

Barriers to Community Re-integration of patients with Spinal Cord Injuries

Sabah Thaver*

Assistant Professor, Master of Physiotherapy, Sunandan Divatia School of Science, NMIMS University, India

*Corresponding Author: Sabah Thaver, Assistant Professor, Master of Physiotherapy, Sunandan Divatia School of Science, NMIMS University, India.

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“Community (re-)integration (after/with (physical) impairment or disability) is acquiring/resuming age-/gender-/culture appropriate roles/statuses/activities, including independence/interdependence in decision making, and productive behaviours performed as part of multi-varied relationships with family, friends, and others in natural community settings”. This definition fits well with the International Classification of Functioning, Disability and Health (ICF).

Spinal cord injury leads to changes in typical motor, sensory or autonomic functions. It is a high-cost debilitating condition that brings a considerable number of changes in the life of the affected patient and those around him/her and has a broad impact on medical, social, psychological, and economic conditions for those directly affected, their paid and unpaid caregivers, and the community they live in.

Traumatic SCI not only causes severe disability but also results in impairment of multiple systems such as the gastrointestinal, urinary, autonomic nervous system, skin, bone and joints. This involvement leads to further complications. The most common presentations of a Spinal cord injury are quadriplegia and paraplegia.

When these patients return to their community after a usually long and excruciating hospital stay, which usually involves surgery, they experience a variety of physical and psychosocial challenges. Over the years following the ICF model, the focus of rehabilitation has shifted from a biomedical to a bio-psychosocial model, emphasising a client-centred approach to rehabilitation.

Thus rehabilitation is now aimed at capitalising on functional independence, preventing secondary complications, optimising physical functioning and enhancing renewed participation in the community.

Doctors, surgeons, physiotherapists, occupational therapists, psychologists, nurses and other rehabilitation providers who form a multidisciplinary team are all needed to rehabilitate these patients back to the community. However, not all patients have access to the entire team either due to staying in remote areas, inability to access integrated rehabilitation centres or financial constraints, thereby putting a halt to their ongoing integration and leaving them primarily homebound. This makes reintegrating back into their local community challenging.

The most common barriers these patients face are geographical, architectural, and transportation issues which all lead to a reduction in community participation. Other contributing factors include secondary health-related complications, Passive Attitude of the community and financial and economic burdens.

To achieve the goal of community reintegration, they need to be provided with a sense of belonging not just to the family but also to the community, workplace, and social circle.

The following things need to be put into practice for achieving the same:

- **Re-Inventing self:** Acceptance is the key, where the patient is counselled and is taught to look at life from a new perspective.

- **Patient-centred therapy:** The patient should be permitted to drive the rehabilitation process so that he feels involved in recovery and rehabilitation does not feel passive.
- **Support:** The support and attitudes of family, co-workers, and health professionals alike also significantly impact how the patient feels about himself. It is better to have an empathetic approach rather than being pitiful so that while the patient appreciates the support, he does not become dependent on it.
- **Connections:** Facilitating the linking up of groups of patients with spinal cord traumas so that there is an engaging dialogue and encouragement for them where they do not feel left out or singled out, thereby enabling the utilisation of resources and organisations that facilitate these connections.
- **Access:** Facilitating the process of timely and appropriate delivery of services, whether it is housing modifications, equipment, transport facility or access to home based or institutional therapy.
- **Re-evaluation:** The reintegration process cannot be a time effort. It is a continuous process Barriers and facilitators to community reintegration can change over time and need to be monitored regularly.

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