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Doctoral Capstone Experience in Advocacy and Administration - Stay In Step

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Final Capstone Project

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OTD 8494: Doctoral Capstone Ref and Exit Colloquium

Dr. Kane

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Abstract

The Accreditation Council for Occupational Therapy Education (ACOTE) focus areas chosen for my capstone project were advocacy and administration. Long-term rehabilitation programs are essential for the quality of life (QOL) of people living with long-term neurological conditions (LTNC). Unfortunately, these programs are hard to come across and are seldom covered by insurance in the United States (U.S.). Stay in Step is a spinal cord injury (SCI) and brain injury outpatient clinic offering these long-term rehabilitation services. Stay in Step is a non-profit, veteran-founded facility mainly running on grants and donations. About half of the clients are self-pay, since insurance companies do not recognize the value of these services. The first part of my capstone project brings awareness to the importance of these services through a series of video testimonials highlighting the clients' experiences at the clinic. The series will also be utilized to increase funding and inform potential new clients. The second part of my capstone project was the creation of a business proposal for the addition of occupational therapy (OT) services to the facility. Currently, Stay in Step only offers physical therapy (PT) and exercise training services. A gap of need for long-term, intensive OT services for the population living with LTNCs was identified through research, virtual meetings with experienced OTs, review of clients' evaluations, and conversations with staff and clients. The addition of an OT program at Stay in Step would fill this gap at the facility by addressing a different set of client needs.

Introduction to Capstone Project

My capstone project was completed at Stay in Step located in Tampa, FL. Stay in Step is a non-profit, veteran founded outpatient rehabilitation center that provides long-term services to individuals living with SCIs, brain injuries, and other LTNCs. The clinical staff at Stay in Step is made up of one PT, two physical therapy assistants (PTA), trainers, and training aides. The facility utilizes the principles of activity based therapy (ABT) as a framework for treatment and currently only offers PT and exercise training services. My mentor was the Director of Operations, Ylice Bridges. Ylice Bridges is a Doctor of Physical Therapy (DPT) and has extensive experience in management. The ACOTE focus areas chosen for my capstone project conducted at Stay in Step were administration and advocacy.

The capstone project served the clients, potential clients, caregivers, founders, and staff of Stay in Step. The project consisted of two parts, the first part being the creation of a series of client video testimonials. The initial goal was set for 12 individual client testimonial videos and the final number of testimonial videos conducted was 19, exceeding the initially established goal. The series of video testimonials will be used to bring awareness to the effectiveness and importance of long-term, intensive rehabilitation services for people living with LTNCs; which can also work as a justification to insurance companies. The series will also be utilized as a tool to increase funding through donations and grants, as well as inform potential clients along with their families, friends, and caregivers about the quality of services provided at Stay in Step. The process of completing the series of testimonials consisted of developing a questionnaire, recruiting participants, ensuring participants had a signed media release, scheduling times for recording, conducting and facilitating the interviews, filming participants during therapy

sessions, editing video footage, revising edited testimonials, and designing the bi-weekly email that will contain the testimonials.

The second part of my capstone project was the creation of a business proposal for the addition of OT services at Stay in Step. The process to develop the proposal for OT services began by having conversations with my mentor, the Director of Operations, and the founders of Stay in Step. The conversations were geared toward identifying if the addition of OT services was something they wanted for the facility and to discuss the plausibility of an OT program within the facility's existing structure. Meanwhile, I conducted research regarding ABT, neuroplasticity, and their relation to OT interventions in the long-term neurological rehabilitation setting. To further expand my knowledge and seek guidance for the proposal, I carried out an exploration of facilities providing OT services that follow the principles of ABT. I also completed courses on occupationaltherapy.com that related to my capstone project. Through my search, I had the opportunity to set up two meetings with OTs working in this setting. My first meeting was with the Director of OT at Craig Hospital, which offers ABT and OT, she provided me with suggestions for equipment, assessments, and other general information about the OT department at Craig Hospital. My second meeting was with an OT working at Kennedy Krieger Institute. She has published research and created courses related to OT and ABT. Through the information gathered and with the feedback provided by my mentor, I completed a feasible business proposal for the addition of OT services within the facility's existing structure. The inclusion of OT services to Stay in Step will address and support additional clients' needs and appeal to new clientele. Since there is not an OT on staff at Stay in Step, I was also able to provide mentorship to Gannon OTD students completing their Level 1 Psychosocial

Fieldwork. Through my mentorship, I sought to encourage the students to think through an OT lens.

