The Gift of Time

Clare Moylan, London Spinal Cord Injury Centre

Introduction

The needs of the spinal cord injury (SCI) patient are not fully understood outside of spinal cord injury centres.

The standards for Specialist Rehabilitation of Spinal Cord Injury (September 2022) state that all patients who have a SCI should have a lifetime of personalised care that is guided by a spinal cord injury centre (SCIC).

Lifelong follow up is necessary due to the ongoing impacts of their SCI, which inevitably dictates change in circumstance and presentation, as well as the impact of ageing with a SCI.

Whilst those who are admitted to a SCIC for their first episode of rehabilitation, receive posture and seating support not all SCI patients are able to access this service. At the London Spinal Cord Injury Centre (LSCIC) there are a number of other pathways for patients to access in- and out-patient services. For inpatients, these include two-week readmission beds for those who have already had SCI rehabilitation and between one and three week admissions for those having their first rehabilitation from home. Outpatient services are also available.

Within this cohort, the patient's Wheelchair Service has often provided a wheelchair and seating system. However, in many cases, the patient's abilities and/or function have changed since initial provision or were not captured due to pressures of time to provide for discharge.

Aims

The aim of this case study is to demonstrate the benefit of utilising seating therapists in SCICs to provide lifelong specialist SCI seating intervention. This includes trialling alternative provision over an extended period of time where daily review allows optimisation of postural alignment, skin integrity and function.

Methods

A case study design is used to demonstrate the benefits of assessment and review by SCI seating therapists.

Results

Three users were admitted into dedicated readmission beds for daily (Monday to Friday) therapy input. In all cases a posture and seating review was identified as a goal of their admission.

In each case, it was identified that changes were required to the configuration of the provided wheelchair and/or seating system, with alternative wheelchairs and/or seating systems required to optimise posture, sitting stability and independence:

- Patient 1: Wheelchair did not enable any independent mobility (attendant-propelled tilt-in-space).
- Patient 2: Interim wheelchair given but did not provide postural alignment, adequate pressure relief nor have adjustability to enable configuration for increased comfort and sitting stability. Patient was re-admitted to LSCIC eight months later still using this wheelchair.
- Patient 3: Set up with an appropriate powered wheelchair to facilitate independence, however, reported back pain, sliding forward and restricted upper limb movement.

During the readmission of these patients, alternative seating systems/wheelchairs were trialled and effects monitored in real time. Solutions which did not have a positive effect could be disregarded and the most appropriate equipment identified and trialled:

- Patient 1: Set up in Action 3 with Jay 3 deep contour backrest and Jay balance cushion. With improved postural alignment, he was able to self-propel independently indoors and outdoors and able to transfer independently into wheelchair - reducing carer requirement and facilitating independence in the community.
- Patient 2: Set up in Action 3 wheelchair, with tension-adjustable backrest and Jay Union cushion. Improved postural alignment, reduced pain and reduced seat-to-ground height which facilitated a sit-to-stand transfer.
- Patient 3: Identification of a Jay 3 deep contour backrest and Jay 3 cushion for improved postural alignment and increased sitting stability, as well as facilitating improved ability to utilise upper limbs resulting in increased function.

Conclusion

Therapists at the LSCIC see inpatients on a daily basis. This affords them the ability to observe effect of input in real time and continue to make adjustments and trial products throughout the admission allowing the opportunity to enhance their health and reduce secondary complications whilst also enhancing skills relating to use of a wheelchair, thus improving mobility and quality of life.

The utilisation of this service is an opportunity for Wheelchair Services to save time and resources, whilst providing patients with the best possible service.

References

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Email: clare.moylan1@nhs.net