



PHYSICAL DISABILITY PRIMARY CARE SUMMIT

March 4, 2020
Waterloo, ON

Presented by:

James Milligan MD, CCFP, FCFP

Joseph Lee MD, CCFP, FCFP

Mobility Clinic Team



250 Laurelwood Drive
Waterloo, Ontario N2J 0E2

Introduction

On behalf of the Mobility Clinic team and the Centre for Family Medicine (CFFM) Family Health Team, we welcome you to our 2020 summit gathering. This event was organized to support discussion and collaboration on the improvement of healthcare for individuals with spinal cord injury (SCI) and other physically disabling conditions through enhanced primary care delivery.

The 2016 *Primary and Community Care for Spinal Cord Injury Summit* in Toronto, Ontario provided a platform for building consensus strategies to improve care for individuals with SCI and physical disabilities.

Today's meeting continues this collaborative spirit through a diverse panel of speakers who will highlight topics ranging from the primary care management of common clinical conditions that arise with SCI as well as a panel discussion on the lived experience of SCI, advocacy for improved policies to better support individuals with SCI. Keynote speaker Bruce Lauckner will also share his experiences regarding recent changes in healthcare administration in Ontario Health.

This event is certified for up to **3 Mainpro+ credits** by the **College of Family Physicians of Canada** and the Ontario Chapter. Instructions for claiming credits will be provided in your letter of participation.



Program

08:30 – 09:00

Reception/welcome

09:00 – 09:20

Introduction

Dr. James Milligan & Dr. Joseph Lee

09:30 – 09:50

Approaches to spasticity assessment and management

Dr. Charles Pickard

10:00 – 10:20

Pain management in the setting of spinal cord injury

Dr. Jithin Varghese

10:20 – 10:35

Morning break / Poster viewing

10:40 – 11:00

Improving accessibility through occupational therapy assessment

Lissa Kuzych OT, Sarah Pritchard OT

11:10 – 11:30

Over-use injuries with spinal cord injury

Dr. Craig Bauman

11:30 – 11:50

Poster viewing

12:00 – 12:55

Lunch break / Mobility Clinic tour

13:00 – 13:20

Keynote speech: Ontario Health future directions

Bruce Lauckner MPA, CHE

13:30 – 13:50

Cervical spondylotic myelopathy

Dr. Matthew Smith

13:50 – 14:05

Afternoon break / Poster viewing

14:10 – 15:10

Patient experience panel discussion

*Dr. Joseph Lee, Dr. James Milligan, Mr. Gavin Grimson,
Mr. Peter Athanasopoulos*

15:15 – 15:30

Closing remarks and evaluations

Oral presentations

Keynote speech: Ontario Health status update

Bruce Lauckner MPA, CHE
Ontario Health

Bruce Lauckner is the Transitional Regional Lead in West Ontario, acting as the CEO for LHINs in West Ontario and supporting Ontario Health with transition planning. Mr. Lauckner will discuss the current status of Ontario Health administration and the future of healthcare in Ontario particularly for individuals with complex health conditions.

Approaches to spasticity assessment and management

Charles Pickard MD, CCFP

The Centre for Family Medicine FHT; Department of Family Medicine, McMaster University

Spasticity represents a common and complex secondary complication among individuals with spinal cord injury. An individualized approach is needed to assess risk factors and develop a management plan. The approach to assessment and current therapeutic interventions will be discussed.

Pain management in the setting of spinal cord injury

Jithin Varghese MD, PGY1

The Centre for Family Medicine FHT; Department of Family Medicine, McMaster University

Individuals with physical impairment often report chronic pain symptoms. Effective management requires an understanding of pain etiology and the selective implementation of non-pharmacologic and pharmacologic interventions. Pain assessment and management planning are discussed.

Oral presentations

Improving accessibility through occupational therapy assessment

Lissa Kuzych OT, and Sarah Pritchard OT

The Centre for Family Medicine FHT

This presentation will explore the occupational therapy (OT) component to the mobility clinic assessment as well as follow up interventions. Case studies will demonstrate the utility of OT for patients with mobility limitations throughout the continuum of care. We will discuss interventions related to home accessibility, equipment, mobility, ADL management, funding, system navigation and general safety.

Over-use injuries with spinal cord injury

Craig Bauman DC

The Centre for Family Medicine FHT

Upper extremity pain in the setting of spinal cord injury can arise in quick succession to the injury or as a result of persistent strenuous activity as the individual adapts to improve mobility. Prevalence and risk factors for over-use injuries in spinal cord injury will be discussed.

