A COMPARISON OF SPINAL CORD INJURY (SCI) CONSUMERS/STAFF PREFERENCE FOR WALKING: A PILOT STUDY

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ABSTRACT

Objective
To pilot a modified version of the Feature-Resource Trade-Off Game (Features Game) for SCI consumers and staff.

Design
Direct observation of a constrained consensus-building process in 6 panels, 3 with modified Features Game (MFG) and 3 with standard Features Game (FG).

Participants/Methods
The Features Game developed by Stineman to demonstrate consumer/staff preference was applied to SCI. The preference for walking was compared to other dimensions of a modified Functional Independence Measure (MFM) which separated walking and wheelchair mobility. The MFM is a functional measure of independence achieved among the various tasks. The game uses the nominal group process that is clearly integrated with concepts from economic utility analysis. The process assures that each panelist has equal opportunity for input.

RESULTS
The walking domain, however, was advanced by consumers to level 5 by Stage 3 with wheelchair unchanged. Professional staff advanced the injury. Presenting professionals showed a greater preference for wheelchair independence whereas the consumers with acute chronic SCI showed greater preference for wheelchair independence as demonstrated by consumer reaction to a television commercial aired across the stage. The commercial implied such a goal was achievable in the future with proper investment of research funds. Many individuals commented that this offered hope and was a very inspiring message, whereas others were upset at a message of false hope and the implication that individuals with wheelchairs needed to walk. Consumer preference and satisfaction are important and essential components of the new paradigm defined and described in the Long Range Plan of the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education. Stineman recently reported a discrepancy between consumers and clinicians rating of differences in spinal cord injury. The study not only showed differences, but also facilitated a discussion between consumers and clinicians that showed the importance of input.

DISCUSSION
The results of this pilot study support our hypothesis that there may be a difference of preference for walking function between consumers with acute incomplete SCI and clinicians who treat them. This observation is important, because it has been shown by Stineman and others that clinicians at times experience conflict between professional specialization and perceptions of therapeutic efficacy and this formulation is different than the consumer, who views the issue from a personal perspective. Other groups of consumers with SCI need to be evaluated according to their preferences and are currently being studied by this approach. Differences may exist between individuals with complete versus incomplete injuries, acute versus chronic injuries and based on age. Finally, the process of playing the Features Game may help to bridge the consumer-clinician perspectives and could possibly serve as an educational tool for student and professional staff.  

BIBLIOGRAPHY

1. National Institute on Disability and Rehabilitation Research. Correction for Final Long-range Plan for fiscal years 1993-2005. National Institute on Disability and Rehabilitation Research. (NIDRR), U.S. Department of Education. Stineman recently reported a discrepancy between consumers and clinicians rating of differences in spinal cord injury. The study not only showed differences, but also provided a discussion between consumers and clinicians that showed the importance of input.

CONCLUSIONS
The pilot study showed different responses for walking in consumer versus clinician groups, which was unexpected. Consumers with spinal cord injury and professional staff advanced bowel and bladder management to level 5 (supervision) by Stage 3 (see Figures 1 and 2) and therefore showed little difference in their preference for recovery of bowel and bladder function. This has previously been reported in the literature.

INTRODUCTION
Consumer preference needs careful study to determine the importance of mobility to persons with spinal cord injury. This was illustrated by consumer reaction to a television commercial aired during the 2001 Super Bowl which showed a person with SCI getting up from a wheelchair and walking across the stage. The commercial implied such a goal was achievable in the future with proper investment of research funds. Many individuals commented that this provided hope and was a very inspiring message, whereas others were upset at a message of false hope and the implication that individuals with wheelchairs needed to walk. Consumer preference and satisfaction are important and essential components of the paradigm defined and described in the Long Range Plan of the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education. Stineman recently reported a discrepancy between consumers and clinicians rating of differences in spinal cord injury. This study involved the direct observation of a constrained consensus-building process in 6 panels, 3 with modified Features Game (MFG) and 3 with standard Features Game (FG). The CPC on the MFG showed greater preference by staff for wheelchair independence than the SCI group who showed a greater preference for walking bowel and bladder independence was preferred by both the consumer and complete SCI patients on the MFG but was equal to walking on the MFG in acute SCI patients. The CPC on the FG showed greater preference by staff for wheelchair independence (94% SCI versus 79% MFG) which was unchanged across the stage. The commercial implied such a goal was achievable in the future with proper investment of research funds. Many individuals commented that this provided hope and was a very inspiring message, whereas others were upset at a message of false hope and the implication that individuals with wheelchairs needed to walk. Consumer preference and satisfaction are important and essential components of the paradigm defined and described in the Long Range Plan of the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education. Stineman recently reported a discrepancy between consumers and clinicians rating of differences in spinal cord injury. The study not only showed differences, but also provided a discussion between consumers and clinicians that showed the importance of input.

METHODS
The Features Game developed by Stineman to demonstrate consumer/staff preference was applied to spinal cord injury. Consumer/staff preference for walking was compared to other dimensions of a modified Functional Independence Measure (MFM) which separated walking and wheelchair mobility. Thus, six items of self-care, two items of sphincter control, and six items of mobility (wheelchair, walking, stairs, chair, tub, and toilet transfers) will comprise the MFM.

RESULTS
This study involved the direct observation of a constrained consensus-building process in 6 panels (5 persons/panel). These panels (2 clinician groups and 1 consumer) were studied on the MFG. These panels 1, clinician groups, and 1 consumer were studied on the FG. Concentric pie charts (CPC) illustrate MFG preferences.

The objective of the Features Game is to establish the relative value of alternative functional states. The features being traded here will be the 14 MFM tasks. Resource trade-off is the imagined level of independence achieved among the various tasks. The MFM is a functional measure of independence achieved among the various tasks. The game uses the nominal group process that is clearly integrated with concepts from economic utility analysis. The process assures that each panelist has equal opportunity for input.

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