TBI Rehabilitation in the Private Sector

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Introductions

• JR Rehab is a group of Occupational Therapists, Kinesiologists and Physiotherapists on Vancouver Island and the Lower Mainland.

• We Are…..

  ❖ Committed to our Clients, Customers, and Colleagues
  ❖ A Team
  ❖ Personable, Professional and Prepared
Work We Engage In

- ICBC
- WorkSafe BC
- Med legal Reports
- Veterans Affairs
- Crime Victim Services
- Third Party Insurers
- Private Individuals
- Drivers Rehabilitation
- Functional Capacity Evaluations
- Case Management
- Community Rehabilitation
Our Clients

• Brain Injury – Mild/Moderate/Severe
• Orthopedic Injury
• Chronic Pain Disorders
• Post Traumatic Stress Disorder
• Anxiety and Depression
What do we DO?

FUNCTION!
- Case management
- Cognitive Rehabilitation
- Return to Work or Exploration of Vocational Goals
Canadian Model of Occupational Performance
• So what does a cognitive rehab model look like?

• We work and treat the client in 4 different areas.
EDUCATION

PROCESS TRAINING SKILL DEVELOPMENT

COMPENSATORY STRATEGIES

FUNCTIONAL ACTIVITIES
Education

• Education for fee payors, lawyers, employers, clients, family members, medical team.
• Provision of Resources in the Community and Province.
• Navigation of symptoms in a client's day to day life.
Process Training Skill Development

Practicing Skills Until they Become Automatic
Compensatory Strategies

- Memory Strategies
- Mental Health tools
- Speech Aides
- Activity Scheduling and Strategies
- Pacing and Grading Activities
Functional Skill Training

• Engaging in a client’s functional day to day tasks
Client Profiles

• Female veteran that sustained a concussion in Afghanistan. Now has a history of PTSD and chronic pain. Has 3 children and is the primary care giver. Difficulties managing the schedule and completing all IADLS.
• Male motorcycle driver that sustained an MVC. Concussion and PTSD. Ongoing chronic pain issues as a result of sustained injuries. Needs to return to work. Past history of mental health concerns. Separated from partner, and now has an income loss. Pressured to return to function to support children. Living in a 5th wheel. Not engaging in ADLs.
The Gap between Private and Public Care
All Services Within the Box

Lack of communication and education between sectors.
Barriers for Private Practice

OTs

• Lack of awareness from public providers on model of funding.
• Safety in the community.
• Funding models.
• Lack of education of how injury impacts function and evidence based practice amongst health care providers and funders.
• Culture.
• Marketing of treatment.
• Long recovery needs.
Barriers for Clients

- Culture and Language
- Demographics
- Geography
- Funding models
- Wait times
- Funding from third party insurers – claims can take 2-4 years to settle.
- Lack of awareness of programs on both private and public sides
- Complex dual diagnosis
- The injury itself
- Lack of client relationships
How do We Overcome Hurdles?

• Return to Client Centered Practice
• Evidence Based Practice.
• Awareness of each other’s funding
• Striving for equal types of evidence based services between public and private – removal of a two tiered system. I.e. Kids with concussions, adults with concussion.
• Empowerment of Clients through the education of front line staff – GPs, ER staff, Mental Health to prevent the increased level of dysfunction.
• Collaboration between private and public. NBIS!
Benefits to Community Partners
Questions? Let's Discuss.