Literature Review of Capstone Topic

This literature review aims to bring awareness to the importance and effectiveness of ABT, its relation to evidence-based OT interventions, and contains supportive information for the addition of an OT program to Stay in Step. The data presented through this literature review can also be used as a justification for insurance companies to cover long-term rehabilitation services for people living with LTNCs.

LTNCs are those conditions resulting from injury or disease to the nervous system. These conditions include strokes, SCI, acquired brain injuries (ABI), traumatic brain injuries (TBI), and motor neuron disease, among others (Hampson et al., 2020). These conditions may vary in severity, progression, and symptoms; however, they typically affect individuals for the rest of their lives (Hampson et al., 2020). There is a large population in the United States (U.S.) living with LTNCs. To put the numbers into perspective:

- The National Spinal Cord Injury Statistical Center (NSCISC) (2020) estimated that the number of people living with a SCI in the U.S. is approximately 294,000 with 17,810 new cases each year.
- The American Heart Association (AHA) (2020) reported that someone in the U.S. has a stroke every 40 seconds on average.
- The Centers for Disease and Control Prevention (CDC) (2014) reported that there were approximately 2.5 million TBI-related emergency visits and approximately 288,000 hospitalizations.

Most LTNCs have detrimental effects on areas of functioning; for example, individuals living with SCIs may experience a loss or impairment of sensory and motor functioning (NSCISC, 2020). In addition, TBIs may result in a wide-range of short-term and long-term issues affecting cognitive function, motor function (e.g., balance, coordination), sensation (e.g., hearing, vision), and behavior (e.g., emotional regulation, depression, anxiety, aggression, etc.) (CDC, 2019). These detrimental effects typically result in long-term disability; in fact, stroke was found to be the leading cause of serious long-term disability in the U.S. (AHA, 2020). These issues affect an individual's independence with activities of daily living (ADL) (e.g., dressing, feeding, functional mobility, grooming) and instrumental activities of daily living (IADL) (e.g., care of others, driving and community mobility, meal preparation, home management, etc.). Other areas that might be negatively affected or interrupted include health management (e.g., medication management, physical activity), rest and sleep, education, work, leisure, and social participation. Individuals living with LTNCs may benefit from participating in intense, long-term rehabilitation programs to help them achieve an optimal quality of life.

One of the few facilities in Florida providing intense, long-term rehabilitation services is Stay in Step. Stay in Step is an outpatient brain and SCI recovery center located in Tampa, FL. The facility is a non-profit veteran founded outpatient rehabilitation center. Stay in Step's mission statement is the following:

Our mission is to provide a STEP forward to recovery through long-term rehabilitative care, treatment, and hope to all our clients whose lives have been impacted by suffering from a spinal cord/traumatic brain injury and/or any neurological disorder. We seek to create a motivating, nurturing and faith-centered environment where our clients and their families can learn how to overcome limitations and navigate their challenges together.

We strive to change lives one STEP at a time and help all our clients STAY the path towards recovery (Stay in Step, n.d.).

Stay in Step utilizes the principles of ABT for their treatment sessions. The principles of ABT are higher intensity, higher frequency, stimulation below the injury level, optimizing the nervous system for recovery, and enhancing the physical integrity of the body (Martin, n.d.). ABT is a form of long-term, intensive therapy that utilizes tools and interventions to target muscle activation and sensory function of the neuromuscular system below the injury level (De Oliveira et al., 2019). These interventions include a combination of intensive movements with facilitation techniques, electrical stimulation for muscles and nerves, body-weight supported locomotor training, and intensive practice (De Oliveira et al., 2019). ABT has been found to have positive effects on an individual's functional independence, mobility, and sitting balance which may translate to better QOL (De Oliveira et al., 2019). ABT also seeks to reduce the probability of secondary complications that typically occur in the population with long-term neurological disorders. ABT does not utilize compensatory strategies for improving function, rather it seeks to regain function through neuroplasticity (De Oliveira et al., 2019).