Cervical spondylotic myelopathy

Matthew Smith MD, PGY2

The Centre for Family Medicine FHT; Department of Family Medicine, McMaster University

Age-related degenerative narrowing of the cervical spinal canal can create a radiculomyelopathic syndrome akin to non-traumatic spinal cord injury. A comprehensive approach to assessment is needed to identify the range of musculoskeletal and neurologic deficits that may be present.

Oral presentations

Patient experience panel discussion

Joseph Lee MD, CCFP, FCFP¹; James Milligan MD, CCFP, FCFP²; Gavin Grimson³, & Peter Athanasopoulos⁴

^{1,2}The Centre for Family Medicine FHT, Department of Family Medicine, McMaster University; ³Mobility Clinic, The Centre for Family Medicine FHT; ⁴Spinal Cord Injury Ontario

Dr. Lee will moderate a panel discussion on the experiences of living with physical disability (Mr. Grimson), providing care for individuals with physical disabilities (Dr. Milligan), and advocating for policies to improve support for individuals with physical disabilities (Mr. Athanosopoulos).

Poster presentations

Addressing the barriers to cervical and breast cancer screening in women with physical disabilities: piloting an accessible clinic

Abbey Nicoletti, MD candidate¹, Kawmadi Abeytunge MD candidate¹, Marla Jackson MHSc², Gayle Iannicello³, and Nathania Liem MD, FRCPC, MSc⁴

¹Windsor Campus, Schulich School of Medicine & Dentistry, Western University; ²Research and Evaluation Services, Hôtel-Dieu Grace Healthcare; ⁴Quality Improvement Coordinator, Erie St. Clair Regional Cancer Program; ⁵Physical Medicine & Rehabilitation, Hôtel-Dieu Grace Healthcare.

Introduction: Women with physical disabilities (WPD) face many barriers to timely breast and cervical cancer screening. Beyond Disability, Erie St. Clair Regional Cancer Program (ESCRCP), and Hôtel-Dieu Grace Healthcare (HDGH) partnered together to develop a one-day accessible pilot screening clinic for WPDs overdue for breast/cervical cancer screening. The purpose of this project is to identify strengths of this clinic, and address remaining barriers for the patients and physicians involved.

Methods: Design: Quality Improvement. Patients: 13 WPDs, overdue for pap smears and/or mammograms as identified by the ESCRCP. Interventions: This clinic included transportation to the three accessible OBSP sites, family physicians specialized in Women's Health, rehab assistants, a lift if required, and specialized beds. Measurements: Surveys identifying past barriers to screening compared to the pilot clinic were administered to WPD after the clinic. Each patient's family physician received a survey identifying barriers that prevent timely cancer screening.

Results: Of 13 women, 9 participated in surveys (69%). The greatest barriers to screening identified in the past were lack of office accessibility (76%), necessary equipment to accommodate specific needs (76%), and difficulty in transferring to screening equipment (88%). 100% of women indicated that the pilot clinic was physically accessible, equipped to accommodate specific needs, and transferring to equipment was easier. 100% of participating physicians indicated that WPD are more difficult to screen for cancer. The barriers physicians identified were patient transportation to appointments (86%), difficulty transferring patients to screening equipment (71%), and lack of equipment to perform screening for WPD (72%).

Conclusions: Accessibility, lack of necessary equipment, and difficult transfers are three barriers to cancer screening that were identified, but through this pilot clinic, participants indicated that many barriers were addressed. This pilot clinic helped fill a need in the Windsor-Essex community for WPD, and may be replicated in the future.

Poster presentations

Educational Needs of Family Physicians to Care for Patients with Mobility Impairment

Christopher Lach MD candidate¹, Nathan Tam MD candidate¹, Jennifer Voth PhD², Joseph Lee MD³, James Milligan MD³, and Nathania Liem MD, FRCPC, MSc⁴.

¹Windsor Campus, Schulich School of Medicine & Dentistry, Western University; ²Research and Evaluation Services, Hôtel-Dieu Grace Healthcare; ³Department of Family Medicine, McMaster University; ⁴Physical Medicine & Rehabilitation, Hôtel-Dieu Grace Healthcare.

Introduction: Individuals who use wheelchairs frequently face significant barriers to receiving equitable healthcare. Family physicians have previously noted that inadequate office equipment, a lack of easily accessible practice guidelines, and insufficient clinical education all present challenges in providing optimal care to individuals with mobility impairment. This study explores family physicians' viewpoints on their comfort in caring for patients with mobility impairment, the adequacy of medical education on this patient population, and perceived methods to improve medical education on this topic.

Methods: An online survey was distributed to family physicians in the Windsor-Essex Area in July-August 2019. The survey consisted of a multiple-choice questionnaire along with free-text responses. The written responses were analyzed by thematic analysis.

