Clinical Interpretation of “Occupational Therapy Goal Achievement for Persons With Postacute Cerebrovascular Accident in an On-Campus Student Clinic”

Anne Birge James

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The retrospective study by Lavelle and Tomlin (2000) focused on the efficacy of occupational therapy services for patients who were 8 months to 22 months postacute cerebrovascular accident (CVA). The literature review described the widely held belief that persons who are more than 6 months post CVA are unlikely to make functional improvement through therapy (Jorgensen et al., 1995; Sivenius, Pyorala, Heinonen, Salonen, & Riekkinen, 1985; Smith et al., 1981). As a result, occupational therapy services are not typically funded for this population. Lavelle and Tomlin, however, provided evidence that challenges this belief.

Their study is timely for occupational therapy practitioners and educators. For practitioners, the study identifies a potentially underserved population and offers support for expanding occupational therapy into nontraditional settings that may rely on funding from sources other than health care coverage (e.g., private funding, day-treatment programs, assisted living facilities). For educators, the study supports the efficacy of university clinics for providing a valuable community service and a reliable source of Level I fieldwork placements, which can be difficult to arrange in off-campus clinics. Additionally, Lavelle and Tomlin concluded that further study of occupational therapy for persons with residual deficits after CVA is indicated to enhance the quality of care with this population.

Implications for Clinical Practice

The U.S. health care system has undergone dramatic change in recent years. Shifts in service delivery models are progressing from a medical model, where care is delivered episodically in institutional settings, to a community-based model that emphasizes prevention and health promotion (Baum, 2000). A community-based model of health care primarily focuses on the overall health and function of the person rather than on eliminating disease. This emerging model of health care seems better suited to support the treatment of persons with chronic conditions, such as residual deficits after CVA. Lavelle and Tomlin provide evidence that occupational therapy is warranted in this population.

One result of the shift to community-based care has been shortened lengths of stay for patients in both acute and rehabilitation settings. Many patients with CVA are discharged from rehabilitation centers to home within 3 weeks of CVA onset. This time frame provides limited chance for recovery of function or adjustment to disability. Patients and family members are taught “survival skills” for going home that typically focus on basic activities of daily living. Many functional needs remain unmet at discharge because some tasks may be beyond a patient’s capability at the time, or the patient may have difficulty predicting priorities for functioning in the future. In the home and community, persons with CVA will, over time, identify specific
functional problems and must learn to adapt to these problems. Adaptation suggests an ability to meet changing environmental demands (Schultz & Schkade, 1997). As these persons are faced with new task demands or different environments, the skills needed for adaptation may vary. Yet for most persons with CVA, funding for occupational therapy has run out in spite of residual deficits, evolving priorities, and environmental changes that interfere with their ability to effectively adapt to functional challenges. The occupational therapy intervention described in Lavelle and Tomlin’s treatment model addresses patients’ functional problems as they arise in their current environments, meeting a need that often goes unmet in this population.

Although the philosophy of community-based health care is consistent with occupational therapy, practice is not realistic without funding. Traditional health care insurance (private or public) typically does not fund occupational therapy for persons with chronic conditions. Alternative funding sources, however, exist. Many occupational therapy practitioners are exploring opportunities to provide needed services to persons for whom occupational therapy services are not supported by typical third-party payers. Forty-four of 289 presentations (15%) at the American Occupational Therapy Association (AOTA) Conference and Exposition 2000 addressed nontraditional treatment settings (AOTA, 2000). Nineteen of these specifically mentioned alternative funding sources. A special issue of The American Journal of Occupational Therapy® on community health (Baum & Law, 1998) contains several articles that address alternative service delivery models that relied on or had the potential to rely on alternative funding, such as grants from public and private organizations. Examples included supportive work programs for persons with persistent mental illness (Strong, 1998), independent living skills training for women who are homeless (Davis & Kutter, 1998), and community integration for persons after traumatic brain injury (Burleigh, Farber, & Gillard, 1998). Brownson (1998) specifically addressed the issue of funding for community-based practice and described two programs that worked with community agencies for funding. More recently, Baum (2000) described the importance of engaging in the public policy process so that policymakers are aware of the potential contribution of occupational therapy to groups supported by public funding (e.g., persons living in public housing through the Department of Housing and Urban Development).

