



DEALING WITH “DIFFICULT” CLIENTS

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REHAB CASE STUDY

What is a “difficult” client? Clients with extremely complex presentations or situations can be a great challenge for the rehab team. On the contrary, some people with very basic physical needs may have simple equipment solutions, yet have interesting social/family dynamics, that result in a difficult situation as the team attempts to manage expectations, educate, and work within those challenging dynamics. In these types of situations, clients and/or their caregivers may be labelled as “difficult” and even possibly carry that title throughout their lifetime. The seating and mobility world is a small industry, and clients who burn bridges may find it difficult to find a supplier that will work with them. This creates a very tough situation for the clinicians who are working with that client. Before we begin to discuss a relevant case study, it is important to note that an informed client who knows what they need and want is a GOOD thing. However, when a person (whether client, caregiver, supplier, clinician, manufacturer, etc.) does not respect other team members, attempt to understand other’s perspectives, and has unrealistic demands, things become problematic quickly. All members of the rehab team should ultimately want what is best for the client and do everything they can to achieve the end goal of a successful outcome. Likewise, clients should be able to trust that the team is working in their best interest and doing everything they can to achieve that common goal.

From the beginning, both the clinic and the supplier were aware of the undesirable history.

John received a thorough evaluation at a well-respected assistive technology clinic by a clinician and supplier who both are certified Assistive Technology Providers (ATPs). John was satisfied with his existing manual wheelchair and power assist wheels and wanted to replicate what he was currently using. Unfortunately, John’s wheelchair was no longer being manufactured, and a new product was required. The team chose a TiLite Aero Z because of the customization this product allowed. John had several orthopedic issues and required a significantly abducted frame on the left side only to accommodate limited hip adduction (see Figure 1). He also wanted a drop seat as he had successfully been using one for years. He and his mother were extremely resistant to any change because he hadn’t experienced any issues with skin breakdown in the past in his more recent chairs. Since it was impossible to replicate his current chair exactly, the team did everything they could to achieve the desired outcome. This included customization from TiLite as well as from NuMotion.

At the first delivery appointment, John’s mother expressed concern with the rigidizer bar on the TiLite frame below the custom fabricated drop seat. She was particularly concerned with the geometry of the angles and felt it might create increased risk for skin breakdown near John’s greater trochanters. John’s mother refused the highly customized chair because

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This case began with a seasoned client in a prominent assistive technology clinic. This particular client, who we will call John (not his actual name to respect his privacy), was born with Spina Bifida and had been using wheeled mobility

since he was a young boy. John lives with his mother and is fairly independent as an adult male; however, his mother continues to speak on his behalf. She wants John to be independent but seems to be trapped in her role as his sole caregiver, and at times may overstep this role. It was time for John to obtain a new manual wheelchair with power assist wheels, as he had been using for several years. Unfortunately, John and his mother had a reputation for being “difficult” and had burned many bridges in the local assistive technology community. Several local suppliers would no longer work with them as customers due to negative past experiences. NuMotion stepped up to give them another chance and agreed to work with them despite their reputation.

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of this and would not even agree to try it despite several conversations and having a signed CAD that she agreed to. She insisted that those angles were not clearly evident on the CAD drawing she signed. Additionally, the backrest width was identified as being too wide and limiting John's ability to propel the wheelchair. In this first phase of the process during which the issues were identified, one lesson was learned: The team could have possibly discussed the CAD in greater detail with the family prior to placing the chair on order. This would have possibly helped identify the family's concerns before the chair was manufactured and many hours of custom work were completed.

At this point, NuMotion reached out to me as the manufacturer's representative for TiLite, asking if there was anything that could be done. Mom was requesting to speak to an engineer at TiLite to tell them about what she considered to be a "design flaw." She immediately began contacting executive level management at both companies instead of going through the appropriate chain of communication. Because of this escalation, TiLite agreed to meet with the family and hear them out to see if there was anything different that could be done in this case. Unfortunately, any desired changes required building and designing an entirely new frame with a custom rigidizer bar and tapered backrest. After many discussions with the team, a new frame was designed and fabricated for John. A CAD was presented to the family, and they approved the new design.

