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Scientific/Clinical Article

How therapists specializing in hand therapy evaluate the ability of patients to participate in their daily lives: An exploratory study



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ARTICLE INFO

Article history:

Received 6 May 2014

Received in revised form

15 August 2014

Accepted 30 December 2014

Available online 7 January 2015

Keywords:

Participation

Evaluation

ICF

Survey

Clinical Reasoning

ABSTRACT

Study design: Exploratory, Survey Design.

Introduction: A gap in current knowledge exists regarding how therapists evaluate patient difficulty participating in life situations.

Purpose: The goal is to explore how therapists measure participation.

Methods: A survey questionnaire was developed, piloted, and tested for reliability and validity. Convenience sample of 249 participants responded, providing information about assessment tools employed, problems and goals identified, indications for patient discharge, and participants' demographics.

Results: Participants used tools to measure body structures/functions, and informal discussion about daily activities, daily to weekly. Participation measures were employed monthly or less. Participation was noted more often in goals than problems identified in case study vignettes. Body structures/functions and participation were considered equally when anticipating patient discharge.

Conclusions: Evaluations principally employed tools and identified problems relevant to impairments in body structures/functions. Yet, when looking forward, setting goals and anticipating discharge, patients' participation needs were also attended.

Level of evidence: 2c

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Introduction

Enabling patients to recover from an injury or disease process that has impaired the ability to use their hands for usual daily life is the philosophical cornerstone in hand therapy. Inspired by the view that we need to have measures addressing matters of importance to our patients, we assessed how 249 hand therapists evaluate the International Classification of Functioning, Disability, and Health (ICF) component of participation in the provision of hand care. We were concerned that the exclusive focus on body structure and function does not take into account the full scope of our patients' needs.

The World Health Organization (WHO) revised its classification in 2001, shifting its orientation from disability to functioning and health.^{1,2} The resulting framework (see Fig. 1), titled the ICF, uses the term participation to describe involvement in a life situation,¹ such as being a parent, student, employee, or athlete. Participation

restrictions are difficulties a person may face when involved in a life situation¹ in which the level of engagement is less than optimal, given his or her specific developmental level. Other ICF components include body functions (any functions of the systems of the body), body structures (actual parts of the body, including larger organs and smaller sub-parts), and activities (carrying out any task or action).¹

The ability to resume the full spectrum of one's meaningful roles in daily life despite injury or disease to the upper extremity has always been a tacit goal in the practice of hand therapy. But it is only recently that the profession has begun to more actively incorporate ICF components, such as activities and participation, in concert with its core of body structures/functions into hand therapy evaluation and treatment. While emphasis in the literature is predominantly on body structures/functions in a review of the literature up to 2010,³ other indicators demonstrate a growing presence of participation, namely, the 2008 practice analysis and definition of the hand therapy profession,⁴ the advent of several reliable and valid functional outcome measures that consider activities and participation,^{5–8} recommendations from leaders in the profession who emphasize patients' needs to resume participation in daily activities,^{9–11} and the growing body of qualitative research^{12–14} that details patients' experience of functional limitation. This translational shift demonstrates how scientific information is being transformed for everyday,

Findings were presented at the American Society of Hand Therapists Conference on October 19, 2012 in San Diego, California.

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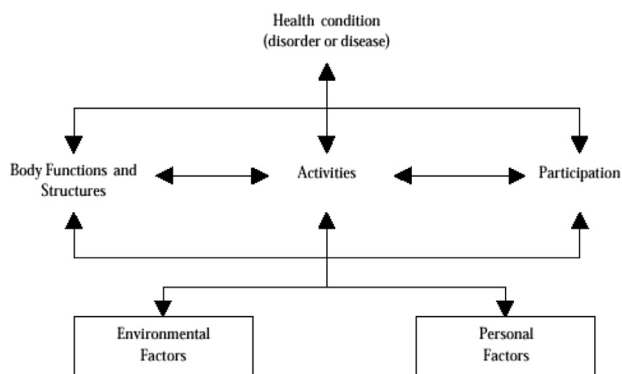


Fig. 1. Components of the International Classification of Functioning, Disability and Health.

clinical utility,¹⁵ but the question that remains to be addressed is how that shift manifests in daily hand therapy practice.