Neuroplasticity is defined as the way in which the brain encodes experiences, learns new behaviors, and how the damaged brain relearns lost behaviors in response to rehabilitation (Kleim & Jones, 2008). According to Kleim and Jones (2008), the ten principles of neuroplasticity are the following:

- **use it or lose it:** neural circuits not engaged in task performance for a long period of time will degrade.
- **use it and improve it:** plasticity can be induced in brain regions through extended training.

- **specificity:** learning and skill acquisition are required to produce significant changes.
- **repetition matters:** repetition of a learned behavior may be required to induce lasting neural changes.
- **intensity matters:** intensity can affect the induction of plasticity.
- **time matters:** different forms of plasticity occur at different times of training.
- **salience matters:** training must be salient for plasticity.
- **age matters:** plasticity occurs more readily in younger brains.
- **transference:** plasticity in response to one training experience can enhance the acquisition of similar behaviors.
- **interference:** plasticity in response to one experience can interfere with the acquisition of other behaviors.

These principles can be used as guidance for long-term neurological rehabilitation programs.

Most of these principles are embedded in the ABT services provided at Stay in Step.

A study exploring upper-limb function and neuroplasticity in chronic stroke patients found that, even though neuroplasticity changes are more evident after the first few months, changes can continue to be seen throughout the chronic period when facilitated by various interventions (Carvalho et al., 2018). The interventions applied to the participants in this study were guided by the Bobath Concept and included repetition, functional-goal directed activities, and increased attention during learning to induce changes in cortical representation (Carvalho et al., 2018). The participants showed great improvement, suggesting that the motor deficits are responsive to prolonged interventions that induce greater recovery (Carvalho et al., 2018). Another study exploring neuroplasticity after SCI found that intensive repetitive training (massed practice) and locomotor training promote recovery after injury (Lynskey et al., 2008). The three

interventions reviewed by this study were passive exercise, active modes of exercise, and neuroprostheses for electrical activation (Lynskey et al., 2008). Passive exercise, such as motorized cycling, can be used to induce functional ranges of joint motion and sensory feedback to maintain or improve function after SCI (Lynskey et al., 2008). Active exercise, such as locomotor training or repetitive upper-limb training, appear to promote plasticity as cortical map reorganization (Lynskey et al., 2008). In addition, neuroprostheses for electrical activation, such as functional electrical stimulation (FES), used alone or in combination with active exercise promotes recovery and plasticity after neural injury (Lynskey et al., 2008). The implemented interventions discussed utilize principles of neuroplasticity and ABT to promote the identification of the necessary behavioral and neurobiological signals that drive recovery (Kleim & Jones, 2008). The principles of neuroplasticity can be utilized as a guide for effective OT interventions. For example, one study found that the combination of repetitive transcranial magnetic stimulation (RTMS) and intensive OT improved motor function of an affected paretic limb after a stroke by producing a significant reduction in spasticity as measured by the modified Ashworth scale (Kondo et al., 2015). Another study exploring constraint-induced movement therapy (CIMT) and neuroplasticity stated that CIMT has been found to be beneficial for chronic stroke hemiparesis due to significant plastic brain changes (Mark et al., 2006). The OT program introduced at Stay in Step will follow the mentioned ABT and neuroplasticity principles to ensure the best quality of care for the clients.

The information provided above demonstrates that people living with LTNCs can experience rehabilitation gains even in the chronic stages, people receiving long-term rehabilitation services have a better QOL, and insurance should cover these essential services. In 2013, there was a settlement to a class-action lawsuit against the U.S. Department of Health and

Human Services that has made it easier for patients to continue receiving skilled services while removing the necessity of exhibiting “improvement” (Klein, 2013). The plaintiff argued that the recovery potential of a patient is not the deciding factor in determining whether skilled services are required. Even if full recovery or medical improvement is not possible, a patient may need skilled service to prevent further deterioration or preserve current capabilities (Klein, 2013).

This settlement paved the way for coverage of maintenance programs under Medicare; however, this is only a start in the justification of long-term services for people with LTNCs. Currently, Medicare has a soft cap for maintenance services, meaning once a client reaches the cap, there must be appropriate documentation in their medical records to justify medical necessity for continued services (American Physical Therapy Association, n.d.). Aside from Medicare, most private insurance companies have a hard cap on maintenance programs and it is more difficult to get approval for extended services through medical necessity. There is still a long road ahead for the funding of these services; however, the research presented above and the client testimonials created can be utilized as a small contribution and justification for change.

