Impact of a multidisciplinary rehabilitation program on the “preparing meals” in people with acquired brain injury (ABI)

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Keywords: Program; Participation; Activity “Preparing meals”

Background. Cognitive and behavioural difficulties following acquired brain injury (ABI) may lead to severe limitations in activities and restrictions in participation. A holistic, intensive and multidisciplinary ABI rehabilitation program was developed at the Pitié-Salpêtrière hospital, France (5 days/week for 7 weeks).

Objective. To document the program’s effect on the activity “preparing meals”.

Method. Repeated measurements pre-program (T1 and T2) and post-program (T3, T4, T5 up to 6 months) with 7 subjects using the Cooking Task (CT) (Chevignard, 2000), Instrumental Activities of Daily Living (IADL) (Bottari, 2009), and Measure of Life Habits (LIFE-H) (Noreau, 2002).

Results. Using the two standard deviation band method and “non-overlap of all pairs” (NAP) methods for small n design, significant differences in pre and post program measures were found for the total number of errors in CT (6/7 subjects), the need of assistance (IADL). The results of the LIFE-H suggest an effect of improving the preparation of meals for 4/7 subjects.

Discussion. The combined results from the CT (fewer errors), IADL and LIFE-H suggest an overall improvement in the activity “preparing a meal” after the rehabilitation program.

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A new scale measuring complexity in neurologic rehabilitation patients: Oxford Case Complexity Assessment Measure (OCCAM)

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Introduction. There are only few scales evaluating complexity. Objective of study was to evaluate a new developed 81-point scale based on biopsychosocial model, which is OCCAM.

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Methods.– We analyzed 110 patients admitted to the Oxford Centre of Enablement (OCE) during the period from January to August 2012. OCCAM questionnaire, the Rehabilitation Complexity Scale (RCS), the INTERMED scale, and team judgment score (from 0–10) were administered to establish validity. Phase 2: inter-rater agreement of OCCAM was performed. Phase 3: test–retest agreement was performed. The ability of OCCAM to predict length of stay more than 80 days and no home discharge was analyzed using statistical methods.

Results.– Internal consistency moderate overall OCCAM scale (Cronbach’s $\alpha$ coefficient 0.69). Significant correlation was found between OCCAM and INTERMED ($\rho = 0.694$, $P < 0.001$), RCS-E ($\rho = 0.736$, $P < 0.001$) team judgment ($\rho = 0.796$, $P < 0.001$). Inter-rater agreement was excellent (Weighted $k = 0.95$, $P < 0.001$). Excellent correlation between admission and discharge scores was observed ($\rho = 0.917$, $P < 0.001$). Test–retest agreement was good (intra-class correlation coefficient 0.86). Patients with prolonged LOS had higher mean admission OCCAM (38.6 ± 12.2 versus 32.9 ± 13.7, $P = 0.04$). ROC curve of OCCAM to predict LOS > 80 days showed poor discrimination (c-statistic = 0.657; 95% CI: 0.508–0.806). Patients not discharged home had higher mean admission OCCAM (48.0 ± 13.7 versus mean 32.1 ± 10.7, $P < 0.001$). ROC curve of OCCAM to predict no home discharge showed good discrimination (c-statistic = 0.815; 95% CI: 0.680–0.950). Optimal cut-off of OCCAM to detect patients not discharged home was $\geq 34$ (sensitivity = 84.6%, specificity = 62.8%).

Discussion.– The OCCAM valid reliable scale to measure complexity, Could be useful to identify patients who will not be discharged home easily from early stages. Further studies needed to confirm results.

Further reading
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Functional gains as measured by the functional assessment measure (FIM+FAM)
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Keywords: FIM+FAM; Functional Recovery; Rehabilitation

Objective.– To quantify functional gains of inpatients subjected to a rehabilitation program in a general hospital.

Materials and methods.– Observational study using clinical notes from patients admitted to the rehabilitation ward in the 18-month period between January 1st 2012 and May 30th 2013.

Patients diagnosis was establish according to Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI). FIM+FAM were registered at admission and discharge. Collected data was statistically analysed using the Statistical Package for the Social Sciences version 18 of Windows (SPSS). Statistical significance level considered was $\alpha = 0.05$.

Results.– In total, 52 patients met the inclusion criteria, 41 male and 11 female. The average age was 58 years. The average length of stay was 34 days. The average gain of FIM+FAM was 38/210, paired-samples $t$-test ($P = 0.001$). Diagnosis did not have a significant effect over length of hospital stay ($P = 0.155$). Age was inversely related to functional gains ($r = -0.26$) and has an effect over place of discharge ($P = 0.016$).

Discussion.– FIM+FAM was found to be useful in assessing rehabilitation progress in this heterogeneous group of patients.

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