ABSTRACT

Abstract ID: 199

Presentation Type: PODIUM PRESENTATION

Title: ATTITUDES TOWARD ELDERLY INDIVIDUALS WITH CNS TRAUMA AMONG HEALTHCARE PROFESSIONALS AND NEUROSCIENTISTS: RECOGNITION OF AGEIST TRENDS AND NEEDS FOR KNOWLEDGE MODIFICATION.

Author(s): Furlan, J.C., Toronto Western Research Institute; Fehlings, M.G., University of Toronto and Toronto Western Research Institute.

Abstract: Purpose: This cross-sectional study examines attitudes towards elderly individuals among neuroscientists, clinicians, clinician scientists and health-allied professionals. Hypothesis: Attitudes towards elderly individuals significantly differ among neuroscientists, clinicians, clinician scientists and health-allied professionals. Methods: Kogan’s Old People (KOP) questionnaire was sent to all 498 members of the National Neurotrauma Society in April 2007 (first round). Non-responders received a reminder 2 months later (second round). KOP includes 17 negatively-framed (KOP-) and 17 positively-framed questions (KOP+). Age, gender, experience in caring for patients with CNS trauma (weekly, monthly, sporadically, never), work focus (SCI, TBI, SCI & TBI, others) and round were included as co-variants. Respondents were divided into elderly (65 years or older) and younger groups. Data were analyzed using Mann-Whitney U test, ANOVA and linear regression analyses. Results: Among the respondents (response rate of 27.5%), there were 88 men and 49 women with mean age of 48.8 years (27 to 79 years). Respondents included 75 neuroscientists, 27 clinicians, 31 clinician scientists and 4 allied-health professionals. Univariate analyses showed no significant differences for KOP+ score in comparison with rounds, age groups, experience, focus or profession. Women had significantly greater KOP+ scores than men (55.25±1.25 versus 51.49±0.86, respectively; p=0.021). There was no significant effect on the KOP- scores by round, age group, gender, experience or focus. However, KOP- scores significantly differed among professionals (p=0.026): neuroscientists (50.85±0.92), clinicians (55.29±1.41), clinician scientists (49.67±1.68) and allied-health professionals (56.75±3.99). There was no interaction between gender and profession regarding KOP+ (p=0.282) and KOP- scores (p=0.119). Conclusion: Our results suggest that gender and professional status influence attitudes toward elderly neurotrauma patients in a negative manner. Given that the proportion of elderly SCI patients is rising, our study would suggest that efforts be undertaken to overcome the potentially negative impact of ageism.

Presentation Time: 11:00 AM
Abstract ID: 118
Presentation Type: PODIUM PRESENTATION
Title: BUILDING A REGIONAL STROKE REHABILITATION SYSTEM: FROM EVIDENCE TO ACTION
Author(s): Willems, DA. Southwestern Ontario Stroke Strategy
Abstract: PURPOSE: To generate consensus on strategic directions for moving stroke rehabilitation towards best practice within our region. RELEVANCE: Stroke is the leading cause of adult disability in Canada and the leading diagnosis for admission to Long Term Care Homes from hospital. The provision of high quality stroke rehabilitation is known to reduce disability, prevent institutionalization, and decrease morbidity and mortality by 63% for individuals affected. Despite the strong body of evidence, stroke survivors do not consistently benefit from an effective stroke rehabilitation system. DESCRIPTION: An appreciative inquiry model was used bringing key stroke rehabilitation stakeholders together to appreciate the current state, benchmark it against best practice, and construct an image of the system’s desired future state. Prior to the meeting an inventory of the current state and gap analysis were completed. Inventory data identified tremendous variations in access, admission functional levels and staffing ratios across the region. The gap analysis, which compared the current state against known best practices, identified 29 potentially modifiable gaps. These were then taken to a consensus meeting for prioritization and development of action plans. Techniques incorporated during the meeting included presentation of the evidence by a credible expert, sharing of success stories and identification of champions. Consensus was reached using a nominal technique. DISCUSSION: The consensus meeting successfully generated 6 strategic priorities for action. Level of confidence in the effectiveness of the process was assessed by self-report. 82% of participants reported they were confident that we had identified initiatives that would improve the status of stroke rehabilitation in our region. CONCLUSION: Techniques were identified for the successful generation of consensus on strategic priorities and the formulation of action plans to address them. These were important first steps in operationalizing the vision of the Ontario Stroke Strategy, to implement best practice stroke care across the continuum.
Presentation Time: 11:00 AM
ABSTRACT