From the existing body of literature, it is unclear to what degree activity and *participation* are incorporated into daily practice. A 2001 study about the treatment of distal radius fractures reported fewer than 5% of therapists surveyed used functional, self-report outcome measures, specifically the Patient Rated Wrist Evaluation, Short Form-36, or the Disabilities of the Arm Shoulder and Hand, and no survey items inquired about activities of daily living (ADLs) or *participation*.¹⁶ A substantive shift was noted in the 2008 hand therapy practice analysis.⁴ Surveyed therapists placed moderate to critical importance on functional activity and techniques to assess ADLs, carrying them out weekly to daily, a notable change since the 1985 and 1994 practice surveys. However, “assessment of outcomes” rated with minimal to moderate importance, was employed monthly to weekly. A recent survey of members of the American Society of Hand Therapists also illustrated a high value placed on assessment of ADLs in hand therapy.¹⁷ However, the online questionnaire about beliefs and practices addressing ADL limitations in patients who underwent flexor tendon repair revealed a disparity, given that 96% of respondents concurred that ADLs assessment is important to hand therapy practice but only 49% performed detailed ADL assessment with post-operative flexor tendon patients.¹⁷ The authors of the study queried whether “inadequate assessment of ADL performance is the missing link, and, if employed, would assist therapists in recognizing potential pitfalls in their patients’ rehabilitation program and outcome...” (p. 27).¹⁷

Assessment or evaluation through a targeted collection of patient information, abilities, and limitations helps therapists to identify patient problems, set goals, and form a treatment plan. Therapists prioritize which problems are most urgent and require focused intervention. The problems identified at the initial evaluation guide treatment,¹⁸ making evaluation a pivotal point in the therapy process. Closer examination of clinical reasoning at evaluation can demonstrate possible patterns, elucidating how and when *participation* is considered.

The purpose of this study is to collect information about the evaluation practices of therapists specializing in hand therapy as well as information about their clinical reasoning to more clearly understand how patient problems with *participation* in daily activities are identified and prioritized. More specifically, this exploratory study aims to examine if and how hand therapists include *participation* during the process of evaluation. Towards this end, a survey questionnaire considered the following questions:

1. To what extent do therapists use assessment tools that consider *participation*?
2. To what extent do therapists consider *participation* in problem identification and goal setting?

3. To what extent do therapists consider *participation* in determining when to discharge patients from treatment?
4. How does the client’s clinical presentation relate to the therapists’ consideration of *participation* at evaluation?

A survey design was employed to explore and describe the evaluation practices of numerous therapists to obtain a larger perspective on how patients are evaluated. Previous surveys of hand therapists include elements of *participation*^{19,20} or *participation* of patients of specific diagnoses,¹⁷ but none explored the extent to which therapists generally consider *participation* in the evaluation process. Therefore, a new survey was developed, piloted, and validated for the purposes of this study.

Methods

Research design

This study uses an observational research design incorporating descriptive and quantitative data approved by New York University, IRB application # 4858.

Participants

Inclusion criteria were occupational or physical therapists specializing in hand therapy for one or more years and working in the United States. Participants were recruited at the 2008 Philadelphia Hand Therapy Symposium, which took place in a Philadelphia hotel. Attendees sat at long tables in a large ballroom while listening to lectures throughout most of the day. The investigators invited all attendees to complete a survey by placing a total of 600 packets on the long tables, one in front of every seat. The survey questionnaires served as the data collection instrument. Those who voluntarily completed and submitted a survey to the conference’s registration desk qualified for the opportunity to win a gift card.

Measures

The survey was designed to collect data about the typical evaluation practices of therapists specializing in hand therapy, with particular interest in understanding assessment of patient *participation* in daily life situations.²¹ Two concerns were carefully considered when developing the survey.

The first concern was to capture numerous facets of the evaluation process. After a thorough review of the literature and consultation with six clinical experts, four components of evaluation were included: assessment tools, patient problems, patient goals, and indications for discharge, as described in greater detail below.

A second concern was to avoid biasing respondents to the interests of the researchers (whether therapists evaluate how their patients *participate* in daily life situations) to ensure that responses reflected practice patterns as accurately as possible. Therefore, no part of the survey indicated specific interest in *participation*, with questions targeting all aspects of evaluation, including assessment tools and question items related to the other ICF components, such as body structures, body functions, activities, environmental factors, and personal factors. Each survey item was subjected to extensive pilot testing and demonstrated face and content validity when examined by six clinical experts and rated in a validity questionnaire. The survey design employed principles described in Dillman’s *Mail and Internet Surveys: The Tailored Design Method* (2nd ed.)²² to maximize survey clarity and minimize question bias.

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