When the new chair with requested changes was delivered, it seemed to resolve all of the issues and concerns related to the seating/positioning needs and John and his mother agreed to take delivery of the chair. After several weeks of use, NuMotion received another call from the client's mother expressing



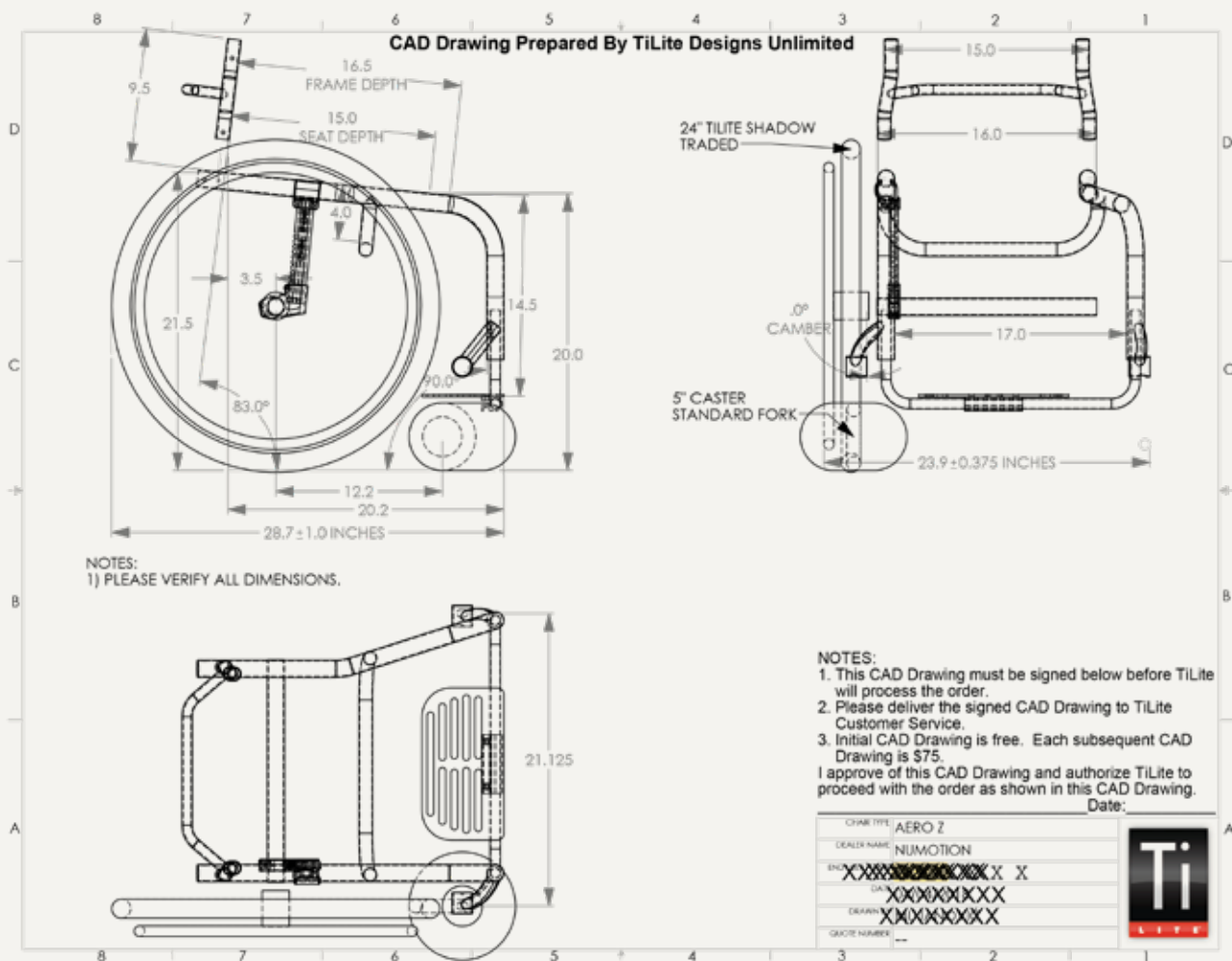
FIGURE 1: This shows the customized abducted frame on the left side only. The overall width of the frame is shown with the yard stick.



FIGURE 2: This shows the front caster wheel sticking out further than the rear wheel. This was done to allow the chair to track properly when moving forward. The front caster angles are equal on both sides.

FIGURE 3

FIGURE 3: This is the final CAD for the chair to get the front caster inside of the rear wheel, the caster angles are different on each side. The abducted side (left) has a smaller angle for the caster arm.



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concern about how the front caster stuck out further than the wheel on the abducted side (See Figure 2). This was limiting John's ability to use the chair in tight spaces, especially in conjunction with the power assist wheels. John was constantly bumping into things and having difficulty getting through doorways. John's mother felt this design was unsafe and needed to be fixed.

To avoid any miscommunication between individual parties, the team got together again at the clinic to discuss these concerns and problem solve possible solutions. Several ideas were generated including modifying

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the components of the current frame to improve maneuverability and safety. One of the main ideas was to increase the camber angle of the wheels, which unfortunately was not possible with the power assist wheels. The only way to resolve this issue was to build and design yet another frame!

Normally, this would not be an option since the frame had already been replaced one time and resulted in a total loss for the manufacturer. To design and build another custom frame would require even more engineering time and design in addition to the materials and manufacturing process. There was no way that

THE CHAIR NEEDED TO BE FABRICATED FROM TITANIUM TO ACHIEVE THE FRAME BENDS IN THE REQUESTED CONFIGURATION. TILITE TOOK ON THIS EXPENSE TO SWITCH TO TITANIUM IN ORDER TO ACCOMPLISH THE END GOAL.

TiLite could utilize the extremely customized frames that were already built for John. The initial response was that we would not be able to make the desired changes. John's mother felt that the caster position was a safety risk to John and that he was not able to use the chair with that design. She again took her concerns to the executive level of the companies and eventually NuMotion agreed to take on the cost of the second replacement chair to achieve the optimal outcome and satisfy the client.

The team met, once again, and included a designer from TiLite on FaceTime to discuss several different options to improve the front caster position while maintaining the abducted frame design that John needed orthopedically. Everyone agreed on the final design, (See Figure 3) and the mother and John both signed off on the CAD with the clear statement that this would be the last frame replacement. They both also verbalized understanding of this.

The chair was so complex that during fabrication it was determined that the specific bends of the tubing required could not be achieved with aluminium metal. The chair needed to be fabricated from titanium to achieve the frame bends in the requested configuration. TiLite took on this expense to switch to titanium in order to accomplish the end goal.

When the third chair was delivered, it finally met the expectations of the client and caregiver. Ultimately, the lessons learned by all involved were as follows:

- 1) When faced with an extremely complex and difficult technology solution, do everything possible to get renderings/CAD/drawings of the

recommended equipment and discuss these in detail with the client/family. Get their approval prior to ordering the product.

- 2) Listening to the client and caregivers and responding with compassion reinforces that the team is trying to accomplish the best outcome for the client and a more reasonable response is more likely.

- 3) Having the support of the entire team collectively will help standardize the message and avoid the "he said/she said" argument. It is especially important that the team members discuss viable options and the barriers to each prior to presenting them to the client/family.

In summary, despite all of the stress and challenges with this case, the ultimate goal was eventually achieved, and the client and family were happy with the end result. Even though there was great financial loss on the part of TiLite and NuMotion, it was good to know that we took care of the customer's needs. It also showed the seating clinic that we are committed to taking care of the client which went a long way in our relationships with the clinical staff there!

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Amy Morgan, PT, ATP, Amy has been involved in wheelchair seating since beginning her career as a physical therapist. Morgan worked for Cincinnati Children's Hospital in the past where she was involved in both outpatient and inpatient settings. This experience allowed her to work with a variety of patient populations. Additionally, Morgan was the lead therapist in the hospital's wheelchair clinic, which included evaluation for equipment as well as power mobility training for young children. She has presented lectures both nationally and internationally as the national clinical education manager for Permobil Inc. She is now the territory sales manager for Permobil Mobility products in the central/southwest Ohio area.