Abstract ID: 170
Presentation Type: PODIUM PRESENTATION
Title: MOBILITY DEVICE USE AND FUNCTIONAL RECOVERY FOR PERSONS RECEIVING REHABILITATION SERVICES

Author(s): *Coulson, S., Aging, Rehabilitation & Geriatric Care Research Centre, The Lawson Health Research Institute; Jutai, J., Aging, Rehabilitation & Geriatric Care Research Centre, The Lawson Health Research Institute; Demers, L., Ecole de Réadaptation, Université de Montréal; DeRuyter, F., Division of Speech Pathology and Audiology, Duke University Medical Center; Fuhrer, M., National Institute of Child Health and Human Development, National Institutes for Health Research; Coster, W., Dept of Occupational Therapy and Rehabilitation Counseling, Boston University Sargent College; This study was funded by the National Institute on Disability and Rehabilitation Research (NIDRR) through the Consortium for Assistive Technology Outcomes Research (CATOR).

Abstract: PURPOSE: To examine the extent to which measures of functional recovery are related to patterns of mobility Assistive Technology Device (ATD) use in a general rehabilitation population. RELEVANCE: The importance of studying the outcomes of mobility ATD use is highlighted by their impact on health care system resources and functional significance for users. HYPOTHESIS: ATD use can be accurately predicted by examining functional measures of rehabilitation, including mobility capacity. SUBJECTS: 234 patients (146 mobility ATD users and 88 nonusers) diagnosed with stroke, lower-limb orthopedic or complex medical condition, recruited as part of a longitudinal study of rehabilitation outcomes and ATD use. METHODS AND MATERIALS: After hospital discharge, each participant received a comprehensive assessment, including evaluations of ATD use and measures of mobility capacity, cognitive functioning and ADL performance. ANALYSIS: The three scales comprising the Activity Measure for Post-Acute Care (Applied Cognition, Personal Care and Instrumental Activity, Physical and Movement Activity), the Physical Functioning subscale of the SF-36, and age were entered into a series of binary logistic regressions to predict patterns of device use (significance was set at p<.05). RESULTS: Mobility-related measures were found to be consistently and reliably associated with ATD use, multiple usage, and primary device used: Device users had less mobility capacity compared with nonusers; Multiple device users had lower levels of mobility capacity and were younger than single users; and for primary device types, walker users, compared with cane users, had lower levels of mobility capacity; and wheelchair users had lower levels of mobility capacity and were younger than cane or walker users. CONCLUSIONS: Mobility ATD use within a general rehabilitation population is reliably predicted by measures of mobility capacity. These findings support research suggesting that ATD prescription-outcome relationships in rehabilitation can be effectively modeled.

Presentation Time: 11:00 AM
Abstract ID: 149

Presentation Type: PODIUM PRESENTATION

Title: POST SURGICAL CLINIC: A MODEL FOR ENHANCING THE CONTINUUM OF CARDIAC CARE.

Author(s): *Shin,A; Oh,P; Goldman,B; Silaj,E; Strong,M; Toronto Rehab and Sunnybrook Health Sciences Centre

Abstract: PURPOSE: The early post surgical clinic is designed to facilitate the transition of care from a tertiary centre to community cardiac rehabilitation (CR). The goal is to promote early access to CR and to improve self efficacy and patient outcomes through assessment, advice and education. RELEVANCE: Participation in CR reduces all cause morbidity and mortality by 20%. Only 25% of eligible post cardiac surgery patients attend CR in the GTA. Few early programs exist that support and enhance the teaching that was started in the tertiary setting prior to entering CR. The clinic's model promotes early physical and psychosocial interventions to ultimately improve patient outcomes as well as increase accessibility to CR services. DESCRIPTION: Patients are seen 3 weeks post heart surgery. They are assessed by a physician, nurse, physiotherapist and exercise specialist. Psychosocial support services are initiated at this point if issues have been identified. Patients return in 3 to 5 weeks for exercise testing and initiation of the CR program. OBSERVATION/DISCUSSION: 155 patients have been seen since January 2007. The average length of time from surgery to CR is 8 weeks compared to 11 weeks for patients not involved with the clinic. More physical activity was reported at the start of the CR program when compared to the non clinic group. Patients report high satisfaction scores after attending the clinic. Our tertiary centre partners feel the clinic closes the gap of care that exists between hospital and home. CONCLUSION: The early post surgical clinic is an effective program that completes the circle of care from hospital to community based CR. It allows for earlier and enhanced participation in CR programs. Further study on patient self efficacy and interventions to support this would be beneficial to enhance this comprehensive model of care.

