

Abstract Book

Rehabilitation International World Congress 2021
7 – 9 September 2021, Aarhus, Denmark



On behalf of the international program committee and the organizers of RIWC2021, we are happy and proud to be able to present an interesting and highly qualified content including input from scientists, professionals as well as persons in rehabilitation presenting their points of view regarding rehabilitation. Even if we do not meet in person we are sure that keynotes, seminars, oral presentations as well as masterclasses and posterpresentations will be of high quality and hopefull attract lots of participants.

In this document you find all abstracts that have been accepted at this time and we hope you will find inspiration to get involved in the RIWC2021.

We have structured this first edition according to the congress tracks and the book is work in progress, and changes will occur as the planning process goes forward in the following weeks.

We encourage you to spread this documents to colleagues and others who may be interested in rehabilitation issues.

For updates and further information, please refer to our website.
We look forward to see you on line or hope you will join us in Aarnus.

The final abstract book will be available in cooperation with Frontiers Rehabilitation Journal immediately prior to the congress.

Thanks to all presenters and moderators and others who contribute to the content of this years world congress.

Yours sincerely

Claus Vinther Nielsen
Congress Chair

Jan S. Johansen
Congress CEO

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Abstract no. 2

Work and Employment - Seminar (90) - Work and Education, September 8, 2021, 14:30 - 16:00

Vocational Education and Training as a Key to Inclusion

M.A. Kirsten Vollmer

¹*Federal Institute of Vocational Education And Training Of Germany, Bonn, Germany*

Vocational Education and Training (VET) will be presented as a field characterized by multiple general legal conditions, Areas of competence and fields of responsibility and a corresponding range of institutions, organisations, stakeholders, structures and interests. Given this Situation the key note will Focus on the fundamental challenge to find tailored answers to individual and specific situations of individuals with disabilities, their requirements and needs, whilst at the same time offering them General recognised and comparable vocational qualifications. Constructive exchange, cooperation and collaboration between the fields of Policy making, academic Research and practice will be pointed out as fundamental important to achieve Progress in coming to Terms with the challenge. The presenter will give insight in her working field in the Federal Institute of Vocational Education and Training of Germany (BIBB). Starting with presenting BIBB as a centre of excellence for Research related to the progressive development of Vocational education and Training (VET) in Germany it will be outlined how BIBB identifies future challenges in VET, stimulates Innovation in national and international VET Systems and develops practice-orientated Solutions for both initial and continuing vocational education and Training and how the target Groups of People with disabilities are taken into consideration. The presentation will concentrate on Questions of how issues of Definition and delineation between categories such as "disability", "disadvantage" and "impairment" are increasingly seen as unhelpful for the Realisation of participation Provision, how the ratification of the UN Convention for the Rights of People with disabilities triggered an unexpected Level of dynamism and the Keyword "inclusion" advanced to become a core principle in all Areas in Germany and what this means for VET.

The presenter will Point out the relevance of VET as an incomparable key to participation and inclusion in important fields of education, work and Society in General.

Abstract no. 6

Health and Function - Seminar (90) - Sexual Health Rehabilitation 1, September 7, 2021, 14:30 - 16:00

Sexual Health for All – It is Important in Rehabilitation!

Associate Professor Kristina Areskoug-Josefsson^{1,2,3}

¹Jönköping Academy For Improvement Of Health And Welfare, Jönköping University, Jönköping, Sweden, ²Department for Behavioural Science, Oslo Metropolitan University, Oslo, Norway, ³Professor in Public Health and Rehabilitation, VID Specialized University, Faculty of Health Studies, Sandnes, Norway

As a physiotherapist with long-term experience in rehabilitation for persons living with chronic diseases, a patient living with a chronic disease and a researcher in sexual health rehabilitation, I am aware of the large gap between the patients' sexual health needs and how insufficiently those needs are being met. The unmet needs decrease quality of life and may lead to additional burden of the disease or disability. Sexual health is a continuous process, where everyone has their own wishes and needs, closely related to experience of overall well-being. Sexual health rehabilitation should be included for various health care and rehabilitation professions, since each profession has competences that can assist rehabilitation of sexual health. There are several reasons for the persistence of the sexual health rehabilitation gap, but a main issue is lack of competence and lack of recognition for sexual rights and sexual health for all.

The presentation illuminates the importance of sexual health in relation to health across the lifespan and how rehabilitation can further assist in promoting well-being through promotion of sexual health for all.

