

Role of OT in Traumatic Brain Injury Transitional Care

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PURPOSE: To report needs and barriers occupational therapists addressed for traumatic brain injury (TBI) patient/family dyads in BETTER (Brain Injury, Education, Training, and Therapy to Enhance Recovery), a new, TBI transitional care intervention, and describe distinct qualifications of OTs for the provision of TBI transitional care.

DESIGN: Quasi-experimental, single-arm, single-center pilot study, conducted at a U.S. Level I trauma center. Fifteen TBI patient/family dyads (N = 31) enrolled.

METHOD: Dyads received BETTER from clinical interventionists (OTs) who followed a protocol to address patient/family needs; establish goals; coordinate post-hospital care, services, and resources; and provide patient/family education and training on self- and family-management and coping skills Measures: 1) intervention acceptability and 2) preliminary efficacy. Outcome data were collected at baseline (<72 hours pre-discharge) 8- and 16- weeks post-discharge.

RESULTS: 100% (n=31) completed baseline data; 74.2% (n=23) completed 8-week data; 83.8% (n=26) completed 16-week data. SF-36 Physical Component Summary scores improved over time (baseline: 30.3, 8-weeks: 46.5, 16-weeks: 61.6; p=0.0056). Finally, 38.7% (N=12) completed acceptability data showing high overall experiences (M=9.25, range 0-10; SD=2.01) The most common dyad needs were physical, mental/emotional, and community reintegration. Barriers included insurance, transportation, technology, and care coordination. Unique qualifications of OTs in TBI transitional care include coaching, promoting, and restoring independence.

CONCLUSION: BETTER is a promising, new TBI transitional intervention that significantly improved physical QOL among younger patients. There exists an opportunity for OTs to take a larger role in TBI transitional care in ways that are not currently being addressed. Findings can be used to inform OTs and other allied healthcare providers about furthering the role of OTs in TBI transitional care.

References

- Oyesanya, T. O., Harris Walker, G., Loflin, C., & Prvu Bettger, J. (2021). Negotiating the transition from acute hospital care to home: Perspectives of patients with traumatic brain injury, caregivers and healthcare providers. *Journal of Integrated Care*, 29(4), 414–424. <https://doi.org/10.1108/JICA-04-2021-0023>
- Oyesanya, T. O., Loflin, C., Harris, G., & Bettger, J. P. (2021). “Just tell me in a simple way”: A qualitative study on opportunities to improve the transition from acute hospital care to home from the perspectives of patients with traumatic brain injury, families, and providers. *Clinical Rehabilitation*, 35(7), 1056–1072. <https://doi.org/10.1177/0269215520988679>
- Oyesanya, T. O., Loflin, C., You, H., Kandel, M., Johnson, K., Strauman, T., Yang, Q., Hawes, J., Byom, L., Gonzalez-Guarda, R., Van Houtven, C., Agarwal, S., & Bettger, J. P. (2022). Design, methods, and baseline characteristics of the Brain Injury Education, Training, and Therapy to Enhance Recovery (BETTER) feasibility study: A transitional care intervention for younger adult patients with TBI. *Current Medical Research and Opinion*, 1–14. <https://doi.org/10.1080/03007995.2022.2043657>
- Wheeler, S., Acord-Vira, A., Arbesman, M., & Lieberman, D. (2017). Occupational Therapy Interventions for Adults With Traumatic Brain Injury. *The American Journal of Occupational Therapy*, 71(3), 7103395010p1–7103395010p3. <https://doi.org/10.5014/ajot.2017.713005>