Presentation Time: 11:00 AM
ABSTRACT

Abstract ID: 213

Presentation Type: PODIUM PRESENTATION

Title: A COMPARISON OF TWO ACQUIRED BRAIN INJURY COMMUNITY SERVICE MODELS

Author(s): Boschen, KA; Gerber, GJ*; Gargaro, J; Toronto Rehabilitation Institute, funded by Ontario Neurotrauma Foundation

Abstract: PURPOSE: Evidence from research in community mental health demonstrates the effectiveness of a multidisciplinary team providing services to a limited number of persons with serious mental illness. Research literature suggests that a similar team approach would be an effective way to deliver rehabilitation services to persons with acquired brain injury (ABI) living in community settings. This study compares outcomes for persons with ABI living in and around two small cities in Ontario receiving publicly funded community services. In one city, a team provides services directly to clients, and works only with ABI clients. In the second city, nurse case managers coordinate services to clients according to their needs. The case managers and care providers are not specialists in ABI. RELEVANCE: This study will help identify best practices for providing rehabilitation to persons with a brain injury in community settings. HYPOTHESIS: It is expected that outcomes will be better for participants receiving services from the ABI team than for participants receiving standard services. SUBJECTS: Community resident persons, in two locations, with ABI, receiving services from two Access Centres. METHODS AND MATERIALS: Independent interviewers assess clients in their homes every 12 months. Outcome measures include client functioning, community integration, health related quality of life, and goal attainment. ANALYSIS: One year follow-up data for 32 participants, and data on provider visits and services provided were compared using t-tests and chi-square analysis. RESULTS: There were significant differences on outcomes measures at baseline and follow-up between study groups. The group receiving services provided by the specialized team demonstrated greater improvements in health status, client satisfaction, and family satisfaction measures. CONCLUSIONS: Specialized multidisciplinary community rehabilitation teams may be well suited to provide services to persons with ABI living in community settings.

Presentation Time: 11:30 AM
ABSTRACT

Abstract ID: 146

Presentation Type: PODIUM PRESENTATION

Title: AN INTERPROFESSIONAL APPROACH TO DEVELOPING BEST PRACTICE GUIDELINES FOR PEOPLE WITH HYPERTONICITY

Author(s): Paulenko, T.; Hebert D.A.

Abstract: Purpose: Approximately sixty five percent of people with a stroke have a manifestation of hypertonicity which interferes with rehabilitation and function. Management of hypertonicity consists of a broad range of approaches. There has been limited research guiding choice of interventions for people with different presentations of hypertonicity and still fewer which represent an interprofessional approach to intervention planning. The purpose of this project was to establish best interprofessional practices based on current research and expertise. Relevance: This project has relevance to all practicing teams working with people with hypertonicity. Description: At Toronto Rehab, an interprofessional team with representatives from occupational therapy, physical therapy, medicine and pharmacy, across a number of programs was formed to develop interprofessional hypertonicity management guidelines. Methodologies used by this group included: systematic literature review, environmental scan and working group consensus. Working groups were formed to develop modules in a variety of areas of hypertonicity care. These included stretching/PROM, positioning, splinting/casting, thermal/cryotherapy, neurotherapeutic approaches, electrotherapeutic modalities and pharmacology with particular emphasis on botulinum toxin A. To date the group has completed the overall interprofessional guidelines for hypertonicity management. These include recommendations on team assessment, identification of type of hypertonicity, recommended intervention, appropriate outcome measurement, and follow-up. In addition the splinting/casting module has been completed. Observation/Discussion: The overall guidelines have been invaluable in fostering an interprofessional approach to intervention planning for persons with hypertonicity. Outcome measurement has improved but needs to be better documented. The guidelines have also formed a basis of practice for an outpatient clinic soon to be launched. Conclusions: This interprofessional project continues to be important in the development of care for our neurological population. While the guidelines are sound and acceptable to all team members we continue to learn several lessons regarding launching and maintaining interprofessional guidelines.

Presentation Time: 11:30 AM
ABSTRACT

Abstract ID: 197

Presentation Type: PODIUM PRESENTATION

Title: COGNITIVE ASSESSMENTS FOR OLDER ADULTS: WHICH ONES ARE USED BY CANADIAN OCCUPATIONAL THERAPISTS AND WHY

Author(s): Douglas, A.*; Liu, L.; Hopper, T.; Warren, S.; University of Alberta Faculty of Rehabilitation Medicine This study was funded by the Society of Alberta Occupational Therapists Research Grant. The first author received the Province of Alberta Graduate Scholarship, Canadian Occupational Therapy Foundation Thelma Cardwell Scholarship, and the Alberta Association on Gerontology Student Bursary. This study was based on the first author's M.Sc. (OT) thesis research conducted at the University of Alberta.

Abstract: RESEARCH QUESTION: A survey was designed to examine a) which standardized and non-standardized cognitive assessments are used by occupational therapists (OTs) working with older adults, b) for what purposes (identification of deficits, measurement of change, prediction of function), and c) the reasons why they were chosen. RELEVANCE: The majority of OTs work with older adults, and routinely evaluate cognition, yet little is known about which assessments they use, for what purposes, and why they are chosen. SAMPLE: A random sample of 1042 Canadian OTs working with older adults was invited to complete a survey questionnaire by E-mail, post or on an Internet Website (n=247, response rate 24.5%). DATA COLLECTION AND ANALYSIS: Descriptive statistics and chi square tests were used to analyze the sample demographics. The assessments were grouped according to theoretical approach: “bottom-up” (assessment of cognitive components) or “top-down” (assessment of function). The results are reported using descriptive statistics and chi square tests. FINDINGS: Respondents reported using 75 standardized and non-standardized measures of which 21 (28%) were not previously found in the occupational therapy literature. Theoretical approaches were used similarly across regions, despite differences in reporting of particular assessments. Of the bottom-up assessments, more were standardized, used to identify deficits and chosen for ease of administration. Of the top-down assessments, more were non-standardized, used to predict function and identify deficits, and chosen for the information provided and fit with the therapists' theoretical approach. DISCUSSION: The top down assessments were efficient in that they were used for both identification of deficits and prediction. They provided valuable information and supported the occupational therapy theoretical approach. Uptake of standardized assessments by OT clinicians is influenced by the ease of administration and relevance of the assessment for predicting daily function. It is recommended that standardized top-down assessments be promoted to support evidence-based occupational therapy.

Presentation Time: 11:30 AM
ABSTRACT

Abstract ID: 200

Presentation Type: PODIUM PRESENTATION

Title: THE INFLUENCE OF AGE AND COMORBIDITY IN THE CLINICAL OUTCOMES IN PATIENTS WITH ACUTE SPINE TRAUMA: EXPERIENCE OF A SINGLE ACUTE CARE UNIT IN ONTARIO.

Author(s): Kattail, D., Krembil Neuroscience Centre; Furlan, J.C., Toronto Western Research Institute; Fehlings, M.G., Krembil Neuroscience Centre, University of Toronto and Toronto Western Research Institute.

Abstract: Purpose: This study was undertaken to evaluate whether age at time of injury and comorbidity indices are predictors of in-hospital mortality and length of stay in an acute SCI care facility.

Hypothesis: Age and comorbidities are potential predictors of in-hospital mortality and length of stay (LOS) in the acute care SCI unit.

Methods: All consecutive patients with acute spine trauma who were admitted to our acute SCI care facility from 1995 to 2000 were included. Severity of injury was classified using the ASIA Impairment Scale (AIS). The Charlson Comorbidity Index (CCI) and Cumulative Illness Rating Scale (CIRS) were derived from our database. Also, the number of ICD-9 codes (ICD9) was used as another comorbidity index. Data were analyzed using Fisher's exact test, Mann-Whitney U test, and logistic, linear and Cox regression analyses.

