

It Takes a **VILLAGE** to Get a **Chair...**

Written By **Theresa Berner, MOT, OTR/L, ATP**
and **Sue Lebbens, MBA, OTR/L**

OR A FEW CHAIRS

THE FOLLOWING CASE IS INTERESTING,

because the patient in this story has crossed many paths of rehabilitation. He completed rehabilitation from two different programs in two different states. He has even acquired additional equipment within the five-year window. He used creative funding, and he invested his trust in good people. One can think: “the stars just aligned and it worked out,” but we believe the strength of our industry is stronger than we may realize. This story also shows that complex rehab suppliers are necessary and best practice is from the integration of many different talented people sitting in different areas of our industry.

The story begins with a 19-year-old college student, Ian, suffering from a spinal cord injury. Ian is introduced to us during the outpatient rehabilitation phase and came to our clinic after completing his inpatient rehabilitation out of state. One of the first fears that go through a clinician’s head is, “I wonder what they ordered, and I hope it is correct.” Any clinician working in inpatient rehabilitation is experiencing the challenges of predicting the needs of an individual and his or her recovery. Insurance requires us to assist a client in making a decision on what equipment will be used when he or she leaves the hospital, although medicine and science is giving us hope of continual recovery.

This is not a unique situation, and we have all been there when we end up supporting a chair that exceeds the needs of a client or the chair doesn’t quite meet the needs we predicted. All we can control is our investment in evidence-based practice to lead us into predicting recovery, collaboration with all team members to understand abilities and weakness, and partnership with our clients to help them understand their choices. Once we have accomplished this, we send the clients on their way with the hopes the complex rehab supplier can fill in the gaps that may have been missed. This all becomes more complicated when the individual we are carefully putting the pieces together leaves the state to go home or comes to us from a program far away. It is in these scenarios that we reach to our network of entrusted clinicians, suppliers and manufacturers and use all resources to help achieve a common goal.

Ohio State University was the recipient of an amazing clinic’s work in starting the process of equipment integration. From June 2010 to the fall of 2011, Ian worked with a team of professionals that integrated his plan from inpatient rehab at

Shepherd Center in Atlanta, Ga., to skilled care in Columbus, Ohio, which then brought him to his home, and he came to outpatient therapy at The Ohio State University Medical Center. Ian has an incomplete C5-C7 spinal cord injury as a result of a diving injury while on vacation. By the time he completed his inpatient rehabilitation and was ready to come home to Columbus, he was well on his way to a network of guardians who would ensure the equipment choices would allow him access to the world any other 19-year-old would need. Throughout the next 17 months the team of experts helped him identify the best mobility equipment that included a Group 3 power chair with a pressure relief cushion, an ultra lightweight manual chair with a different pressure relief cushion, and a set of power-activated, power assist wheels for his manual chair. If not for the collaboration of a lot of individuals, his story would not have had the success we will demonstrate.

The first leg of the journey was shown when Ian explained to us that he was given several choices in equipment and educated on the aspects of what features the equipment would have. He was introduced to several complex rehabilitation suppliers of which two had locations in Ohio. He chose the best Group 3 power chair that would meet his needs and was given a loaner chair to us use when he came to Ohio. He arrived at our clinic explaining how the cushion he had was not quite meeting his needs as he had expected. After contacting the Ohio based ATP of the Complex Rehab Supplier they quickly switched out the cushion that was agreed upon. We learned that the communication between the Atlanta branch and the Ohio branch allowed for seamless continuum to carry out the equipment choices.

Ian then shared with us that he was planning on purchasing an ultra lightweight manual chair so he could go places with his friends that the power chair simply could not access. It was important to him to have this equipment, and he felt he understood his options. Before the rehabilitation team could get with the supplier, Ian had already made an appointment with an ATP and ordered a chair of his desire. Here comes the second panic of a trained clinician: “If I wasn’t there when you ordered it out how do I know it was correct?” While we were waiting on the arrival of the equipment Ian entrusted our advice on selecting a cushion that he could be more independent in completing his transfers. His team carefully trialed multiple cushions, analyzed the pressure mapping studies and then made a decision on

the cushion that would best meet his needs. A few months later the chair arrived, and it fit Ian just fine. It was evident that the ATP had knowledge and skills required to order the ultra lightweight chair to the required specifications. This is something that would not have been achieved if Ian went onto a website and ordered the equipment off of a checklist.

The next hurdle was he was not as independent as he imagined in the ultra lightweight chair. His therapy team introduced the power-activated, power assist wheels. After a brief trial of the equipment it was clear that the technology was what he needed. The challenge became that his primary insurance provided the power chair, and he self-funded the manual chair. How would the team receive procurement to fund the power-activated, power assist wheels? Although funding could have become a barrier the technology was needed so further investigation was required.

The network of team members who worked with Ian continued to grow. The therapy team enlisted our rehab engineer to complete propulsion analysis using the Smart Wheel in our clinic and sought out the social workers and case managers to begin investigating available funding. While these pieces were put together for a solution Ian had some training that needed to be completed and the clinical team began incorporating the propulsion training during each visit and working on the section of the equipment that would meet his needs. Ian then participated in manual wheelchair propulsion indoors and outdoors, accessing ramps, curb cutouts, and obstacle courses. He worked on maneuverability, wheelies, thresholds, and uneven terrain so that he could return to a college campus and be able to hang with his peers in the community. All these tasks are fully reimbursed through therapy intervention and following of CPT code rules.

Ian's challenge was that the chair needed to be sensitive enough to match his ability, be able to be specially programmed for his left and right side, and be able to navigate hills for use on his ramps. These are all careful details that could be accomplished in therapy sessions rather than unreimbursed individual visits from a supplier. In order to have the technology for training during therapy, the team contacted the manufacturing representative for assistance and guidance. The representative came in for a few sessions,



IAN AND ONE OF HIS THERAPISTS.

trained the clinicians on the programming options and then served as a resource for the team when his skills were needed.

Ian was able to be successful and independent with his ultra light manual wheelchair and set of programmable power activated power assist wheels. He received a new skin protection pressure relief cushion that he could transfer on and off as well as complete good pressure relief, and he still had his Group 3 power chair that he used when activities matches his needs. He used a combination of state and private funding, fundraising dollars from private donations, and is now beginning to work with the vocational rehabilitation program for all additional needs.

With the use of the above equipment, Ian is able to continue living at home, assists with coaching his high school lacrosse team, drives his van, and has returned to college. He is very active and has many options of equipment to support his lifestyle and needs. If it was not for the team of therapists and complex rehab suppliers in two different states, the manufacturers' representatives of all trial equipment, the rehabilitation engineers, social workers, case managers, rehab counselors, funding agencies, and one strong-willed 19 year old, the story may not have been the same.

A day does not go by without seeing a story about what challenges lie ahead in our industry. We all have to keep in mind that as long as our collaboration and strength continues, it may take a village to get the best equipment, but at least we can continue to see all of us stick together and persevere to do the right thing. ➤

CONTACT THE AUTHORS:

Theresa may be reached at Theresa.Berner@osumc.edu.
Sue may be reached at Susan.Lebens@osumc.edu.