

CLIENT CENTRED PRESCRIPTIONS: YOU SAY IT BUT ARE YOU DOING IT?

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Learning Objectives

1. Upon completion attendees will be able to identify client goals and differentiate them from other stakeholders' goals when prescribing wheelchairs and seating.
2. Upon completion attendees will be able to identify and maintain their obligations as a health care professional when it comes to mobility and seating prescriptions.
3. Upon completion attendees will be able to identify two strategies to enhance client centered prescriptions.

Paper

In the early 1900s the importance of the client in the therapeutic process was recognized. It was thought this could 'awaken curiosity and stimulate interest. In the mid 1900s focus shifted to more pathology- based symptoms, leaving the client behind in the process. Then came our current models; a shift from illness to one which emphasized health and well-being. This started putting clients' in charge of their own health, making it consumer driven and client centered. Logically this contributed to better client care and increased therapeutic outcomes. When being client centered during a wheelchair prescription process it can affect wheelchair appropriateness, the degree to which the wheelchair meets the patients' functional and health needs. This may include criteria such as wheelchair quality, customizations and accessories. An inappropriate wheelchair can cause adverse consequences to physical functioning, safety, quality of life, and vocational and economic standing¹. With wheelchair inappropriateness comes wheelchair abandonment. A study by Scherer et al. found 36% of wheelchairs were abandoned by individuals with spinal cord injuries within one year of prescription. Along with change in need, lack of client involvement has been suggested as an important explanation for the rate of wheelchair abandonment². With the proper use of client centeredness during the wheelchair process it is the hope for client satisfaction to increase and wheelchair inappropriateness and abandonment to decrease.

Client Centeredness

Client centeredness involves the client actively participating in negotiating goals which are prioritized throughout the assessment, intervention and evaluation process. The therapist communicates and adapts the interventions to meet the client's needs and enables the client to make informed decisions³. Despite the advances in client care, criticism has arisen around the process of client centeredness mainly stating the process is no longer therapist lead and therefore the power is no longer assigned to the therapist; or the aspect of increased time it takes to be client centered is seen a constraint. The integration of all stakeholders: the therapist, user, supplier and funding source is required for success with client centeredness. At any moment during the prescription process each stakeholder can be considered the client and therefore their goals need to be prioritized, this will reflect on who is the expert during specific points of the process. Integrating the motives, goals and needs of all stakeholders brings up required themes of education, empowerment, priorities and outcomes revolving around client centeredness.

The Therapist

Therapists' practice is structured through regulatory colleges and standards of practice. Subsequently to embrace client centeredness the topic of consent can guide practice to act in the client's best interest. Even when speaking about wheelchairs a common definition of consent is applicable to ensure best practice "Clients should receive information about the cost, nature, purpose, benefits, risks, alternative options and any other items as requested"⁴. The therapist role includes establishing a collaborative relationship with recipients of service and other relevant stakeholders, to promote shared decision making⁵. The process of empowerment seeks to create this collaborative relationship

between all parties and is critical in establishing a therapeutic relationship in which power is equalized and collaboration is emphasized⁶. With both education and empowerment as an integral part of wheelchair prescription client centered practice can be achieved between all parties.

The User

User experiences and knowledge are central to, and carry authority within the user, therapist partnership. Involving the user in decision making process and having their experiences and knowledge recognized can incur positive long term outcomes⁷. The user is the expert on their functional needs and therefore their goals. However, in some situations they may not know all options, benefits or consequences of their choices and this is where the knowledge of other stakeholders can fill in the gaps and can empower the user to make the informed decisions.

The Funding Source

The funding source/payor was cited as a significant influence of the ultimate appropriateness of the wheelchair provided to the user¹ and in addition to time constraints, funding and reimbursement is identified as a major limitation during a wheelchair procurement process as well as other technologies^{6,8}. It has been stated that “no similar financial arrangement exists in a consumer-driven economy such as ours; an arrangement wherein the end user has little control over the process of assessment and procurement.”⁶ With these constraints, it is even more important that the funding source is considered every step of the way and a client centered approach is taken to ensure funding success, as they have their own goals and priorities in the process.

Integrating it into practice

Treating each stakeholder as an integral part of the process, with emphasis given to one or more during specific times of the process is a balancing act. Themes have started to shift from a client centered position to a negotiation-centered. A process where the goals are led by interaction and conversation. Parties can work together with collaboration and negotiation and therefore the control given to the user is not total⁹. In the negotiation process the individuals can share, hesitate and doubt, but also to decide and create. Another principal to focus on the process of client centeredness is the idea of leading by interaction. When leading by interaction the themes of power and negotiation can be stronger for one party over the other at times but respect is always a constant. It is a continuous course, where each party is always trying to learn about the other and to communicate effectively¹⁰.

Incorporating outcome measures to any therapeutic process is of benefit to learn what is successful. In line with other rehabilitation measures, most wheelchair related body function and activity outcome tools reflect the clinicians' concerns rather than determining whether the goals of user were actually met. Ideally, we would be determining what clients want or want to do by asking them. The Wheelchair Outcome Measure (WhOM) is a client-specific wheelchair and seating system intervention measurement tool designed to primarily identify desired outcomes at the participation level, but also acknowledges concerns about body structure and function. Outcome measures such as this can assist us in measuring the effectiveness of our true client centered approach¹¹.

Bringing the research and themes of wheelchair prescriptions and client centeredness together is evident it is a dynamic process with ever changing needs. If we can begin to look at stakeholders in the process, the therapist, user, supplier and funding source, as being clients of each other and use negotiation and interaction to help achieve both mutual and independent goals we should be able to achieve success on a variety of levels with constant respect and mutual benefit.

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Speaker Bio

Alli Hyde has a Bachelor of Science in Kinesiology and a Master's of Science in Occupational Therapy. In practice, she gained a broad range of clinical experience in the community, Long Term Care and with Veterans Affairs. Alli is currently the Clinical Educator for Motion Composites providing educational sessions throughout North America.