

# SCI SIG NEWSLETTER

APTA Neurology Section  
Summer 2010

## MESSAGE FROM THE CHAIR

Hello, and happy summer. We apologize for this late newsletter. It is my fault. I was traveling to an international conference in Scotland at the beginning of June and wanted to hold this newsletter until after that conference so that I could have the experience to share with our membership. Again, I must stress that if you can find a way to attend an international conference you should! It is marvelous to meet and network with therapists from other countries and get a sense of what are the common struggles and successes and be exposed to the differences in practice and beliefs. The exhibit was also very interesting to see what there is in wheelchair seating equipment and technology and how it differs from what we have available in the U.S.

Jean Minkel, Laura McClure, and I were the American members of the team asked to draft the *Guidelines for Teaching Transfers- Safe and Effective Techniques for Persons with SCI*. Although we originally had a member from the UK, due to work constraints she did not actually participate in drafting the document or in reviewing it. This led to an inter-

esting discussion (controversy?) during the presentation of this draft. We began with the information in the *Preservation of UE Guidelines* and expanded on how to teach the mechanically assisted sit pivot transfer with specific principles, strategies, and manual cues that therapists can use for facilitating learning of proper transfer technique. This session included hands on teaching of the manual facilitation techniques. This information was well received and endorsed by participants. We had also expanded the scope to how to perform and teach dependent transfers offering 3 options: a mechanical lift, a traditional dependent stand pivot with feet on floor and a full "football style" lift-pivot transfer.

The response to the full lift and even the max assist feet on the floor transfer was where the controversy erupted. The therapists from the UK announced that they would be fired if they performed either transfer due to the "manual handling rules" which are anti-lift policies for the protection of the caregivers and staff. This then led to a discus-

sion. Some older and more experienced therapists reported knowing how to do these or similar lifts, and there was a mixed report on whether or not they were used anymore. No other European countries present had 'no lift' policies; however some thought they were moving that way. Therapists from some regions of the U.S. were aware of some facilities going to no lift policies but thought that was for "the nurses, not therapists".

What was surprising was that a number of the younger therapists, esp. those from the U.K., could not fathom when one might ever want to do a dependent transfer stating that "...if someone was that dependent, I would just use a hoist". It was pointed out that in under-resourced countries, rural environments, or in situations of travel there might not be a hoist available. If the individual had no other means of being transferred, this would severely limit participation. The same group of U.K. therapists stated that they "...might feel comfortable doing a transfer themselves (Continued Page 2)

### Inside this issue:

<i>Message from Chair</i>	1-2
<i>ADA Anniversary</i>	3
<i>Conference Proceedings</i>	4
<i>Consortium Guidelines</i>	5
<i>Guideline Links</i>	6

**Not sure who your representatives and senators are? Check out this non-partisan resource!**

[www.votesmart.org](http://www.votesmart.org)



## Message from the Chair (Continued)

as a therapeutic activity but that they would never think it should be taught to a lay caregiver". At this point a broader discussion began about the ICF. Are we truly embracing the ICF model as a platform for our management of patients and focusing on participation? Considering the personal and environmental factors, should we be making clinical decisions that limit an individual in such a huge way?

Indeed when policy begins to change the way physical therapy is practiced (perhaps threatening the very essence of rehabilitation) shouldn't therapists challenge those policies? "No lift" policies are driven by workplace safety concepts and preventing on the job injury. The evidence behind these policy decisions is not based on injury to physical therapists. In fact, evidence shows that the highest incidence of injury and pain for physical therapists is in the hand in wrists for manual therapists. Therapists as a population are different from nurses with lower prevalence of smoking and higher fitness levels in the physical therapist population. More importantly the platform of our professional knowledge is movement science. We are highly trained in anatomy, postural alignment, biomechanics, and movement analysis. We are the experts in how to move the most efficiently and safely and in motor learning and motor skills training. If anyone can lift safely, it is the physical therapists. If anyone should be making the decisions on how physical therapy is practiced, it should be the physical therapist.

In the meantime, while we are pushing back on policy decisions we should also be careful to maintain our skill set. I passionately believe that therapists, especially those working with SCI, must be not only confident and competent in performing fully dependent transfers but also in teaching these skills to the individuals with SCI so that they can instruct a lay caregiver in all aspects of their care, including how best to transfer them.