Results: A total of 29 family physicians completed the online survey. Education on caring for patients with mobility impairment was overall reported to be inadequate across medical school, residency, and continuing medical education. Physicians most frequently identified inadequate teaching on physical examinations and medical issues specific to this population as being the most pertinent skills on which education should be improved. Online modules and teaching sessions were noted as being very likely to be used by practitioners as educational tools.

Conclusion :Challenges faced by general practitioners in providing care to individuals with mobility impairment have been previously identified. This study identified a perceived inadequacy with the formal education received by family physicians in medical school and residency in caring for this population. Findings also suggest inadequate continuing medical education resources on the topic. Based on participants' responses, introduction of online learning resources or teaching sessions could present a worthwhile method of educating family physicians on providing healthcare to individuals with mobility impairment.

Poster presentations

Intrathecal Baclofen Pump Therapy

Jennifer Duley, PT¹, Mary Ann Van Doorn RN¹, and Philip Chan, MD, FRCPC (Anesthesiology, Pain Medicine), FIPP²

¹Hamilton Health Sciences; ²McMaster University, Hamilton

Spasticity can lead to a number of manifestations that can cause significant functional limitations and disability. Spasticity management can be carried out by the use of oral medications, injection therapy, neurosurgeries, orthopedic treatments, rehabilitation therapy and intrathecal baclofen therapy.

Intrathecal Baclofen Therapy can be a life changing treatment option for those living with severe spasticity. It has been shown to be effective in patient populations such as SCI, ABI, MS, Stroke and CP. Patients should be considered for intrathecal baclofen if their spasticity is severe and interferes with their mobility and/or care; are unresponsive to oral baclofen; or have intolerable CNS side effects at an effective oral dose.

Hamilton Health Sciences' Neuromodulation Program has been running for 12 years. The program assesses and manages patients with spasticity that are in need of an Intrathecal Baclofen Pump (ITBP). Currently the program services approximately 60 patients with ITBPs.

Patients are assessed for candidacy for an ITBP by a multidisciplinary team. Realistic goals for this therapy are established with the patient and caregivers. Patients that are thought to be a good candidates for this therapy undergo an ITB screening test. This test assess the patient's response to a bolus test dose of intrathecal baclofen and determines the patients' eligibility for long term therapy. Eligible candidates for this therapy are then referred to a Neurosurgeon for the implantation phase of this process. Once implanted, patients are followed by the Neuromodulation Team to manage the dosing of their intrathecal baclofen as well as provide refills of the drug into their pump. The pump requires battery replacement every 6-7 years, which consists of a surgery to replace the pump, the catheter stays in place. Complications of this therapy can be infection related, dose related (overdose/withdrawal), as well as, mechanical implant dysfunction related (catheter or pump).

Poster presentations

Improving and Expanding Neurosurgical Services Across Ontario

Brenda Bousfield^{1,2}, Sera Nicosia^{1,2}, and Klaudia Gogishvili^{1,2}

¹*Hamilton Health Sciences (HHS), Neuroscience and Trauma Program;* ²*Neurosurgical Education and Outreach Network (NEON) / Critical Care Services of Ontario (CCSO)*

This abstract (poster) will focus on how the NEON Outreach Team at HHS can support the care providers across LHIN 3 and 4 who manage patients with complex spine and brain issues. Increasing demand for neurosurgical services across Ontario (Neurosurgery Ontario, 2011) is changing the way we provide care. In 2011, new roles were created across the eleven adult Neurosurgical Centres to facilitate the flow of patients who require specialized management of complex neurosurgical issues.

Neurosurgical Outreach and Education Network (NEON) was created to support specialty care in non-neurosurgical hospitals throughout Ontario.

The mandate of NEON is to increase knowledge and expertise, support equitable and timely access to care, and help maintain neurosurgical capacity.

The NEON group is involved with the developing and delivering of educational material for community hospitals within the LHINs they serve. NEON can help mitigate knowledge gaps and identify priorities for neurosurgical educational needs across disciplines. A number of teaching tools have been developed to help support education and knowledge transfer of evidence based care. NEON also helps to deliver updates and material developed through Critical Care Services of Ontario (CCSO) such as Neurosurgical Consultation Referral Guidelines and other physician specific care components.

The NEON group also helps to support patient specific care by facilitating clinical outreach, supporting transfers between facilities, enhance communication between facilities and ensuring community support for care being delivered closer to home. A patient plan of care is developed and sent with the patient on transfer. NEON partners work closely with the receiving physician and team when patients are repatriated to community hospital. Follow up phone calls and visits as needed are provided.

NEON continues to explore opportunities to support the care of this complex patient population.