Needs Assessment

Based on my literature review and discussions with my mentor, staff, and clients, I determined several areas of need that my project addresses. The need addressed by the series of video testimonials is bringing awareness to the lack of knowledge about the importance and effectiveness of long-term rehabilitation services, such as ABT, for people living with LTNCs. The testimonials will also provide information about the services provided at Stay in Step to potential donors, clients, family, friends, and caregivers to help raise funding for the facility. An increase in funding would support the facility’s plan for expansion and addition of other services, including OT.

The second part of my project, the business proposal, addressed the need for the provision of OT services at Stay in Step. An analysis conducted through the exploration of testimonials, rapport building, revision of evaluations, and consultation with clinical staff at the facility was utilized to determine the need for OT services and which clients would benefit from OT. Currently, Stay in Step has 42 clients. The demographics of the patient population are as follows: 29 clients with SCI, 8 clients with TBI, 4 clients who suffered a cerebrovascular accident (CVA), and 1 client with cerebral palsy (CP). From the analysis, it was determined that ~28 clients (66%) could benefit from OT services. Skilled OT services would address various areas of need including increased independence and participation with ADLs and IADLs, regained motor control as well as improved fine motor skills, coordination, balance, bilateral coordination, cognition, and quality of life.

Goals & Objectives Achieved during the Capstone Project and Experience

The three established goals and corresponding objectives addressed by my capstone project and experience are the following:

1. Student will create a series of 12+ client video testimonials that support the existing body of research about the benefits of ABT provided at Stay in Step to increase awareness and advocate for increased funding from donors and insurance companies by week 10.
 - a. Create a guide for the successful completion of video testimonial series including gathering research supporting ABT, creating a client testimonial questionnaire, gathering all the materials needed to complete videos (camera, tripod), etc.

- b. Create video testimonials by recruiting participants, ensure all participants have a signed media release, setting up equipment, finding an area that is appropriate for filming (not too loud), establishing a time for testimonials to be conducted, and conducting the testimonials.
 - c. Learn how to use the video editing program (Adobe Rush), edit all the footage, collect feedback from staff, finalize video testimonials, design the layout for the e-mail that will include the video testimonials. This e-mail will be sent out on a bi-weekly basis.
2. Student will provide guidance for two OT students completing their Level 1 mental health fieldwork at Stay in Step for the duration of 5 hours on a weekly basis during weeks 4-12 to increase the focus of their Fieldwork experience on the OT and mental health components.
 - a. Communicate and collaborate with the Fieldwork Coordinator at Gannon University to determine the goals for the Level I OT students.
 - b. Provide guidance and mentorship for the Level I OT students by establishing a relationship, providing a tour of the facility and equipment, introducing them to clients, and discussing and collaborating on ideas for their final fieldwork project.
3. Student will create a business proposal for the addition of OT services at Stay in Step by week 14 which will support the facility's plan for expansion and will address a different set of existing clients' needs.
 - a. Hold discussions with my mentor and the founders of the facility to identify the plausibility of an OT program within the facility's existing structure.

- b. Conduct preliminary research to guide the creation of a business proposal, specifically related to the addition of OT services within the context of ABT and long-term rehabilitation.
- c. Attend virtual meetings with experienced OTs working in a similar setting as Stay in Step to gather advice for the business proposal.
- d. Create the business proposal that will be utilized as a guide for Stay in Step for the addition of OT services

The established goals for the capstone experience were met in a timely manner and will be utilized by the facility in the future. The completion of my capstone project will help address the needs mentioned above.

Summary

The completion of my capstone project has furthered my knowledge and experience in the context of administration and advocacy. Conducting the project has taught me that some things are easier said than done and to allot extra time for the completion of tasks, since unexpected challenges may arise in the process. In addition to the technical skills I learned while conducting the video testimonials (e.g., editing video footage), I also learned many lessons. For instance, I learned how to interview people with compassion and respect for the story they share. Through the testimonials, clients shared what they enjoy in a therapy setting and what they have disliked in their past experiences. I learned that clients appreciate it when a facility has a positive environment, when therapists and clinical staff help uplift their spirits and help them see their true potential, when they get one-on-one attention, when they are heard and able to contribute to their goals, when they get to work for two hour sessions and do not feel like they wasted their time, and when they get the appropriate therapeutic and exercise intensity for their needs. I will

carry what I learned from the clients who completed the video testimonials for the rest of my professional career. The video testimonials will be sent out, one by one, in a bi-weekly newsletter e-mail. This e-mail will be a way to connect donors to the experiences of the clients at the facility. The video testimonials also have the potential to be used as an advocacy tool for the LTNC population to get the services that they need.