Results: There were 184 males and 77 females with mean age of 49.7 years (15 to 96 years). Most patients had spine trauma without SCI (AIS-E: 127 of 261) or mild SCI (AIS-D: 86 of 261) at cervical (166 of 261) or lumbar levels (46 of 261). Falls (127 of 261) and MVA (76 of 261) were the most frequent injury causes. In-hospital mortality rate was 4.6%. This clinical outcome was significantly associated with age (hazard ratio [HR]=3.503, p=0.0011), CCI (HR=1.659, p<0.0001), ICD9 (HR=1.317, p=0.0055) and CIRS (HR=1.174, p=0.0008). Mean LOS was 23 days (1-852 days). After controlling for potential confounders (sex, AIS, level and cause of injury), LOS was not significantly associated with the patient age (p=0.862), ICD9 (p=0.314) or CIRS (p=0.251), but LOS was directly correlated with CCI (R-square=0.207, p=0.042).

Conclusion: Our results suggest that age, CCI, ICD9 and CIRS are potential predictors of in-hospital mortality after acute spine trauma. However, only CCI could potentially predict the LOS in the acute care SCI facility.

Presentation Time: 11:30 AM
ABSTRACT

Abstract ID: 163

Presentation Type: PODIUM PRESENTATION

Title: COMPETITIVE ENABLEMENT: RATIONAL CONSUMER EMPOWERMENT IN THE VISION DEVICE SELECTION PROCESS

Author(s): *Strong, G., Centre for Sight Enhancement, University of Waterloo; Jutai, JW, Aging, Rehabilitation, and Geriatric Care Research Centre, The Lawson Health Research Institute; Plotkin A., Centre for Sight Enhancement, University of Waterloo

Abstract: PURPOSE: A key step in planning services for consumers of low vision devices is the formulation of a conceptual model that provides a rationale for the expected outcomes from using a particular device. The development of models will be facilitated by having available an overarching framework that is potentially applicable to multifarious types of vision devices and their outcomes. We refer to this framework as Competitive Enablement (CE). RELEVANCE: The role of assistive technology devices (ATDs) for vision is to improve functional performance levels so that the person can accomplish tasks of importance that are otherwise problematic. Almost 30% of all prescribed devices are abandoned by their recipients within a relatively short period of time, often within four months of being purchased. Lower abandonment rates may also be possible with improved device selection protocols. DESCRIPTION: CE is a conceptual approach wherein individual consumers evaluate the functional utility of competing device interventions while performing a series of self-identified problematic tasks of high functional relevance to the individuals themselves. We present evidence to show that adherence to the CE approach is highly efficacious, as evidenced by functional status and psychosocial impact measures and by low rates of abandonment (5%). DISCUSSION: It behooves service providers to offer consumers a suitable array of devices from which to choose, and it is important for consumers to base their purchase decisions on a competitive evaluation of the demonstrated utility and performance of these devices while using them to perform real seeing tasks. CONCLUSIONS: The competitive enablement (CE) framework is demonstrably effective for prescribing assistive devices for people with low vision. It has the potential of facilitating the development of device-specific causal models and outcome measures that are responsive to rational consumer empowerment in the device selection process.

Presentation Time: 2:00 PM
Abstract ID: 238

Presentation Type: PODIUM PRESENTATION

Title: HIP AND KNEE REPLACEMENT PROGRAM IN THE TORONTO CENTRAL LHIN

Abstract:

PURPOSE: To present preliminary findings from the Hip and Knee Replacement Program (HKRP), a model aimed at improving access, reducing wait times and improving quality of care for patients with arthritis. RELEVANCE: In 2005/06, 500,000 Ontarians had 1.1 million ambulatory encounters with orthopedic surgeons; 37% for arthritis and related conditions, while 40% of all arthritis-related surgeries were total joint replacements. DESCRIPTION: The Toronto Central LHIN’s Joint Health and Disease Management Program is based on a comprehensive model of arthritis care. As part of this program the HKRP utilizes a Central Intake referral processing site with multi-disciplinary assessment teams based in assessment centers. Central Intake is the central point for receiving and triaging all referrals. Upon completion of triage, patients are assessed at one of two assessment centres by a multi-disciplinary team, including physiotherapists, occupational therapists and nurses who have received advanced training in arthritis care, as well as in-house training with orthopaedic surgeons. The HKRP has permitted the implementation of a single, LHIN-wide waitlist. Once a patient is deemed to be a surgical candidate, they may choose to go to the surgeon of their choice, the hospital of their choice, or the surgeon with the shortest waitlist. OBSERVATION/DISCUSSION: Wait times data from June/July 2007 demonstrate a wait time from consultation to having surgery as 113 days for hips and 122 days for knees. Preliminary results demonstrate that patients are very satisfied with the model, specifically the increase in education they receive from the advanced practitioners. Referring physician and surgeon satisfaction demonstrate satisfaction with the processes designed. CONCLUSION: The Central Intake process enables uniform tracking of referrals to measure wait times. Improved access, decreased wait times, and high levels of patient satisfaction have been realized. Future plans include expansion of the model for all hip and knee arthritis patients.
PURPOSE: Major depression is a significant chronic problem for people with a traumatic brain injury (TBI) and its treatment remains difficult. A promising approach to treat depression is Mindfulness-Based Cognitive Therapy (MBCT), a relatively new therapeutic approach rooted in Mindfulness-Based Stress Reduction (MBSR) and Cognitive Behavioural Therapy (CBT). MBCT has been effective in treating depression among individuals without TBI, and for those who have been treatment resistant with 3 or more episodes of depression. RELEVANCE: The present study was conducted to examine the effectiveness of MBCT in reducing depression symptoms in a sample of people who have a TBI. DESCRIPTION: Twenty individuals recruited from a rehabilitation clinic completed the 8-week MBCT intervention. Instruments used to measure depression symptoms included: BDI-II, PHQ-9, HADS, SF-36 (Mental Health subscale), and SCL-90 (Depression subscale). They were completed at baseline and post-intervention. OBSERVATIONS/DISCUSSION: All instruments indicated a statistically significant reduction in depression symptoms post-intervention (p < .05). For example, the total mean score on the BDI-II decreased from 25.2 (9.8) at baseline to 18.2 (11.7) post-intervention (p = .001). Using a PHQ threshold of 10, the proportion of participants with a diagnosis of major depression was reduced by 59% at follow-up (p = .012). CONCLUSIONS: Most participants reported reductions in depression symptoms after the intervention to the extent that many would not meet a clinical diagnosis of major depression. This intervention may provide an opportunity to address the debilitating aspects of TBI. The intervention could be implemented concurrently with more traditional forms of treatment possibly enhancing the success of current rehabilitation programs. The next step will involve the conduction of multi-site, randomized controlled trials to fully demonstrate the value of the intervention.
ABSTRACT

Abstract ID: 113

Presentation Type: PODIUM PRESENTATION

Title: RECRUITMENT AND RETENTION STRATEGIES FOR REHABILITATION PROFESSIONALS: A SURVEY OF HOSPITAL AND HOME CARE EMPLOYERS

Author(s): *Tran, D., University of Toronto, Jaglal, S., University of Toronto, Davis, A., Toronto Western Research Institute, McGillis Hall, L., Lawrence S. Bloomberg Faculty of Nursing, University of Toronto.

Abstract: PURPOSE: The primary purpose of this study is to compare hospital and home care employers’ rankings of importance and feasibility of rehabilitation workforce strategies. The secondary purpose is to investigate current workforce strategies used by these organizations in the recruitment and retention of rehabilitation professionals.

RELEVANCE: Recruitment and retention of rehabilitation professionals including physiotherapists, occupational therapists and speech-language pathologists have been considered a challenge globally. Studies have consistently reported ongoing shortages, however few studies have compared hospital and home care settings. Findings from this study will inform healthcare stakeholders about key issues to consider when developing a health human resource (HHR) plan for Ontario.

DESCRIPTION: An online computerized self-administered questionnaire was distributed to all employers of rehabilitation professionals in Ontario hospitals (n=144) and Community Care Access Centre home care organizations (n=34). Importance and feasibility rankings were based on the percentage of high ratings. Ninety five percent confidence intervals were used to determine statistically significant differences.

OBSERVATION: With a 50% response rate from hospitals (H) and 73.5% from home care (HC), comparisons of importance rankings showed statistically significant differences for strategies related to: tangible resources (H=90.3%; HC=60.0%), support personnel (H=88.6%; HC=58.3%), increasing high school student awareness of rehab careers (H=85.7%; HC=54.2%) and career paths (H=72.9%; HC=33.3%). Similarly, feasibility rankings showed significant differences in: work safety (H=87.1%; HC=54.2%), support personnel (H=80%; HC=33.3%), and increasing high school student awareness of rehab careers (H=80%; HC=45.8%).

