Ocupational Therapy Interventions Across the Continuum of Care: From ICU to Home

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**Case Study**

John is a 45-year-old male admitted after a MVC resulting in a T6 AIS B spinal cord injury. He arrived into the Emergency Department in a Brockman brace, and was found to have moderate sensory level at T3, left-sided motor level at T6, and bilateral knee and ankle contractures. John was intubated secondary to hoarseness, and John is his only mode of communication. He is admitted to the ICU for further management of his spinal cord injury. In the emergency room, John is stabilized and ordered to return to his previous job. Also, address car transfers (to return to his previous job). Also, address car transfers (to return to his previous job). Also, address car transfers (to return to his previous job). Also, address car transfers (to return to his previous job).

**Spinal Cord Injury (SCI)** severely affects an entire lifetime, from range of motion and strength deficits to performing basic activities of daily living (ADL) or more complex tasks like driving or going to work. As SCI is a lifetime condition, it requires a comprehensive approach to care for the person with SCI to achieve improved outcomes. This paper provides an overview of the continuum of care for the person with SCI: from inpatient acute care to home-based care. The paper reviews the literature on inpatient rehabilitation and the long-term outcome for people with SCI. The paper also discusses the role of occupational therapy in the management of SCI and the challenges faced by people with SCI. The paper concludes with recommendations for future research in this field.

**Introduction**

The purpose of this paper is to provide an overview of the continuum of care for the person with SCI from inpatient acute care to home-based care. The paper reviews the literature on inpatient rehabilitation and the long-term outcome for people with SCI. The paper also discusses the role of occupational therapy in the management of SCI and the challenges faced by people with SCI. The paper concludes with recommendations for future research in this field.

**Subacute Care**

The subacute phase of care is characterized by progressive skill acquisition and community reintegration activities. Clients with SCI are getting specialized and effective care and strategies to help them meet their functional goals. Evidence shows that early intervention with orthotic devices, SCI-focused care at the subacute level is essential for maximal functional recovery. This phase is characterized by the development and implementation of effective strategies to promote functional independence and participation in community activities. The emphasis is on helping clients with SCI meet their functional goals. Evidence shows that early intervention with orthotic devices, SCI-focused care at the subacute level is essential for maximal functional recovery.

**Special Considerations**

This paper presents a typical continuum of rehabilitation for an individual with an SCI (acute care > inpatient rehabilitation > outpatient). It is not uncommon for clients with SCI to have a long period of time before or after inpatient rehabilitation. A long period of time before or after inpatient rehabilitation can be overwhelming for some clients with SCI. Clients with SCI can benefit from occupational therapy intervention for a variety of reasons, including the best opportunities for maximum recovery. Occupational therapists are skilled at helping clients with SCI meet their functional goals. Evidence shows that early intervention with orthotic devices, SCI-focused care at the subacute level is essential for maximal functional recovery.

**Primary Goals Targeted Across the Spectrum of SCI**

**Spinal Cord Injuries (SCI)** severely impact one’s entire life, from range of motion and strength deficits to performing basic activities of daily living (ADL) or more complex tasks like cooking or driving (IADL). Spinal cord injuries (SCI) severely impact one’s entire life, from range of motion and strength deficits to performing basic activities of daily living (ADL) or more complex tasks like cooking or driving (IADL). Occupational therapists are skilled at helping clients with SCI meet their functional goals. Evidence shows that early intervention with orthotic devices, SCI-focused care at the subacute level is essential for maximal functional recovery.

**Developmental Adaptations**

In order to provide the best possible care for people with SCI, the occupational therapist must be aware of the client’s age and developmental stage. The occupational therapist must also be aware of the client’s specific needs and goals. The occupational therapist must also be aware of the client’s specific needs and goals. Occupational therapists are skilled at helping clients with SCI meet their functional goals. Evidence shows that early intervention with orthotic devices, SCI-focused care at the subacute level is essential for maximal functional recovery.

**Case Study**

The case study presents a typical continuum of rehabilitation for an individual with an SCI (acute care > inpatient rehabilitation > outpatient). It is not uncommon for clients with SCI to have a long period of time before or after inpatient rehabilitation. A long period of time before or after inpatient rehabilitation can be overwhelming for some clients with SCI. Clients with SCI can benefit from occupational therapy intervention for a variety of reasons, including the best opportunities for maximum recovery. Occupational therapists are skilled at helping clients with SCI meet their functional goals. Evidence shows that early intervention with orthotic devices, SCI-focused care at the subacute level is essential for maximal functional recovery.