Regarding my business proposal, I learned about all the factors that one must consider when starting a new program at an existing facility. For example, the proposal needs to consider the context in which a facility wants the new program to run while simultaneously ensuring that the services provided will be delivered in an ethical manner. Concerning the sustainability of my business proposal for the addition of OT services to Stay in Step, I presented the proposal to the founders and provided further education on the benefits of the addition of OT services for the facility. I also left a hard copy and a digital copy of the proposal to be utilized as a guiding tool when the facility decides to move forward with the addition of OT services. The business plan is included in Appendix B. During my time at Stay in Step, my mentor allowed me freedom to manage my own time and responsibilities; therefore, I would not recommend this site to someone who needs constant supervision to finish projects independently.

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Appendix A

E-mail Layout



For clients living with paralysis, Stay In Step is a place that provides hope for the future...

For Andrew, Stay In Step means coming to a place that feels like a family environment while getting a therapy session that really pushes his limits. He wants others to know that, "it's important to come to a spot like this so you can figure out what your true potential is even after something like spinal cord injury".

Click on the video testimonial below to learn more about Andrew and the difference your donations can make.



Just a small monthly donation can help make a BIG difference!
You can become a monthly donor by clicking on the button below...

Donate Now

The Stay In Step family would like to thank you in advance for helping our clients take a step forward towards their recovery!

YouTube Link

<https://www.youtube.com/watch?v=tvbsPO6jFuQ>

Appendix B
Business Plan
Executive Summary

Business Description

Stay in Step is an outpatient brain and spinal cord injury (SCI) recovery center located in Tampa, FL. The facility is a non-profit veteran founded rehabilitation center that provides long-term services to individuals living with SCIs and other long-term neurological conditions (LTNC). Stay in Step has the goal of adding additional healthcare services including occupational therapy (OT). The inclusion of OT services to Stay in Step will address and support additional clients' needs and appeal to new clientele.

Market Analysis and Marketing Strategies

The OT program will start out small with prospective expansion. The potential starting clientele for the program was selected from the existing pool of clients at the facility. The facility currently has 42 clients, of which 28 would benefit from OT services. Since the targeted potential clientele for the program will be existing clients at Stay in Step, marketing will mainly be conducted through word of mouth when clients come in for their sessions. The new OT program will also be advertised through the facility's social media platforms and website.

Management Summary

Stay in Step was established in 2015, through this time, the facility has been able to build a solid management team. The management team is made up of the two founders, Romulo Camargo and Gabriella Camargo, and the Director of Operations, Ylice Bridges. The addition of the OT program to the facility will require a licensed OT to manage the OT program and will report to the Director of Operations.

Financial Plan

Stay in Step is a non-profit outpatient clinic, the facility gets most of its funding through donations, grants, and insurance. Clients fund their therapy through Medicare (24%), self-pay (50%), and through private/other health insurance (26%) including Blue Cross Blue Shield, Florida Blue, and Humana. The OT program will be funded through these same established avenues.

Recommendation

The implementation of OT services following the current activity-based therapy (ABT) framework of the clinic to address additional client needs. Initiate the OT program small by working with the identified and willing current clients within the established 2-hour treatment time. As the program grows, additional OT programs and equipment could be implemented. There is a high potential for growth for OT services in this setting including the implementation of a driving program, a splinting lab, an assistive technology lab, and a wellness program.

Business Description

Overview

Stay in Step is an outpatient brain and SCI recovery center located in Tampa, FL. The facility is a non-profit veteran founded rehabilitation center and it is one of the few facilities in Florida providing intense, long-term rehabilitation to people living with LTNCs. Stay in Step's mission statement is the following:

Our mission is to provide a STEP forward to recovery through long-term rehabilitative care, treatment, and hope to all our clients whose lives have been impacted by suffering from a spinal cord/traumatic brain injury and/or any neurological disorder. We seek to

create a motivating, nurturing and faith-centered environment where our clients and their families can learn how to overcome limitations and navigate their challenges together.

