

EMPHASIZING GOALS AND OUTCOMES

CASE STUDY 1: A CANADIAN CLINIC

Written by **MARLENE ADAMS, B.H.SC., OT REG. (ONT.)**

In our busy seating clinic, we are two full-time occupational therapists. Our patients are with us for life, so we have a lot of follow-ups to learn from. We have tried various outcome measures over the years but haven't stuck with any one for multiple reasons. Also, we haven't been able to access others we are interested in using. In the absence of a consistent outcome measure, we have found having a thorough seating assessment that we complete with each referral has been valuable in terms of tracking changes in our patients, justifying new equipment and even helping the medical team to understand the impact of postural changes on the health of our patients.

Every time our patients return in two, five or more years with a new issue, we complete a reassessment with the full assessment. We have found skipping this step can lead to costly mistakes. Whenever I run into a problem with fitting my patient with new equipment, I will look back at my assessment, and, I must admit, the thing the team is struggling with is often the thing we skipped over in the assessment. Examples could include understanding if a patient sits in left or right pelvic obliquity on the mat. If I assume that how they're sitting in their chair is how they're going to sit on the mat, I may be missing the fact the cushion, which is likely old and worn out, is probably worn out unevenly due to postural habits, which may worsen a potentially correctable pelvic obliquity.

Our assessment is eight pages long, and we allow 90 minutes to complete the interview and physical assessment. This sounds like a lot, but being more thorough upfront helps the rest of the process move along more efficiently, and our vendor reps agree. Our assessment includes how the wheelchair user lives their life from their wheelchair, the linear measurements and relative angles, and their seating and mobility goals. We implemented this process long before we truly understood the positive impact this could have.

BUT THE BEST PART OF DOING A THOROUGH ASSESSMENT IS HOW IT FOSTERS A THERAPEUTIC RELATIONSHIP OF RESPECT AND TRUST.

With this thorough assessment, I have had patients tell me they've never been assessed like this. With all this information, we've been able to document for funding sources how someone's weight loss required not just a change in seat width but also seat depth. We've been able to explain to our patients how the changes in their bodies have changed how they need to use their device. But the best part of doing a thorough assessment is how it fosters a therapeutic relationship of respect and trust.

You can find a thorough seating assessment form by using an internet search, which is where we started. After compiling several examples and reviewing "A Clinical Application Guide to Standardized Seating Wheelchair Measures of the Body and Seating Support Surfaces" for the measures, we developed our form, which we've been using for over 15 years now with some occasional revisions over the years.

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Marlene Adams is an occupational therapist (OT) working full time in the Brain and Spinal Cord Rehab Program outpatient seating clinic at the University Health Network in Toronto, Canada. She has practiced as an OT for 28 years with seating and mobility as the primary area of focus for the last 18 years. She is passionate about teaching the components of a seating assessment to OT students and current practitioners alike.

CASE STUDY 2: A U.S. CLINIC

Written by **Theresa Berner, MOT, OTR/L, ATP**

Rehabilitation professionals and Complex Rehab Technology (CRT) companies work hard to fight for the best equipment for consumers. After advocating to provide complex rehab and customized seating for consumers, we need to assure the equipment continues to meet patients' needs over the long-term life of the equipment. CRT teams provide expensive and complex equipment with a range of disabilities within a complicated infrastructure, but we have no resources to keep track of or manage them. The tools that allow us to manage and track equipment use are patient-reported outcomes.

OSU has implemented the Functional Mobility Assessment (FMA) for all patients coming through the Assistive Technology Center for wheelchair seating. This system has allowed better communication and follow-along of equipment and patients' needs.

The FMA allows the patients to rate their equipment use based on 10 items of satisfaction in performing Mobility Related Activities of Daily Living (MRADLs). These items are daily routine, comfort needs, health needs, operate, reach, transfers, personal care, indoor mobility, outdoor mobility and transportation. Patients give each category a score at the time of evaluation for new equipment and then are contacted 21 days post receiving the equipment, then at 90 days, six months, 12 months and annually thereafter. If the patient's reported score drops, the evaluation team is contacted to be informed and complete follow-up needs.

The following case is an example of how the FMA is used as part of the assessment in the clinic setting.

Albert is a 62-year-old male with diagnosis including stroke with left hemiplegia, spasticity, cardiovascular disease, moderate lower extremity edema, diabetes

and osteoarthritis. He lives alone in his home and has regular home health aides who assist him with bathing and dressing. He has an adult son who stops in a few days a week to check on him. Albert has a strong social community and can enter his home and leave it with the use of a ramp and is very active. At the time of his evaluation, he was using a standard high-strength lightweight manual wheelchair he had difficulty navigating in his home. At the evaluation, his FMA score was 16/60, and his goal was to be as independent in his home and increase participation in all his MRADLs. His current chair did not allow him to navigate his home, and his participation level continued to decrease. His team recommended a Group 3 power wheelchair with power tilt and power ELR. Albert returned to the seating clinic for delivery of his equipment and then completed a post-delivery follow up at day 90. At the follow up his reported score was 57/60.

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AFTER ADVOCATING TO PROVIDE COMPLEX REHAB AND CUSTOMIZED SEATING FOR CONSUMERS, WE NEED TO ASSURE THE EQUIPMENT CONTINUES TO MEET PATIENTS' NEEDS OVER THE LONG-TERM LIFE OF THE EQUIPMENT.



WITH OUTCOME TRACKING, OSU HAS A TOOL TO ENSURE CONSUMERS HAVE THE BEST CHANCE AT MAXIMIZING THE USE OF THE EQUIPMENT WE FOUGHT SO HARD TO GET.

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The seating clinic was contacted by the FMA team at Time 4, which was a six-month follow up from delivery because his score dropped significantly. The areas that dropped were comfort, reach, personal care and indoor mobility. When the seating clinic team contacted Albert, he reported several items on the chair were broken, and he was having trouble navigating around his home. He reported he could not remember who his CRT supplier was and assumed he needed to just get by. The seating clinic contacted the CRT supplier, and all the repairs were completed, and the chair was operational again. At time five- to- six months later, his score was back up to baseline.

Albert had an annual appointment at the wheelchair clinic he did not attend. Two months later, during the annual FMA review, the FMA team reached out to the seating clinic because Albert's score dropped again during the annual check in. When the seating clinic

contacted Albert, he reported he was hospitalized when he missed his wheelchair clinic appointment, but he now had a pressure sore and needed his cushion reviewed. An appointment was made in the seating clinic, and his needs were addressed.

This case illustrates how many patients with CRT are at risk for poor follow up and self-management. Although Albert was seen by a comprehensive team and had a dependable supplier, his seating needs were not being met as he was unable to self-manage and reach out when he needed repairs and had a new medical condition. The use of the patient reported outcome and tracking allows the seating clinic team to monitor the individual equipment use and receive notification when a score drops. The use of the FMA tracking can prevent increased medical complications and allow the consumer and the seating team to stay in touch. With outcome tracking, OSU has a tool to ensure that consumers have the best chance at maximizing the use of the equipment that we fought so hard to get.

REFERENCES:

1. [HTTPS://WWW.VGM.COM/COMMUNITIES/US-REHAB/SERVICES/FMA/](https://www.vgm.com/communities/us-rehab/services/fma/)

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