

Return to Activity After Concussion: A Qualitative Study to Explore Expert OT Perspectives on Concussion Rehabilitation

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PURPOSE: Traumatic brain injuries (TBIs) are considered a public health issue with 90% considered mild (mTBI), or concussion, with up to 30% having persistent symptoms lasting longer than three months (Centers for Disease Control and Prevention [CDC], n.d.). Concussion rehabilitation recommendations include providing interventions based on symptom profile by addressing the whole person (Harris, et al 2019). Occupational therapy lacks standards of care or best practices describing how occupational therapy practitioners advance return-to-activity for people with persistent concussion symptoms. This presentation will report the perspectives of occupational therapy practitioners who have expertise in concussion rehabilitation for adults with persistent symptoms, outline process and outcome domains, and propose occupational therapy practice recommendations for concussion rehabilitation. Specifically, this presentation will address the following research questions: For adults diagnosed with a history of concussion(s) receiving care in outpatient civilian neurologic programs, how do expert occupational therapy practitioners describe the: 1. Philosophy of care used 2. Occupational therapy care plans.

DESIGN: This qualitative, descriptive study used focus groups of expert occupational therapy practitioners in the field of concussion rehabilitation. Informant recruitment occurred through purposeful and snowball sampling. Inclusion criteria included: English language proficiency, licensed occupational therapy practitioner in the United States, and considered an expert in concussion rehabilitation. Definition of expert includes minimum three years clinical practice, one year outpatient concussion rehabilitation, and either presenting at a national conference, serving as first author on a peer-reviewed occupational therapy journal article, or providing intervention in a clinical study.

METHOD: Instruments included a demographic form to gather information about the informants' background. A focus group guide of self-developed, semi-structured questions was piloted and used to gather in-depth information that were audio recorded and transcribed. Content analysis with a deductive strategy, open coding, and an unconstrained matrix (Elo & Kyngas, 2008) were used to formulate a logic model outlining how expert practitioners framed their approach to rehabilitative care (CDC, 2004).

RESULTS: Thirteen expert occupational therapy practitioners formed three focus groups. Findings informed the development of a logic model that characterized the dynamic, ongoing occupational therapy process linking resources to activities of evaluation and intervention to outcomes enabling people to return to their everyday life roles at their highest capacity. Experts described how clinical reasoning is used to optimize the link between the client priorities, the environment or situation, and occupation or real-life functioning for return-to-activity. Care plans include evaluation and interventions. Experts' evaluation methods included administration of symptom monitoring scales, determining and prioritizing impact on everyday activities, and evaluating specific profile impairments. Interventions included symptom management strategies including self-awareness, compensation and sub-symptom threshold training, impairment-based training, and graded return-to-activity.

CONCLUSION: This study is the first formal description of the philosophy of care and care plans used by expert occupational therapy practitioners to aid individuals in returning to everyday activities and life roles after concussion.

IMPACT STATEMENT: These findings offer preliminary specifications for informing occupational therapy best practices and establishing standards of care across practice settings.

References

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