We strive to change lives one STEP at a time and help all our clients STAY the path towards recovery (Stay in Step, n.d.).

The clinical staff at Stay in Step is made up of one physical therapist (PT), two physical therapy assistants (PTA), trainers, and training aides. The facility utilizes the principles of ABT for their treatment sessions. ABT is a form of long-term, intensive therapy that utilizes tools and interventions to target muscle activation and/or sensory function of the neuromuscular system and below the injury level. The principles of ABT are high intensity, high frequency, optimizing the nervous system for recovery, and enhancing the physical integrity of the body (Martin, n.d.). ABT interventions include a combination of intensive movements with facilitation techniques, electrical stimulation for muscles and nerves, body-weight supported locomotor training, and intensive practice (De Oliveira et al., 2019). Clients receive therapy in two hour blocks, usually twice per week. The facility is open 8 am to 5 pm Monday through Friday; therefore, a clinical staff member can see 4 clients max. in one day. The OT program would follow the ABT principles and would be delivered during an established period within the 2-hour therapy block.

Company Ownership

Stay in Step is a non-profit rehabilitation facility; therefore, there is no ownership. The founders of the facility are Romulo Camargo and Gabriella Camargo.

Mission Statement

Provide OT services for the population living with LTNCs following the principles of neuroplasticity and activity-based therapy to promote independence and an optimal quality of life.

Vision Statement

To provide effective, evidence-based OT services that promote increased participation, independence, and quality of life through different programs.

Needs Assessment

The current services being offered at Stay in Step address clients' mobility, balance, activity tolerance, endurance, strength, trunk control, muscle tone, and overall quality of life. People living with LTNCs also have trouble in other areas such as independence and safety when completing activities of daily living (ADL) and instrumental activities of daily living (IADL), proper use of adaptive equipment, declined cognitive status, impaired bilateral coordination, decreased fine motor control, limited hand use, sleep disturbances, and decline in mental health, among others. The OT program could potentially address all the areas mentioned above and would fill this gap of need.

Objectives

The OT program will be rolled out in 2 phases, each targeting different client needs: Phase 1 will be the implementation of OT services under a biomechanical and ABT framework. OT services under this phase will be delivered to clients during the two-hour sessions that they already attend for therapy. OT will collaborate and co-treat clients alongside the PT, PTA, or trainer. The OT will focus on regaining muscle control, prevention of further deterioration, maintenance of existing movements, and adaptations due to loss of movement to allow for optimal occupational performance. Length of OT sessions will be 45 minutes; therefore, the OT

will be able to treat 1-2 clients per 2-hour block, 8 clients per day, and potentially treat all 28 identified current clients throughout the work week.

Phase 2 will place focus on wellness OT interventions to further promote an increased quality of life for clients. Stay in Step will be launching a wellness after-hours program, running from 6-8 pm, in which clients will be able to come into the facility and use the equipment for an adaptive gym experience. The wellness program will also include neuro-somatic massage services. The wellness OT program would be a suitable addition to this after-hours program by placing emphasis on teaching strategies to manage those elements that dictate wellness such as sleep, stress, anxiety, depression, healthy lifestyle changes, development of sustainable routines, and increase participation in social, leisure, or community activities.

Solution OT Position Provides

The addition of OT services to the clinic will further address needs to a percentage of the existing clientele. Some of the needs that these clients face that can be addressed by OT include decreased independence and participation in ADL, IADL, leisure activities, community mobility, social participation, and community reintegration. Other needs include decreased/affected hand and arm use, decreased fine motor control, decreased cognitive function, learned non-use, decreased mental health, challenges with executive functioning, and sleep disturbances. OT services at Stay in Step will also help appeal to new clientele and promote growth for the facility.

