Implications of the package of rehabilitation interventions (PRI) for rehabilitation practice

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Rehabilitation Continuum

Inpatient Rehabilitation
- Spinal Surgery
- Intensive Medical & Nursing Care

Acute Care
- Strength & fitness
- Functional training
- Psychological Adjustment
- Adaptive Equipment

Community Reintegration
- Accommodation
- Family support
- Care & Finances
- Community Access
- Driving & Transport
- Recreation / Leisure
- Education & Training
- Work

World Health Organization
Rehabilitation 2030
Context for SCI Rehabilitation

Key dimensions for success *(Hammell, 2007)* include:

✓ acceptable **staff attitudes and behaviours**;

✓ need to **involve the person with SCI** in decision-making, valuing capability and future life potential;

✓ **value of SCI peers** who understand ‘lived experience’;

✓ making rehabilitation **relevant to community & society**

✓ “institutional” inpatient rehabilitation **environment does not facilitate autonomy, decision-making and choices**;

✓ importance of **connecting the past to the future**.
Inpatient Rehabilitation doesn’t reflect reality!
Inpatient Rehabilitation doesn’t reflect reality!

Effect of Contextual Factors on Community Participation

- Impairment (Capacity)
- Environment (Extrinsic)
- Personal (Intrinsic)

Coping & Adjustment

- Social Integration & Community Participation
- Expectations & Motivation
- Functional Performance

Rehabilitation 2030

World Health Organization
**Methodology**

### DEVELOPMENT OF A PACKAGE OF REHABILITATION INTERVENTIONS (Spinal Cord Injury)

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Methodology and progress to date

- The search generated 507 records. 10 of these were duplicates leaving 497 records, which were screened for titles and abstracts.
- 38 full-text guidelines were retrieved for consideration for inclusion.
- 30 full-text guidelines were excluded.
- Ultimately, 8 guidelines met the inclusion criteria.
- For 7 guidelines, data were extracted.
Implications of PRI for SCI

✓ Rehabilitation is a core health service for individuals with SCI.
  • Not only adds ‘life to years’ but ‘years to life’ (esp. LMICs)!

✓ Strengthening health systems for SCI rehabilitation through informing health policy, planning and budgeting in relation to:
  • Implementation of Package of Rehabilitation Interventions
  • Assistive technologies, equipment and consumables needed
  • Workforce competencies required for implementation.

✓ It is critical that WHO Member States are equipped with technical guidance to establish and strengthen SCI rehabilitation service delivery in line with population needs.
Implications of PRI for SCI (cont)

✓ Identification of essential rehabilitation interventions to be prioritised for integration into the health system, along with service delivery platform/s & resources required to deliver them safely and effectively.
  - In-country testing for practicality/user-friendliness; revision & release.

✓ Supports Ministries of Health to plan and budget for integration of evidence-based rehabilitation into health systems, supporting the achievement of UHC for rehabilitation.

✓ People in need will benefit from equity and access to rehabilitation and be enabled to achieve their best possible level of functioning.

✓ Supports development of models of care, service standards, clinical pathways, workforce composition/competencies, education & training.
Challenges and message

✓ Lack of evidence & relevant domains of functioning are missing
  • additional search for evidence from Systematic Reviews will be included
  • link to CPGs of ‘like conditions’ or specific domains of functioning.

✓ For existing guidelines: somewhat surprising that all national guidelines recommend rehabilitation interventions based on studies with methodological limitations yet may grade the quality of evidence as high.

✓ Opportunity to partner with Cochrane Rehab to strengthen SR’s (MoU)

✓ Focus of available national guidelines (and their representation of health care situations) generally in high-income countries. Therefore, may be of limited applicability in other settings, especially low- and middle-income countries.

✓ Needs to be used regionally or locally to both generate contextualized rehabilitation pathways based on the resources locally available and to develop the organization of health care and related resources in a way that will promote effective SCI rehabilitation.