Poster presentations

Internet-delivered cognitive behaviour therapy for persons with spinal cord injury

Swati Mehta, PhD^{1,2}, Eldon Loh, MD², and Heather Hadjistavropoulos, PhD³

¹*Parkwood Institute Research, Lawson Health Research Institute, London, Ontario;*

²*Department of Physical Medicine and Rehabilitation, Western University, London, Ontario;* ³*Department of Psychology, University of Regina, Regina, Saskatchewan*

Guided internet-delivered CBT (ICBT) offers an alternative approach for mental health service delivery in the community for those with spinal cord injury (SCI). The feasibility and acceptability of guided ICBT programme is available for various chronic health conditions; however, the evidence related to SCI is limited. The primary aim of the current study was to examine feasibility and acceptability of a guided transdiagnostic ICBT programme for persons with SCI.

In this single-group pre-post study, persons with SCI (n = 20) living in the community were provided with a guided 8-week transdiagnostic ICBT programme for overall well-being. Study feasibility was examined by the following outcomes: patient recruitment, engagement, and attrition. Barriers and facilitators of engaging in the programme was evaluated post-treatment through semi-structured interviews. Reductions in symptoms of depression and anxiety were assessed at baseline, post-intervention, and at 3-month follow-up. Approximately 60% of eligible participants were recruited. The study found high rates of programme completion (90%) and outcome data were obtained from 90% of participants. Medium effects of ICBT were seen on anxiety (d=0.71) and depression (d=0.61) symptoms post-treatment. Gains were maintained at 3-month follow-up.

Four major themes emerged when examining facilitators to completing the program: accessibility, flexibility, motivation, and guided support. Barriers to completing the program included course timeframe and physical health. Strengths of the course included effective skill development and mental health prioritization. Suggested changes to the course included improved breadth of case stories, development of extra resources, adjusting the course timeframe, and more support from the guide. This study demonstrates that a tailored and personalized ICBT program has the potential to improve access to mental health care among those with SCI.

Praxis Spinal Cord Institute

Praxis (formerly Rick Hansen Institute) is a Canadian-based not-for-profit that leads global collaboration in spinal cord injury research, innovation and care. We use spinal cord injury knowledge translation to bridge health evidence with real-world delivery.

Our Programs:



Consumer

Engaging people with SCI in research



Commercialization

Accelerating innovations brought to market



Care

Creating best practices, maximizing recovery and preventing complications



Cure

Generating knowledge and establishing treatments

Example of Care initiatives supported by Praxis with the SCI Community

National Care Strategy

Co-creating a unified strategy on SCI care with partners across Canada

SCI Standards

Taking a people-centered approach to enhancing standards (partnership with HSO)

Canadian SCI

Best Practice Guidelines

Developing the first comprehensive SCI guidelines

Localized Networks

Promoting implementation and adoption of SCI evidence at local/regional levels

For more information please contact Charlene Yousefi at clinical@praxisinstitute.org

Praxis is pleased to participate in the 2020 Physical Disability Primary Care Summit!



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Spinal Cord Institute

www.praxisinstitute.org



Ontario Neurotrauma Foundation
Fondation ontarienne de neurotraumatologie

The Ontario Neurotrauma Foundation (ONF) represents a non-profit organization focused on improving the quality of life for individuals living with a neurotrauma injury. This goal is achieved by providing support for evidence-based research that evaluates needs and gaps in current practice or policy.

The Mobility Clinic is grateful for the long-standing partnership formed with ONF which has facilitated the development of several Mobility clinic initiatives including the production of case-based learning modules, the establishment of additional Mobility Clinic sites, as well as collaborative events such as the successful Summit meetings.

ONF would also like to announce their upcoming meeting:

Bridging: Rehabilitation and Community Care Conference

September 11, 2020

Hotel-Dieu Grace Hospital, Windsor ON

E-mail: info@onf.org

Tel: (416) 422-2228

Website: <https://onf.org/>

E-newsletter: NeuroMatters

The Mobility Clinic Model

Mobility Clinics help ensure that individuals with physical disabilities receive access to primary care by implementing an accessible clinical environment and building capacity with PCPs.



TEAM

Physician, nurse, occupational therapist, chiropractor



FEATURES

Fully accessible clinics, ceiling lifts, wheel chair scales, high-low tables, OTN eConsults



LOCATIONS

Waterloo	Kitchener	Cambridge	Iroquois Falls
University Gates	Andrew Street	Langs CHC	Iroquois Falls FHT

Conditions commonly seen in Mobility Clinic:

- Multiple sclerosis
- Parkinson's disease
- Spinal cord injury
- Stroke
- ALS
- Cerebral palsy
- Muscular dystrophy
- Myopathies
- Spina bifida
- Osteoarthritis
- Rheumatoid arthritis

For more information please contact:

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Notes