Experience-based expertise related to sexual health will be addressed, together with professional practice experience and the challenges related to sexual health rehabilitation. Current research in the field will be presented together with implications for practice on how to improve and move society towards including sexual health in rehabilitation to increase quality of life for persons living with disease or disability. Patients, professionals, and teams need to work together to move society towards optimizing sexual health for all.

Abstract no. 9

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Apps and Gamification, September 9, 2021, 10:00 - 11:00

Use of Applications to Support Stroke Rehabilitation: A Scoping Review

Associate Professor Mille Nabsen Marwaa¹, Guidetti Guidetti², Charlotte Ytterberg³, Hanne Kaae Kristensen⁴
¹University College South Denmark, Department of Physiotherapy, Esbjerg, Denmark, ²Department of Neurobiology Care Sciences and Society, Karolinska Institutet, Huddinge, Stockholm, Stockholm, Sweden, ³Department of Neurobiology Care Sciences and Society, Karolinska Institutet, Huddinge, Stockholm, Stockholm, Sweden, ⁴Research Unit in Rehabilitation Institute of Clinical Research University of Southern Denmark, , Denmark

Aim: The aim of this Study was to describe, and review evidence of applications being used to support the rehabilitation process after stroke. The secondary aim was to describe participants' stroke severity, and use of applications in relation to, respectively, the setting and phase of the rehabilitation process.

Method: A scoping review methodology was used to identify studies, through databases as PubMed, Cinahl, Embase and AMED. Additionally, grey literature was searched. The studies were categorized using Wade's rehabilitation framework.

Results: Thirty-six studies were included in which applications were used to support: assessment (n=13); training (n=20); discharge from hospital (n=2); and both training and discharge from hospital (n=1). Of the 36 studies, 25 studies included participants with mild to moderate stroke, and four studies included participants with severe stroke. In seven studies the stroke severity was not reported. Participants with chronic stroke (n=18), acute-subacute stroke (n=12), acute and/or subacute and/or chronic stroke (n=3) were included. In three studies, stroke onset was not reported. Applications were used in a rehabilitation setting (n=16), home setting (n=13), both settings (n=3). In four studies the setting were not reported.

Conclusion: Most included studies of applications developed to support the rehabilitation process after stroke have been explorative. They tested primarily participants with mild or moderate stroke and focused on a limited aspect of the rehabilitation process, e.g., assessment or training. Future applications to support stroke rehabilitation should accommodate stroke survivors' and caregivers' need for solutions, irrespective of stroke severity and throughout the entire rehabilitation process.

1. Kotzian ST, et al. Technol Health Care. 2019;27:613–622..
2. McKay FH, et al. J Telemed Telecare. 2018;24:22–30.
3. Zhou X, Du M, Zhou L. Top Stroke Rehabil. 2018;25:489–499.
4. Wade D. Rehabilitation. Clin Rehabil. 2015;29:1041–1050.

Abstract no. 11

Psychosocial Rehabilitation - Oral Presentations (60) - Psychosocial, September 9, 2021, 12:30 - 13:30

Psychosocial Outcome Following Brain Injury in Adults: 5-Year follow-up Study

Associate Professor Chalotte Glintborg¹, Associate Professor Tia Hansen¹

¹Aalborg University, Department of Psychology, Aalborg, Denmark

Acquired brain injury (ABI) is a life-changing event that may result in persistent or progressive psychiatric disorders. Several studies have investigated psychosocial consequences in the early rehabilitation phases. However, evaluations often focus on the first 36 months after the ABI has occurred, few assess their evolution beyond that point. Thus, longitudinal studies are few; some indicate that psychological consequences may increase over time, in contrast to other studies. Long term depressed ABI individuals have been found to be more likely to have poor psychosocial functioning and to experience higher levels of psychological distress compared with their non-depressed peers. Thus, much is known about the prevalence of psychological consequences, but less is known about the long-term course of psychological symptoms. This longitudinal study of individuals (N=45) with moderate or severe ABI evaluated participants' wellbeing at 3 different time points: discharge from hospitalization, one-year post injury, and 5-year follow up. Quantitative data were derived from psychometric tests (Major Depression Inventory, MDI; Quality of life, WHO-QOL; Impact on Participation and Autonomy Questionnaire, IPAQ-DK), return to work. Data were processed and analysed using repeated measures ANOVA and t-test for pairwise comparisons. The 5-year follow-up revealed that physical quality of life increased significantly over time. However, social quality of life decreased significant over time. Moreover, we found that family roles represent a challenge already at discharge and remains a challenge both at 1-year and at 5-year follow up. Looking at participants' marital status, we found a decline here with 76 % being married or in a relationship at discharge, but only 52% were at 5-year follow-up. In addition, approximately one third of all clients reveals signs of depression at all three time points.