Description of Services

The OT program would tailor services following the principles of ABT during phase 1; meanwhile, phase 2 of the OT program would structure its services with emphasis on wellness. The OT services provided would include OT evaluations, interventions, and measurement of

outcomes. Specific services the OT program would offer during phase 1 include interventions such as constraint-induced movement therapy (CIMT), kinesio taping, physical agent modalities (PAM), ADL retraining, adaptive equipment recommendation/training, splinting, client/caregiver education, functional mobility training, graded motor imagery (GMI), neurofeedback, whole-body vibration, grasp/release retraining, and neuroprosthetics. The OT hired will have to be certified or in the process of completing their certification in kinesio tape (CKTP) and certification with PAM. The OT must also have training or experience with the fabrication of splints. Specific services the OT program would offer during phase 2 include individual and group sessions addressing the identification of habits, routines, and activities that allow for the successful management of the LTNC, facilitation of participation in desired occupations, energy conservation strategies, stress management tools, medication management strategies, strategies for the prevention of further deterioration, and education for weight management.

Detailed Job Description

Stay in Step is looking to add a compassionate occupational therapist (OT) to join the team. The OT will be working in a fun environment that provides intensive therapy for clients living with spinal cord injuries, brain injuries, and other neurological conditions. Stay in Step works with a physical therapist, physical therapy assistants, and trainers to establish creative plans of care following activity based therapy principles. Stay in Step is looking for an OT with similar styles and ideals in their own practice.

Duties and Responsibilities

- Conduct assessments and evaluations to determine clients' personal goals, physical conditions, limitations, and medical histories
- Design tailored interventions for clients to reach their personal goals

- Demonstrate good inter-professional and collaboration skills with other clinical staff
- Perform outcome measures to monitor client progress and discharge
- Guide patients through tailored interventions
- Collaborate with client, family, friends, and caregivers to establish goals
- Document reports for clients, their physicians, and families
- Excellent verbal, written, and interpersonal communication skills

Education, Experience, and Licensing Requirements

- Current state OT license
- Graduation from an accredited OT program
- Current BLS for Healthcare Provider CPR
- Certified occupational therapist by AOTA or certified occupational therapist registered by the NBCOT
- Compassionate and caring demeanor
- Certification in kinesio-taping
- Certification in PAM
- Experience with splinting and orthosis fabrication

Market Analysis and Marketing Strategies

Potential Clients

The potential clients for the OT program will come from the existing clientele at Stay in Step that would benefit from receiving OT services. An analysis conducted through the exploration of testimonials, rapport building, revision of evaluations, and consultation with clinical staff at the facility was utilized to determine which clients would benefit from OT services. Currently, Stay in Step has 42 existing clients comprising 29 clients with SCI, 8 clients

with traumatic brain injuries (TBI), 4 clients who suffered a cerebrovascular accident (CVA), and 1 client with cerebral palsy (CP). From the analysis, it was determined that ~28 clients (66%) could benefit from OT services.

Primary Competitors

Stay in Step is the only ABT center located in the Tampa Bay area, the closest ABT centers to Stay in Step are in Orlando. The two ABT centers located in Orlando are the Center of Recovery and Exercise (CORE) and NextStep; however, neither of these facilities have a PT on staff. The only direct competition to the OT program to be implemented at Stay in Step would be located within CORE in Orlando. CORE offers an internal OT program called The NeuroHub. The NeuroHub utilizes hands-on, evidence-based skilled OT services for adults and children living with LTNCs using the latest technologies available. Some of the services offered at the NeuroHub are CIMT, technology upper extremity program, and driver rehabilitation. Therefore, Stay in Step has no direct competitors in the Tampa Bay Area.

Marketing Strategies

Since the target market was selected from existing clients, the marketing efforts will be mainly conducted through word of mouth when clients come in for their sessions. The new OT program will also be advertised through the facility's social media platforms and website. Themes that will be utilized for marketing strategies are the positive environment, intensity of treatments, focus on realistic goals, level of care for clients, 2 hour sessions, and appropriate utilization of time.

Finance

Occupational Therapy Program Start-up Budget		
Category	Costs	Total
Staff: 1 OT (benefits: PTO for 10 days)	Base salary: \$70,000 Benefits: \$2,692.31	\$72,692.31
Equipment & supplies	\$1,000.00	\$1,001.14
Training (Continuing education units [CEU], training for new equipment)	As needed: ~\$400	~\$400
Total: \$74,093.45		

Equipment Costs			
<i>Required Equipment</i>			
Item	Quantity	Estimated Cost	Extended Cost
Theraputty	2	\$14.89	\$29.78
Resistive Pinch Pin Hand Exercisers	2	\$13.95	\$27.90