Jennifer Hastings, PT, PhD,  
NCS

### Upcoming Educational Opportunities

#### **Occupational and Physical Therapy Management of SCI**

([www.sciseminars.com](http://www.sciseminars.com))

San Pedro, CA

November 6-7, 2010

#### **North American Neurorehabilitation Symposium 2010**

([www.nanrs2010.com](http://www.nanrs2010.com))

Shepherd Center in Atlanta, Georgia, USA

August 27-28, 2010

#### **ISCOS Preconference for SCI Physiotherapists**

([www.iscos2010.com](http://www.iscos2010.com))

49th ISCoS Annual Scientific Meeting

November 1-3, 2010

New Delhi, India

[admin@iscos.org.uk](mailto:admin@iscos.org.uk)



## HAPPY ANNIVERSARY TO THE ADA!

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(This article previously appeared in Seniors Digest Newsletter of the Seattle-King County Advisory Council

On Aging & Disability Services, July 2010.)

The Americans with Disabilities Act (ADA) had its 20<sup>th</sup> anniversary on July 26, 2010. This ground-breaking civil rights law was intended to "...establish a clear and comprehensive prohibition of discrimination on the basis of disability". This protection is expected to be similar to that afforded Americans on the basis of race, religion, sex, national origin and other characteristics through the Civil Rights Act of 1964. Disability is defined by the ADA as "a physical or mental impairment that substantially limits a major life activity." The determination of whether any particular condition is considered a disability is made on a case-by-case basis. Certain specific conditions are excluded as disabilities, such as current substance abuse and visual impairment, which is correctable by prescription lenses.

So, after 20 years, has the ADA made a difference? For this writer, it has! The ADA prohibits discrimination in employment, in communication access, programs and services in state and local government and access to community (public) accommodations. All of these are evidenced in my personal life.

I grew up in a small town in the 1960's, a wheelchair user from my elementary school years. There were no curb cuts on street corners. No accessible parking spaces at the nearby shopping locations. There were hand controls and other devices to modify your car to accommodate a disabled driver, so I learned to drive at 16, like any other teen. My biggest challenge as a young driver was finding that rare extra-wide parking spot to allow me space to park and get my wheelchair out of my car. It was also unusual that I could plan on a trip to the bathroom at a restaurant (without a parent helping to carry me into the bathroom). I learned to plan bathroom trips carefully, always "go before you go out", and to plan lots of extra time getting to a location because I might not be able to park.

Now, my daughter is growing up in a very different world, one impacted by the ADA. She is also a wheelchair user but as a young teen, hasn't known a world where she was limited by physical barriers in her community. She walks down to our neighborhood center with her friends, getting a push when the hills are steep, but not limited by curbs. Curb ramps abound in our neighborhood. She assumes we can park our modified van in an accessible parking space at any store, movie theater, school, mall, airport or park that she wants to visit. She was recently shocked to find, to her dismay, that not every restaurant has a fully accessible restroom when 90% of our community restaurants are available to us (see, Mom was right to say, "go before you go out!")

She sees adults with disabilities in nearly every work position she encounters. We know successful business professionals, folks in the medical and business fields, science and education. She has role models in a wide variety of occupations – as a "wheelchair girl", she knows she can do whatever she wants for a job in the future (well, she did drop Flight Attendant off her list as she finally acknowledged that she couldn't get down the aisle with the drink cart successfully. But there are still MANY, many jobs out there!) And discrimination in employment is just one of the many barriers that the ADA is helping to break down.

She is too young to notice the third benefit that I use frequently – access to communication. My hearing is declining rapidly as a part of my disability and while my hearing aids help immensely, I still struggle at lectures or the theater. I have become quite savvy about requesting and receiving assistive listening devices at the symphony, lectures, theater or any time I am at a performance. This is still a great thrill to me – that I can do things with friends out in the community and be a part of it all equally.

I wonder at times if all this benefit, invisible to her since she has known nothing else, will go uncelebrated. Accessing my community independently still brings me intense pleasure, in part, because I cherish what I worked hard to obtain. Will our young people still hold it community access dear? There is still work to be done – our civil rights can still be removed or reduced. The ADA allows a community of people to be contributing members of our society – but we can do more! Many people with disabilities are waiting for job opportunities, to allow them to get involved, to contribute, to pay taxes. The ADA has made a change in our physical community, now we just need to change our attitudes along with it.