Persisting psychosocial impairments still interfere with social integration, and participation. Thus, dealing with ABI is as an ongoing condition of psychosocial impairment.

Abstract no. 14

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Seeing and Hearing, September 8, 2021, 09:00 - 10:00

Moving Low Vision Rehabilitation: Recovery Based Lighting Intervention in Denmark

Forsker, Ph.d., Cand.arch Turid B. Øien¹, Low vision consultant, OT Anne Mette Jacobsen², Low vision consultant, OT Signe Tornøe Tødten²

¹Aalborg Universitet, Copenhagen, Denmark, ²Centre for Special Education (CSU), Slagelse, Denmark

Background/Introduction

Lighting is crucial for the visually impaired citizen to handle everyday life, and has historically been an important aspect of the low vision services. Lighting assessments have been conducted in the laboratory and informed by the diagnostics, by adjusting the ceiling light and measuring the visual acuity at a distance of 3 meters.

Purpose

A recovery based lighting assessment, aiming to improve the quality of life of visually impaired citizens, have been developed by a group of low vision consultants. But what role do the approach play in the service?

Method

During the winter seasons of 2017/18 and 2018/19 60 visually impaired citizens participated in the intervention, accompanied by a relative. In the specific home environment and guided by the consultant and a narrative interview, the citizen described challenges in performing everyday activities due to their vision and the current lighting conditions. The light and the visual function were measured in relation to 3 activities of importance. The citizen and his/her relative were invited to the lighting lab where different lighting arrangements were tested. Summing up the lighting assessment, the consultants drew the recommendations on a printed photo taken of the specific home environment. A follow up after 1-3 months, repeated the measures (VFQ-25, Canadian Occupational Performance, Groffman Visual Tracing test, and the Farnsworth Dichotomous test (D15)).

Perspectives

The intervention showed improvement of quality of life, in self-assessment of the performance of near task activities

The narrative interview concerning lighting and everyday activities enabled articulations and reflections on the visual impairment in context

Acknowledging the knowledge of the citizen, due to their everyday practices in their physical and social context, and their embodied knowledge in the lighting lab help to adjust the rehabilitation

The future aim is that the intervention is shared and implemented in other low vision services

Abstract No. 17

Health and Function - Seminar (90) - Sexual Health Rehabilitation 1, September 7, 2021, 14:30 - 16:00

Moving Societies Towards Better Inclusion of Sexual Health in Rehabilitation

Associate Professor Kristina Areskoug Josefsson^{1,2,6}, Assistant professor Hilde Lunde², PhD-student Helle Gerbild^{3,4}, Ida Hauge Dignes⁵

¹Jönköping Academy For Improvement Of Health And Welfare, Jönköping University, Jönköping, Sweden, ²Department for Behavioural Science, Oslo Metropolitan University, Oslo, Norway, ³Center for Sexology Research, Department of Clinical Medicine, Aalborg University, Aalborg, Denmark, ⁴Health Sciences Research Centre, UCL, University College, Odense, Denmark, ⁵Person with lived experience of functional impairment, Oslo, Norway, ⁶Professor in Public Health and Rehabilitation, VID Specialized University, Faculty of Health Studies, Sandnes, Norway

Sexual health is a rehabilitation topic often neglected that affects quality of life in a negative way. Despite this, sexual health is a generic issue, which is of importance for all people. Patients want their life to include a sexual life despite health related problems, disabilities or impairment. To promote, optimize and include sexual health in rehabilitation, there is a need to comprehend what sexual health is and why it is important to integrate sexual health in rehabilitation.

This seminar presents the definition of sexual health, and gives examples from social and clinical sexual health rehabilitation practice. There is a need to understand sexual health from various perspectives, and to include education, information, dialogue and rehabilitation interventions. Health care professionals often lack competence to address sexual issues, even if they agree on the importance of sexual health as a part of general health and quality of life. To improve quality of rehabilitation a bio-psycho-social perspective on sexual health should be used. To enable sexual health to be addressed in rehabilitation the users, professionals and society should work together in their specific multi-disciplinary context. At the same time it is essential to acknowledge the barriers that can hinder the promotion of sexual health interventions on rehabilitation. Individual stories by patients, professionals and researchers give through their shared experiences practical guidance on how to work successfully with sexual health in rehabilitation and how to break the double-taboo of addressing sexual issues. In this session Ida Hauge Dignes shares her life story including gradual loss of function since aged 7, the importance of learning to love herself as a child and loving her disabled body. Being different and standing out is the opposite of what most children do. She didn't stand out on purpose, her body controlled her, being different from the others.