CONCLUSIONS: The importance and feasibility of certain recruitment and retention strategies are perceived differently amongst hospital and home care employers. These differences should be taken into account when developing a rehabilitation HHR plan in Ontario.

Presentation Time: 2:00 PM
ABSTRACT

Abstract ID: 161

Presentation Type: PODIUM PRESENTATION

Title: CARDIAC REHABILITATION HOME PROGRAM: AN ALTERNATIVE MODEL OF CARE

Author(s): *Naidoo, K; Oh, P; Shin, A; Strong, M, Cardiac Rehabilitation and Secondary Prevention Program, Toronto Rehabilitation Institute, Toronto

Abstract: PURPOSE: The cardiac rehabilitation (CR) home program was designed to increase accessibility and adherence to a CR program for persons recovering from cardiac events who are currently under-served by a facility based CR model. RELEVANCE: Participation in CR is associated with a reduction in mortality by 20-25% and is considered the standard of care for persons with heart disease. However 75% of eligible patients are never referred to CR, a further 20% of those referred never enter, and of those enrolled, 18% drop out for non-medical reasons. Common issues for the above include transportation and scheduling. An alternative model of care, such as a comprehensive Home Program (HP), could improve participation, adherence and resulting health outcomes. DESCRIPTION: The HP is designed as a case-managed coaching model. An initial on-site intake appointment includes an exercise assessment and interview. Subsequent contacts are made via weekly and monthly pre-scheduled telephone contacts to discuss exercise progression, education (provided by workbook/internet modules), clinical issues and goal setting. Patients submit weekly exercise diaries via email/fax. Outcomes include cardiovascular fitness, body composition, adherence to calls and patient satisfaction. OBSERVATION/DISCUSSION: Fifty patients have been enrolled to date. Reasons for entering the HP included work, transportation, child care, distance to travel and poor mobility. Graduates report high satisfaction indicating encouragement, support and motivation as key elements. Cardiovascular fitness improved by 23% (similar to the on-site program). Average length of calls was 15 minutes. Adherence to calls was 89%. CONCLUSIONS: A comprehensive HP model improves functional capacity and adherence in those who would have been unsuitable for an on-site program. This model may be expanded through collaborative networks to reach and support more of the underserved cardiac population who are challenged by time or distance, or cardiac programs and/or rehab programs where there is unavailability of local CR Services.

Presentation Time: 2:30 PM
ABSTRACT

Abstract ID: 129

Presentation Type: PODIUM PRESENTATION

Title: INTERDISCIPLINARY ASSESSMENT CLINIC FOR TOTAL JOINT REPLACEMENT PATIENTS

Author(s): Burns, H.; Bidmead, AC; Ryan, L; *Sly-Havey, M.; McCarthy, C.; Queensway Carleton Hospital

Abstract:

PURPOSE: To improve and standardize access for patients requiring hip or knee total joint replacement (TJR). To reduce the wait time for patient referral from GP to orthopaedic surgeon. To improve the quality of life for patients with osteoarthritis by introducing a chronic disease management component of care for those patients not suitable for surgery. To increase the availability of time for orthopaedic surgeons to perform additional total joint replacements. RELEVANCE: This clinic allows for a collaborative approach between the disciplines of medicine, nursing, and rehabilitation in caring for osteoarthritis patients, both surgical and non-surgical. Wait time management for TJR is a MOHLTC priority, but there is a lack of support for patients who are not surgical candidates. DESCRIPTION: A collaborative approach with patients assessed by either an Advanced Practice Nurse or Physiotherapist leads to patients seeing an orthopaedic surgeon only when surgery is indicated, thus improving the conversion rate to surgery for orthopaedic surgeon clinic time. The surgical patients are then directed to the Prehab education program which is part of the hospital’s aggressive TJR care map. Non-surgical candidates, who previously had no support or recommendations available to them, are now streamed to a Chronic Disease Management program. This conservative management program has an education component composed of speakers (physiotherapist, occupational therapist, dietitian, and pharmacist) and an exercise component, which is a one on one physiotherapy appointment with an individualized exercise program. OBSERVATION/DISCUSSION: The clinic opened on October 1, 2007 with the first conservative management class on November 1, 2007. Thirty percent of patients are being streamed into conservative management. Other evaluation methods will include wait times, patient satisfaction, patient functional outcome measures and staff satisfaction. CONCLUSIONS: This approach ensures that all patients are given options post assessment, whether they are surgical candidates or conservative management candidates.