Happy 20<sup>th</sup> Anniversary, ADA! I am looking forward to the next 20 years of change.

## The 4<sup>th</sup> International Interdisciplinary Conference on Posture and Wheeled Mobility

Glasgow Scotland June 7-9, 2010

### Program: Best Practice: Hit or Myth?

This was a smaller international conference hosted by the Posture and Mobility Group, the British Society of Rehabilitation Medicine, and the Scottish Posture and Mobility Network. The audience, however, was a very integrated mix of medical doctors, physiotherapists, occupational therapists, rehab engineers, nurses, and equipment manufacturers and vendors. In addition to presentations on research and service delivery, the conference organizing committee set out to present some new *Best Practice Guidelines* in areas where they perceived a need. After identifying topic areas, they nominated team leaders who were given broad guideline expectations, the task of selecting a team and drafting a best practice guideline document, and then the task of presenting the key aspects at the conference with the hope of facilitating discussion and building consensus and finalizing the guidelines.

The identified topics were:

- **Vehicular Transportation for Users Occupying Their Wheelchairs**
- **Power Wheelchair for Pediatric Users**
- **Early Interventions; Best Practice Before Patient Reaches the Rehabilitation Unit**
- **Tilt, Recline and Elevating Leg Rests for Wheelchair Users**
- **Clinical Guidance on Use of Pressure Mapping Systems**
- **Preservation of Upper Limb Function Following SCI**
- **Application of Seat Elevating Devices for Wheelchair Users**
- **Teaching Transfers- Safe and Effective Transfer Techniques for Persons with Spinal Cord Injury**
- **Supported Standing: Integrating Evidence into Practice**
- **Empowering Children and Adults with Cognitive Disabilities to Learn Skills for Powered Mobility**
- **Supported Lying**

Some committees worked from an existing guideline or white paper with the hope of updating or endorsing the document while others worked from scratch. The various groups made different levels of progress on the tasks. The draft documents will be in the conference proceedings and posted on the conference web page [www.mobility2010.org/best-practice-topics.asp](http://www.mobility2010.org/best-practice-topics.asp)

Pertinent to SCI therapists was the overview of the new guidelines developed in collaboration between the North American Pressure Ulcer Advisory Panel and the European Pressure Ulcer Advisory Panel. The draft guidelines were reviewed by 146 health care organizations from 32 countries and 903 individuals across 53 countries and can be considered the first truly international pressure ulcer guidelines. The guideline recommendations can be downloaded from [www.epuap.org/guidelines.html](http://www.epuap.org/guidelines.html), and the full guidelines can be obtained from [www.npuap.org](http://www.npuap.org).



### PHYSICAL FITNESS FOR SPECIAL POPULATIONS: CALL FOR PARTICIPANTS

APTA is in the process of developing a SCI fitness pocket guide for PTs. This will be similar to the ones previously developed for special populations. [PHYSICAL FITNESS FOR SPECIAL POPULATIONS](#)

We are looking for 3-4 PT members that have 'expert' knowledge in this area. Please let me know anyone that you think we should reach out to discuss the possibilities of participating with this project.

Contact Joy Bruce, MSPT, ABD, NCS at: [joy\\_bruce@shepherd.org](mailto:joy_bruce@shepherd.org).

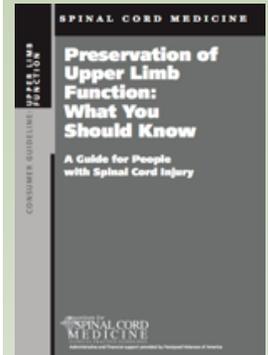
## Clinician and Consumer Guides

### *Preservation of Upper Limb Function Following Spinal Cord Injury*

People with spinal cord injuries and their caregivers have a new resource to help with improving the quality of their lives:

[Preservation of Upper Limb Function Following Spinal Cord Injury: A Clinical Practice Guideline for Health-Care Professionals](#)

It is new from the Consortium for Spinal Cord Medicine. See the next page for additional Consortium guidelines that are available free-of-charge. Click on each Guideline for a link to the ordering page.



October 29 - 31, 2010  
 49th ISCoS Annual Scientific Meeting  
 New Delhi, India  
[admin@iscos.org.uk](mailto:admin@iscos.org.uk)  
[www.iscos2010.com](http://www.iscos2010.com)