Abstract No.18

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

Development and Content Validity of a Theory-Based Intervention for Dysphagia

Associate Professor, Phd Tina Hansen¹

¹*Copenhagen University College, Copenhagen, Copenhagen, Denmark*

Background

Oropharyngeal dysphagia (OD) is frequent in elders as a result of sarcopenia in the swallowing mechanism combined with high prevalence of chronic diseases. OD contributes to life-threatening consequences, reduces well-being and quality of life, and increases health-care expenditure and utilization. However, there is a notable lack of explicitly and adequately theory-based interventions for strengthening the swallowing mechanism in elders with OD. This results in inadequate assessment of the impact of theory on intervention effectiveness. Theory-based interventions, designed to reflect the theory's proposed mechanisms of change, are needed to adequately evaluate theories. This requires systematic approaches to intervention development.

Purpose

This study introduces the initial development of a theory-based intervention named 'Activity-based strength-training of swallow' (ACT-SWAL).

Methods

The intervention development is guided by the recommendations of the 2008 Medical Research Council (MRC) framework for developing and evaluating complex interventions, and includes a mixed method approach with several steps: 1) defining the intervention, 2) identifying the evidence base and specifying content of the intervention, 3) identifying theory to underpin the intervention, 4) modelling the process of the intervention and outcomes, 5) creating a first draft of an intervention manual, 6) establishing content validity by expert panel members and participants from the target group.

Perspectives

The intervention development process has resulted in an intervention manual covering details on all components of the ACT-SWAL intervention, which is based on self-determination theory integrated with resistance training principles and the concept of affordance within perception-action theory. The intervention activities are individually tailored, is performed as in-therapy and as self-training during daily meals and include ingestion of liquids and food items with systematically increasing demands on the swallowing mechanism. Using the MRC-framework ensures cautious consideration of theory as well as content validity prior to initiation of a feasibility study and empirical testing of the intervention effectiveness.

Abstract No.19

Children / Youth and (Re-)habilitation - Oral Presentations (60) - Parents to Children with Rehabilitation Needs, September 9, 2021, 12:30 - 13:30

BRUS: Children and Youth in Families with Alcohol/Drug Related Problems

Development Consultant Tine Dynæs Juhl¹

¹*Social Affairs and Employment, City of Aarhus, Aarhus, Denmark*

BACKGROUND/INTRODUCTION

Many children grow up in families where relations are disrupted because the adults have a drug or alcohol problem. BRUS is implemented to support children and youth impacted from their parent's alcohol or drug problems and to prevent that they themselves develop substance abuse problems or other social or health related problems. The aim is to secure a long-term impact on the lives of children and youth that grow up in an adverse environment.

PURPOSE

BRUS offers support to children and youth aged 0-24 from families with substance abuse problems. BRUS' aim is to strengthen their potential to handle the challenges that such an upbringing gives. BRUS' ambition is to give them equal opportunities to fulfil their potential regarding education and employment to children growing up in families with no substance abuse issues.

METHOD

In the BRUS project, we promote the approach that children should not be eluded from talking about complicated and emotional matters.

BRUS offers individual support, group therapy, supportive family conversations. BRUS also runs a digital service that is offering chat-based counselling, blogs, vlogs, questions and answers. Each course of treatment is tailored to the individual child/family and may involve services from more of the municipalities involved. The service offered is free of charge.

BRUS is a cooperation between 11 Danish municipalities in the Central Denmark Region and the NGO Center for Digital Youth Care (<https://cfdp.dk/cfdp-english/>).

PERSPECTIVES

Up until today BRUS has provided service to more than 1.400 children and youth and held more than 800 digital counselling sessions. The first evaluation shows positive tendencies, especially among those aged 17-25, whose average life coping increases significantly over the course. This positive development is driven by greater well-being, fewer problems / symptoms and increased coping.

Abstract No. 20

Work and Employment - Oral Presentations (60) – Activation Policy, September 9, 2021, 13:30 - 14:30

Door to Door – a 'Job First' Approach

Development Consultant Tine Dynæs Juhl¹

¹*Social Affairs And Employment, City Of Aarhus, Aarhus , Denmark*

BACKGROUND/INTRODUCTION

The City of Aarhus is doing well. Employment is roaring, the city is growing, and everyone is proud of our active, modern city.

