MEETING THE UNMET NEED:
ENCOURAGING AND EDUCATING THERAPISTS

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DISCLOSURES

- Amber L. Ward, MS, OTR/L, BCPR, ATP/SMS
  - Research support (in-kind) by Permobil

- Stacey Mullis, OTR/L, ATP
  - Employee of Comfort Company
We are

Why this talk
OBJECTIVES:

- Describe 2 ways to build partnerships between suppliers, ATP’s, manufacturers, and seating therapists to promote seating and wheeled mobility.
- Describe the roles of the supplier, ATP, manufacturer and seating therapist in teaching OTs and PTs about seating and wheeled mobility.
- Describe 3 resources available to the OT/PT in the area of seating and wheeled mobility.
GENERAL CHALLENGES:

- Not enough skilled therapists to meet unmet public need
- Not enough new/younger therapists entering wheelchair specialty field
- Aging out/retiring of some skilled clinicians
- Generalist therapist doesn’t perceive a problem, or not “their problem”
- Dabblers think they know “enough” to do a good job with complex challenges
GENERAL CHALLENGES, CONTINUED

- Wheelchair as a “failure” depending on view
- Time is money- hours of documentation
- All or nothing- Seems large, lots of time/effort to be skilled
- Large healthcare organizations- centralization of specialty care
- Changes: patterns of behavior, resources, technology, financial, productivity
- OT/PT educational standards minimal on SWM
CHALLENGES IN EACH SETTING

- **Home Health**
  - Time, paperwork specific to agency (tons), driving
  - Difficulty getting demos/samples to the home
  - Lack of knowledge, fear
  - Contracts with certain companies
  - Misunderstanding of who should manage (nurse chooses cushion)
CHALLENGES IN EACH SETTING

- Long Term Care Setting, Skilled Nursing
  - $$$$$ (who pays???)
  - Long term versus short term resident/rehab
  - Time constraints, paperwork
  - Limitations of available equipment- stock chairs/cushions
  - Older, more disabled clients, wounds, dementia, abnormal postures, etc.
CHALLENGES IN EACH SETTING

- School System
  - Is it educationally relevant?
  - Can the school therapist be involved in process?
  - Time, $$, lack of knowledge
  - Integration of equipment into classroom vs. home/day care
CHALLENGES IN EACH SETTING

- Pediatric Clinic
  - Let ATP/manufacturer do most of the work (lack of knowledge, fear), hands off
  - Goals beyond the wheelchair (frame of reference)
  - Wheelchair a “failure” of ambulation
  - Time/$$
  - Sensory Integration focus less than functional/ADL/mobility focus
ROLES OF EACH TEAM MEMBER IN PROCESS

- Client/Caregiver
  - Knowledge of their own body, functional needs, what works for them in their lives
- Therapist
  - Clinical knowledge of the body, tone, debility, stability vs. mobility, function vs. exercise, advocacy
Supplier/Dealer
- Updated knowledge of equipment, what works/repair issues, billing/insurance issues, qualification requirements

ATP - Employee or contract
- Specialized knowledge of complex products/equipment, ways to integrate all technology together

Manufacturer
- Knowledge of their products, clinical applications, integration of their products with other technology, pros/cons of various products
IDEAL VERSUS REALITY

- No one meant to “do it all” in a true team approach
  - Each member brings something to the table

- Therapists may feel they are inexperienced and ill-equipped to assist someone with mobility needs

- Team members may not know process
  - Who to call for expert assistance?
  - Who is even on the team?

- Therapists don’t know they need these skills to assist clients well
FURTHER REALITY

- Can be very difficult to find a willing therapist
- Can be very difficult to find a qualified therapist
- Don’t know what they need to know
- Education/experience
- Time
PROMOTE NEED TO THERAPISTS/PUBLIC

- Tap into the “helping profession” mindset
  - Desperate clients, unmet needs, MRADLs
- Fulfilling, challenging specialty
- Talk at a local/state/national OT/PT conference
- Talk at schools (start in middle school/high school), show and tell, career days/fairs
- Social media/blogging, education at schools, advocacy

"Sooner or later, you realize that real fulfillment comes only from helping others. All of the rest is just temporary."
Blie Tahari
EDUCATION/EXPERIENCE

- Knowledge/experience do not have to be “all or nothing”
- CEU days/affordable education
- Generate interest/excitement within their practice area
  - It is not a “failure” of mobility- paradigm shift to function
  - It is their responsibility to manage
Productivity

- Multiple visits possible, billing accurately
- Actually increasing numbers of treatments- billable units, evals, training, etc.

Ways to make documentation easier/shorter

- Eval/LMN combos
- Examples, templates, check-offs- variety of options
- Tying into templates/existing structure within companies/facilities
GENERATE EXCITEMENT IN OT/PT’S

- Real value, outcomes are life-changing
- Cool technology, constantly changing
- Can do interesting research
- Job security
- MacGyver stuff
- Life long learning
- Every day different and interesting
- Easier to be an “expert” in the field
- $$
EDUCATIONAL OPPORTUNITIES

- Offer FREE or reduced cost, webinars, accessible, local, interesting
- Bite-sized, less overwhelming, less commitment, less time
- Pod casts, blogs, vlogs, online classes
- Manufacturers bring product into less traditional settings (home health team meeting)
- Offer more to educators- teach classes, show products, show and tell in showroom or classroom, interactive
- Assistive Technology classes- tap into LOTS of learning potential, more than mobility
JOB SHADOWING AND FIELDWORK

- Take students, level 1, level 2
  - Split placements
  - Nontraditional fieldwork
  - Seating clinic placements
- Take interested parties: home schoolers, groups, high schoolers, volunteers, scoping out careers, let them come
- ATPs partner interested therapists with experienced therapists
- ATPs/seating clinic staff/manufacturers: let therapists job shadow
- Invite other involved therapists (school, home, outpatient) to seating evaluations and equipment
- Mentoring programs
EXPERIENTIAL LEARNING

- Bring product to classes, schools, events, CEU’s
- Bring product/lunch to generalists, SNFs, HH, groups to let them play
- Wow moment with a client or product- video, share with others
- Partner webinar series with experiential- certificate, dealer partner with therapists
- OT101, PT101 educate about SWM as a career path (like pediatrics or geriatrics)
TEAMING WITH EDUCATORS/THERAPISTS

- **Educators**
  - Easy, free, assists them, cool equipment
  - Bring product to class for hands on
  - Helps with class planning
  - Meets standards

- **Seating therapists- Take initiative!!**
  - Let educators know its an interest/possibility for non-traditional site placement
  - Split placement
NOVEL APPROACHES TO TRAINING

- Training programs, webinars for learning—Low cost or free
- Training for specific settings, challenges
  - Options for home health therapists
  - Options for SNF therapists
- Options for relationships to link inpatient/outpatient seating clinics to home and home health agencies
  - Increase communication
  - Information on home barriers—photos, measurements
ADVOCACY- STATE AND NATIONAL

- OT/PT educational standards- broaden for SWM
- Change oppressive documentation standards
- Reimbursement- therapy and equipment dollars
- Productivity- trends towards focus on quality, not quantity
RESOURCES/ADVOCACY

- Clinician’s Task Force
- NRRTS
- RESNA
- Manufacturers websites, clinical educators
- Dealer resources, webinars, CEU opportunities
- Webinars
- World Health Organization
- LinkedIn generalist group - www.linkedin.com/groups/13500817

- So WHAT?!?!?! Lots of resources for therapists, little interest…..
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REFERENCES:


