

Identifying Gaps in Spinal Cord Injury Intervention in Postacute Care Settings: A Therapist's Perspective—A Pilot Study

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This study identifies gaps in post-acute care interventions for clients with an SCI from an occupational and physical therapist's perspective, to improve quality of care to prevent future rehospitalizations and maintain overall quality of life. Cross-sectional descriptive methodology was used to design an online survey for practitioners that have worked with SCI clients. They were recruited by invitations, which was posted to AOTA's CommunOT forum and disseminated by liaisons at various post-acute sites. The survey was designed to assess main themes of the attributes, behaviors, abilities, and thoughts of practitioners. Qualtrics®, Microsoft® Excel, and IBM® SPSS were used to perform statistical analysis. Descriptive statistics were used to determine general themes and to create figures. In our sample (N=66), more than half of the therapists frequently educate their clients with SCI on autonomic dysreflexia, bladder management, and half on both bowel programs and sexuality. Only fifty percent of therapists feel confident in their ability to educate clients on autonomic dysreflexia and bladder management, while less than half are confident in educating on bowel programs, fertility, and sexuality. Most therapists believe ineffective caregiver training contributes to decreased quality of life for clients, clients should have a longer rehabilitation stay, and caregivers express lack of role preparedness related to coordinating care. Discrepancies found between therapists' frequency of and confidence in their ability to educate clients with SCI may contribute to future hospital readmissions from lack of proper chronic condition management and decreased quality of life for client and caregiver. This is important to current practices because gaps identified indicate a need to ensure competency in practitioners before discharging clients with SCI from services. Further research is needed to examine the origin of such gaps to improve continuity of care for clients with SCI.

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