Hand Grip Strengtheners	1	\$9.99	\$9.99
Dynamometer	1	\$224.97	\$224.97
Pinch Gauge	1	\$109.83	\$109.83
Purdue Pegboard Test	1	\$125.00	\$125.00
Squigz	1	\$23.49	\$23.49
Intellect NMES Electrotherapy Unit	1	\$101.26	\$101.26
Peg Board	1	\$15.97	\$15.97
Saebo Glove	1	\$299.00	\$299.00
Universal Cuff	1	\$12.00	\$12.00
Adaptive Utensils	1	\$21.95	\$21.95
Total: \$1,001.14			
<i>Existing Clinic Equipment</i>			
Resistance Bands	-	-	-
Kinesio Tape	-	-	-
Galileo Mono	-	-	-
Standing Frame	-	-	-

<i>Additional Equipment</i>			
Upper Extremity Ranger - Neuro Series	1	\$580.00	\$580.00
Bioness H200	1	-	-
NeuroMove	1	-	-
Saebo MyoTrac Infiniti	1	\$3,792.00	\$3792.00
Stiwell Med 4 (alternative e-stim device)	1	-	-
Armeo (power/spring/senso)	1	-	-
Amadeo Tyromotion	1	-	-
Splint Water Bath	1	\$772.96	\$772.96
Bandage Scissors	1	\$12.99	\$12.99
Elastic Bandage	2	\$13.95	\$27.90
Adhesive Tape	3	\$10.44	\$31.32
Splint Padding	2	\$28.00	\$56.00
Splinting Sheets	1	\$107.23	\$107.23
Stockinette - Small	1	\$17.00	\$17.00
Stockinette - Large	1	\$23.48	\$23.48

Assessment Options		
Assessment	Area	Price
<u>International SCI Upper Extremity Basic Data Set</u>	Upper extremity function	Free
<u>Spinal Cord Independence Measure</u>	ADL and mobility	Free
<u>Disabilities of the Arm, Shoulder, and Hand Questionnaire (DASH)</u>	Upper extremity function	Free
<u>Capabilities of Upper Extremity Questionnaire (CUE-Q)</u>	Upper extremity function	Free
<u>Berg Balance Test</u>	Balance	Free
<u>Canadian Occupational Performance Measure (COPM)</u>	Occupational Performance	\$62.00 (manual + 100 measures)
<u>Jebsen-Taylor Hand Function Test</u>	Fine/gross motor hand function	\$326.38
<u>Wheelchair Skills Test</u>	Wheelchair skills	Free
<u>Wolf Motor Function Test</u>	Upper extremity / Functional Tasks	Free

Box and Block Test	Unilateral gross manual dexterity	\$200.00
Tardieu Scale	Spasticity	Free
Modified Ashworth Scale	Spasticity	Free
Motor Evaluation Scale for Upper Extremity in Stroke	Arm/Hand function	Free
Motor Activity Log	Use of affected arm	Free
Quadriplegic Index of Function	ADL	Free

Revenue Projections			
Year 1			
Category	Volume	Revenue per Client	Total Revenue
Occupational Therapist	4 clients per day	~ \$37 (per unit)	~ \$296.16 per day - ~ \$1,480.00 per week
	6 clients per day		~ \$444.00 per day - ~ \$2,220.00 per week
	8 clients per day		~ \$592.00 per day - ~ \$2,960 per week

Potential Growth

The OT program has potential for growth at Stay in Step, below are some suggestions:

- Driving program
- Assistive technology lab

Appendix B References

- De Oliveira, C. Q., Middleton, J. W., Refshauge, K., & Davis, G. M. (2019). Activity-based therapy in a community setting for independence, mobility, and sitting balance for people with spinal cord injuries. *Journal of Central Nervous System Disease, 11*, 117957351984162. <https://doi.org/10.1177/1179573519841623>
- Martin, R. (n.d.). *From compensation to restoration: activity-based therapy and spinal cord injury*. OccupationalTherapy.com | Occupational Therapy Continuing Education. <https://www.occupationaltherapy.com/files/event/02300/02305/contofromcompensation.o.pdf>
- Stay in Step. (n.d.). *About / Stay in step*. Stay in Step | Brain and Spinal Cord Injury Recovery Center. <https://stayinstep.org/about/>