Lavelle and Tomlin’s study demonstrates that intervention can enhance functional performance in persons with chronic disability from CVA. Occupational therapy practitioners can use this evidence to influence public policy and support grant applications for alternative funding. With nearly 3 million Americans with residual disability from CVA and evidence to support the efficacy of occupational therapy for the restoration of functional performance, occupational therapy programs for this population seem to be an area ripe for alternative funding. Persons with functional limitations secondary to CVA who may benefit from occupational therapy can be found in public housing, senior centers, day-treatment centers, assisted living facilities, and stroke support groups.

Clinicians who use the study by Lavelle and Tomlin as support for developing new services should keep in mind that the records the authors reviewed came from a university clinic where students provided patients with short-term occupational therapy services. The authors pointed out that using experienced clinicians rather than occupational therapy students would likely enhance the efficiency of treatment so that fewer treatment sessions would be needed. In addition, the study did not measure the mean number of occupational therapy sessions required for the goals that were fully met, although the maximum number of treatments was 20. Further research with this population should examine the typical number of sessions needed for functional goals in order to make accurate estimates of funding needs for a specific program or population.

Implications for Education

Lavelle and Tomlin’s study underlines the value of a university clinic for student learning. Students supervised by registered occupational therapists can plan and implement occupational therapy services from evaluation to discharge. This opportunity is rare in Level I fieldwork placements outside the university because of the current demands of clinical practice and short lengths of stay. University clinics, however, require space and clinical faculty, which may exceed the educational program’s budget. Promoting such clinics as a vehicle for community outreach and service-learning may facilitate necessary funding.

According to Lavelle and Tomlin’s study, occupational therapy students treating patients in a free university clinic can provide a valuable service to persons in the surrounding community. From this perspective, the university clinic can be viewed as a service-learning opportunity. Service learning is defined as an active pedagogy where students are engaged in activities that both enhance knowledge, skills, or perspectives and provide service to a community (Jeavons, 1995). Universities across the country have been increasingly interested in and committed to community service and the incorporation of service learning into curricula (Ward, 1996). At the same time, Level I fieldwork placements have been increasingly difficult to schedule, and, often, fieldwork students spend more time observing than participating in service delivery. Offering Level I fieldwork placement through university clinics should solve this problem. In addition, promoting a free university clinic as a community service learning program may open up funding opportunities from campus departments responsible for promoting community outreach programs.
Implications for Research

Preliminary evidence from Lavelle and Tomlin’s study indicates that persons with postacute CVA can benefit from occupational therapy, but several unanswered questions remain. The records the authors reviewed did not contain sufficient detail to determine the typical time frames patients needed to meet specified functional goals. The study did not examine type of treatment as an independent variable, so the authors were unable to determine the impact of specific treatment techniques on goal attainment. The functional changes that occurred in response to a patient’s achievement of a performance component goal could not be measured with the data available. This information is important to clinicians who are deciding whether a compensatory or a remediation approach to treatment would be more appropriate for a patient. The correlation between the importance of the goal to the patient and goal attainment could give clinicians insight into the role of motivation in goal achievement. These and other important questions could be examined prospectively in a clinic that provides services to persons with postacute CVA. Establishing such clinics within a university setting enables students to develop important clinical research skills through actual participation in the research process.

Summary

Occupational therapy practitioners, educators, and researchers can gain important information from Lavelle and Tomlin’s study for initiating programs that meet the needs of a population of persons who typically cannot access occupational therapy services. The study provides evidence of the effectiveness of occupational therapy for persons with postacute CVA for clinicians seeking alternative funding for community-based practice. The study also suggests that the free university clinic in which Lavelle and Tomlin’s research took place was providing a valuable service to persons living near the university, creating important links between the university and the community in which it resides. Lastly, the study raises intriguing questions that provide research opportunities for occupational therapy practitioners, educators, and students that can enhance our understanding of the impact of occupational therapy services on persons long after a CVA.

References


