties with the original piece of equipment provided from the equipment pool. Due to the complexity of some seating and mobility systems, having someone with whom to bounce ideas can be beneficial.

Collaborative relationships between therapists and therapist assistants have also been described in the literature. Collaboration between the occupational therapist and OTA, in which both skills and knowledge were combined, enabled enhanced service delivery (1), which benefits the client. *“OTAs provide another pair of eyes and hands to assist the occupational therapist to recognize concerns and promote engagement in occupation. The relationship between occupational therapist and OTA is*

more than the assignment of a task. It requires trust, understanding, an exchange of ideas and working together to provide the best care for the client.” (3, p. 20)

Knowledge Base

There is a certain level of knowledge or skill required of the therapist assistant to work in the area of seating and mobility. Orientation and mentoring by experienced therapist assistants, on-the-job training, and on-going education in seating and mobility through attendance at in-services, workshops and conferences were considered important to gain the knowledge and skill required to work in this area. It was noted that when a therapist assistant develops the necessary expertise to work in seating and mobility, greater efficiencies can result. For example, in some inpatient rehabilitation settings, it is more efficient to have one rehabilitation assistant be responsible for the seating and wheelchair pool and setting up wheelchairs for inpatients, rather than having several assistants share the responsibility.

Summary

The role of the therapist assistant in wheelchair provision is expanding. Rehab assistants can support therapists by completing administrative and clerical duties. OTAs/PTAs can assist during the assessment, by providing another set of hands for safety or for documentation purposes. Therapist assistants have a large role to play in equipment provision and set-up, in addition to client training with mobility devices and transfers. Rehab assistants also tend to become responsible for maintaining equipment pools and managing inventory. Therapist assistants have a role to play to assist therapists and clients in all of the steps of wheelchair provision, from assessment through to discharge, and from acute care to long-term care and every setting in-between.

The knowledge required for the role will vary depending upon the clinical setting in which the therapist and therapist assistant work. For example, some rehabilitation assistants will gain expertise in seating and mobility to allow for greater efficiencies in service delivery. Collaboration between therapists and therapist assistants also allow for enhanced service delivery when knowledge and skills are shared for the benefit of clients. No matter the setting, communication between the client, therapist and therapist assistant are important in achieving the goals of wheelchair provision.

References:

1. Gillespie, H., & Engel, L. (2015, March/April). Occupational therapist assistants: Enabling well-being in community power mobility users. *Occupational Therapy Now*, 17(2), 8-10.
2. Feenstra, C., & Grouchy, N. (2015, March/April). Communication: From low tech to high tech. *Occupational Therapy Now*, 17(2), 15.

Speaker Bio

Sheilagh Sherman, BA, BHScOT, MHM, OT Reg. (Ont.) is the Clinical Educator for Sunrise Medical Canada. Sheilagh hosts Cyber Series webinars monthly and writes articles on the clinical aspects of seating and mobility monthly for her blog, found at www.clinical-corner.com. Sheilagh has presented at provincial, national, and international conferences, in addition to leading workshops throughout Canada.