MEETING ABSTRACTS

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Spinal Cord Independence Measure Version III as an effective predictor for discharge destination and walking status in patients with spinal cord injury in Hong Kong

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Background and purpose: Spinal Cord Rehabilitation Centre (SCRC) of Kowloon Hospital (KH) was established in 2002. Spinal Cord Independence Measure Version III (SCIM III) is a disability scale designed for spinal cord injury (SCI) patients. The predictive validity was unknown. The current study was to determine the predictive validity of SCIM III.

Methods: SCI patients in inpatient rehabilitation of SCRC KH were enrolled. All patients were evaluated with SCIM III within two days on admission and at discharge. The SCIM III items were scored by direct observation by case physiotherapist. The discharge destination and walking status of the patient were assessed at discharge. Receiver Operating Characteristic Curve was undertaken to assess predictive validity of SCIM III in respect of having the patient being discharged home or having the patient able to walk independently at discharge.

Results: 169 subjects aged 60.3 ± 16.4 years were included in the study. At discharge, 81.7% subjects discharged home. 57.4% could walk independently. For criteria of discharge home, the area under the curve (AUC) was 0.74 (95% CI 0.66–0.82, p < 0.01) and for the criteria as independent walker, AUC was 0.75 (95% CI 0.68–0.82, p < 0.01). For discharge destination, the optimal cut-off score 29 led to a sensitivity of 0.67 and specificity 0.71. For the walking status, the optimal cut-off score 30 led to a sensitivity of 0.73 and specificity 0.63.

Conclusion: The predictive validity of the SCIM III was moderate for discharge destination and walking ability in SCI tertiary center. A SCIM III triage system may be developed for compatible rehabilitation and discharge planning.

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Using STarT Back Screening Tool for managing chronic low back pain and treatment for subgroup with high risk of psychosocial factors

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Background and purpose: Guidelines for chronic low back pain (LBP) recommend evaluation of clinical and psychosocial risk factors. Therapy includes psychological therapy, physical activity and therapeutic exercise. The STarT Back Screening Tool (SBT) was developed to stratify patients into subgroups of low, medium and high risk of psychosocial factors, facilitating treatment targeting toward their physical and psychological needs. This study aimed to correlate the SBT with clinical outcomes for screening Hong Kong LBP patients and to explore the feasibility of a back class management.

Methods: All chronic LBP patients were screened by the validated Chinese SBT in early 2015. Outcomes of pain [Numeric Pain Rating Scale (NPRS)] and disability [Roland Morris Disability Questionnaire (RMDQ), Patient Specific Functional Score (PSFS) and Pain Self-efficacy Questionnaire (PSEQ)] were taken for correlation. For high risk group, a class was developed combining exercise, self-management and coping strategies, with guidance on setting goals and action plans. Mean difference of outcomes was analyzed, along with patient percentage reporting meaningful clinically important difference (MCID).

Results: A total of 345 patients were screened using SBT, with median age 59 and two-thirds female. Its correlation with NPRS, RMDQ, PSFS and PSEQ was moderate, large, small and moderate respectively. One-fifth of patients had low risk and half high risk. Sixty-nine high-risk elderly participated in the back class with high attendance rate. Half reported satisfactory improvement except pain. More than half reported MCID for RMDQ, PSFS and PSEQ.

Conclusion: Use of SBT with targeted strategies for managing LBP in local physiotherapy setting is recommended.

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Early integration of physiotherapy knowledge acquired into simulated acute care management

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Background and purpose: Physiotherapy management in the acute setting for cardio-pulmonary and neurological conditions is a great challenge to Physiotherapy students. They need to integrate basic knowledge, theory and skill learnt in classroom into clinical practice. We developed a "case scenario practice" in a simulated acute care environment for students to early integrate their knowledge learnt in class into practice through step-by-step problem based case scenario learning.

Methods: We provided an active learning environment for students to familiarize the hospital environment. Step-by-step guided case scenarios were set up in the university’s teaching platform. A simulated acute ward environment with a high fidelity simulator is established to facilitate the students’ clinical reasoning and hand-on skills.

Results: 110 of Year 3 Physiotherapy students had taken this extra training in last academic year before their clinical placement. From the post activity survey...