

## Evidence-Based Treatment Strategies

<i>Treatment Strategies</i>	<i>Authors</i>
Upper extremity function	Ballinger, Rintala, & Hart, 2000; Gronley et al., 2000; James, Khapchik, & O'Dell, 2000; Wise, Ellis, & Trunnell, 2002
Technology	Bushnik, 2002; Craig, Moses, Tran, Kirkup, & Mclsaac, 2002; Garber & Gregorio, 1985; Pell, Gillies, & Carss, 1999
ADLs	Boschen, Tonack, & Gargaro, 2003; Bushnik, 2002; Guidetti, Asaba, & Tham, 2009; Pentland, Harvey, & Walker, 1998; Schönherr, Groothoff, Mulder, & Eisma, 2000; Scivoletto, Morganti, Ditunno, Ditunno, & Molinari, 2003; Sumida et al., 2001
Environment	Bushnik, 2002; Noreau, Fougeryollas, & Boschen, 2002; Pentland et al., 2003; Thapar et al., 2004
Collaboration in treatment	Leary & Mardirossian, 2000; Ray, 1998; Schönherr et al., 2000; Toto & Hill, 2001
Psychosocial considerations	Boschen et al., 2003; Mulcahey, 1992; Murphy, Young, Brown, & King, 2003; Noreau et al., 2002
Community participation	Cohen & Schemm, 2007; Ward, Mitchell, & Price, 2007
Treatment coding	Ozelie et al., 2009
Evidence-based practice treatment summary	ASIA, 2012

it has been in the past. Those patients who do choose to have tendon transfers will need training to learn to use the transferred muscles in new ways (Hollar, 1995).

Despite maintaining appropriate routines in self-care, patients with SCI are susceptible to respiratory infections, urinary tract and kidney infections, and the development of skin breakdown. Patients with SCI may also develop contractures and may lose function due to increases in spasticity. Rehospitalization is common (NSCISC, 2000). On these occasions, the OT practitioner may take advantage of the opportunity to make modifications in equipment or self-care techniques or to provide other intervention as indicated by evaluation.

As improvements in medical care (ASIA, 2012) have increased the survival rate of patients with SCI, there has also been an increase in the numbers of elderly people with SCI. As this population ages, they will experience the normal decrease in strength, endurance, and physical fitness, as well as such age-associated problems as joint degeneration and skin fragility (Yarkony, Roth, Heinemann, & Lovell, 1988). During rehospitalization, changes in status due to aging should be considered at these times, with appropriate modifications in equipment and adaptive techniques.

## CASE STUDY: FOLLOW-UP CARE

John returned for driver education and driver training using a modified sedan, which he accomplished in 1 month. John owned a relatively new car, a 4-door Ford. Since he already had a job lined up, the Department of Vocational Services was willing to modify the vehicle by purchasing and fitting the car with hand controls. The department also modified the car to accommodate a roof-based lift system that electrically lifted John's wheelchair to the roof of his car and stored it under a plastic cover. John returned to the rehabilitation unit every 6 months for 2 years. During that time he had no incidences of skin breakdown, no respiratory problems, and he remained independent in his self-care. After 2 years, John returned to Mexico to be closer to his family and was lost to further follow-up.

## CLINICAL PROBLEM SOLVING

1. Review the Real Records section and consider a mother of 2 young children who has an injury similar to John's or an elderly man with a T1 injury.