Presentation Time: 2:30 PM
ABSTRACT

Abstract ID: 126

Presentation Type: PODIUM PRESENTATION

Title: RISK FACTORS FOR PERSISTENT PROBLEMS FOLLOWING WHIPLASH: RESULTS OF A META-ANALYSIS

Author(s): Walton, DM*, The University of Western Ontario, funded through a Doctoral Fellowship from the Canadian Institutes of Health Research; Pretty, J; MacDermid, JC, funded by a New Investigator Award from the Canadian Institutes of Health Research; Teasell, RW;

Abstract: Purpose and Relevance: Whiplash is the most common reported injury following motor vehicle accident. Evidence for prognosis and intervention are difficult to interpret due to differences in inception times, outcomes used, and sample heterogeneity. High baseline pain intensity is the most frequently cited risk factor for persistent problems, but the true effect size is unknown. Statistical pooling using a homogenous sample of cohorts would allow for the determination of the effect size of various risk factors for persistent whiplash-related problems when collected within 3 weeks of injury. Methods and Materials: An extensive literature search was conducted to identify published studies of prognosis following whiplash. Rigorous inclusion criteria were applied to allow for meaningful results to be drawn. Data were extracted, transformed where necessary, and pooled to allow estimation of the odds ratio for any factor with at least 3 data points in the literature. Results: From 11 cohorts (N = 3193), 25 factors were identified with at least 3 data points in the existing literature. Of these, 9 were found to be significant predictors based on the odds ratio and confidence limits: less than post-secondary education, female gender, history of previous neck pain, baseline neck pain intensity >55/100, presence of neck pain at baseline, presence of headache at baseline, catastrophizing, WAD grade 2 or 3, and no seatbelt in use at time of collision. Neck pain intensity, WAD grade, headache and low education were robust to publication bias. Conclusions: Using a rigorous process for the identification and extraction of data from a homogenous subset of the prognostic whiplash literature, we were able to identify several factors that are easy to collect clinically and could provide clinicians with a good sense of prognosis following whiplash injury. Suggestions are made for future research based on common weaknesses in the literature.

Presentation Time: 2:30 PM
ABSTRACT

Abstract ID: 193

Presentation Type: PODIUM PRESENTATION

Title: TAKING THE LEAD IN DEFINING EVIDENCE-BASED PARAMETERS FOR REHAB.

Author(s): *Bayley, Dr. M., GTA Rehab Network Rehab Definitions Initiative; *Balogh, S., GTA Rehab Network.

Abstract: PURPOSE: In response to the changing rehab landscape in which rehabilitation is offered in different settings with variations in service scope, the GTA Rehab Network recognized the need for standards in rehabilitation programming and clear definitions to promote consistency in rehab care and clarity for patients/families and referrers.

RELEVANCE: Current inconsistencies in rehab programming result in confusion about which rehab programs are appropriate to address clients' rehab needs, causing delays in accessing services. Inconsistencies in the types of rehab services offered across organizations impede our ability to compare rehab services and reduce our capacity for effective system planning. The initiative also aligns with the Ontario Hospital Association's CCC/Rehab Leadership Council recommendation to improve standardization in rehab.

DESCRIPTION: The Rehab Definitions Initiative articulates the essential components of publicly-funded rehabilitation. A new conceptual rehab framework has been developed, which delineates the services, differential criteria and key activities of rehabilitation. Definitions for population-specific rehab services and accompanying self-assessment tools have been developed incorporating evidence-based standards of practice where available.

OBSERVATION/DISCUSSION: Definitions have been developed for stroke and geriatric rehab and definitions for ABI, spinal cord and cardiac rehab are underway. Feedback from clinicians and administrators has been positive notwithstanding the acknowledged challenge of achieving standards within current funding. CONCLUSIONS: The Rehab Definitions Initiative results in the standardization of the core components of rehab across organizations using evidence-based best practices. This work lays the groundwork for increased consistency among rehab programs and reduces confusion about what programs offer. Clients and referrers are therefore better equipped to make referral decisions adding to a more streamlined referral process. Increased consistency among programs enables system performance measurement and discussions around supply, demand and resourcing of rehab programs for effective system planning and equitable and timely access to quality rehab services.

Presentation Time: 2:30 PM