But not in all parts of the city: In the Gellerup neighborhood there are places, where optimism and progress are not that present. Here there are apartment buildings, where no one is in touch with the labour market, where the health of the citizens is poor, and where the crime rate is too high.

Therefore, the municipality of Aarhus seeks to make families in the Gellerup neighbourhood participate further to society and the local area. We want to find out, if a relational approach towards vulnerable families strengthen the participation in society and the employment-rate.

PURPOSE

The purpose of project Door to Door, a 4-year long development project, is to create significant and lasting changes: to give unemployed parents a stable and lasting connection to the labor market, to get more young people into educational programmes and leisure jobs and to improve the families' general well-being, health and future life opportunities.

METHOD

Vital for the project is a job-first approach: to secure a stronger connection to society, getting a job is essential.

In the project, we work the entire family. Employees create trustful relationships between municipality employees and families in the Gellerup neighborhood. After a meaningful relationship has been created, the employee and the family together can set a different course, and a practical plan for how the parents can get into employment can be made.

PERSPECTIVES

The project is rather new, therefore, as of yet no evaluation showing the results of the project has been prepared.

Abstract No. 21

Approaches, Concepts and Theories in Rehabilitation - Oral Presentations (60) - Concepts of Rehabilitation, September 7, 2021, 10:00 - 11:00

The Dialectical Understanding of Disability in Practice

Development Consultant Mette Okkels Hansen

¹*Social Affairs And Employment, City Of Aarhus, Aarhus C, Denmark*

BACKGROUND/INTRODUCTION

Due to a lack of consensus about an overall professional approach to citizens with disabilities, they have been met with a variety of approaches based in different professional traditions and local ideas developed in the field. To ensure better alignment across different professional practices, Aarhus municipality took the initiative to develop a shared professional platform for our services for adults with disabilities in cooperation with associate professor from Aarhus University Louise Bøttcher. The dialectical understanding of disability is one of three focus points in the new shared professional platform in Aarhus.

PURPOSE

Through a shared meta-professional platform and better alignment of specific professional interventions, we hope to reach a higher level of synergy in the shared work supporting the development and social participation of adults with disabilities.

METHOD

The dialectical understanding departs in the idea that society has developed to serve citizens without disability. Disability arises as a mismatch between the abilities and competences of citizens with disabilities and the conditions of social life. Change the conditions or develop the abilities of the person and the disability will also change. Thus, professional work informed by the dialectical disability approach focuses on the citizen's zone of proximal development based in the potential professionals discern and the hopes and dreams the citizens themselves express. The dialectical understanding of disabilities is a holistic approach and employees undergo skill development and action learning in order to adopt and implement the new approach.

In Aarhus we combine the dialectical disability approach with methods such as Open Dialogue, Open College Network and Alternative Complementary Communication.

Abstract No.22

Work and Employment - Oral Presentations (60) - Poverty and Unemployment, September 7, 2021, 11:00 - 12:00

Long Term Unemployed Take the Lead

Development Consultant Anne Marie Frederiksen¹

¹*Social Affairs And Employment, City Of Aarhus, Aarhus C, Denmark*

BACKGROUND/INTRODUCTION

According to a Danish study, there is statistical link between long-term unemployment and both social isolation, various self-destructive behaviours (i.e. alcohol and drugs), depression and suicidal behaviour.

What would happen if long-term unemployed citizens were allowed to decide for themselves how at least some of the money, that is spent every year to prepare them for the labour market, should be used? The municipality of Aarhus decided to find out – in the project “Long-term unemployed take the lead”.

PURPOSE

In the project the objective was to make way for a much wider range of options than is possible with traditional welfare benefits and to allow the citizen the possibility of self-ownership and -management.

METHODS AND CONTENT

In short, the municipality involved the citizens! Through the project, we dealt with the challenges of unemployment by giving back the initiative to the citizens and making them experts of their own lives.

The project made the recipient personally responsible for how and what the money was spent on – and made it financially possible to give 100 long-term unemployed citizens a cash grant of up to DKK 50,000 (approx. 6,700 euro).

PERSPECTIVES

The participants express that they feel a larger amount of responsibility and control over their own lives since they are treated with trust and confidence by the job counsellors. At the same time, they experience the new initiative as something “fresh” and tailored to their situation, and so they avoid the typical “one size fits all” courses.

By 2019, 37 of the 97 participants no longer received unemployment benefits.

For more information, please visit <http://urbact.eu/long-term-unemployed-take-lead>

Abstract No.25

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

Low Vision Services in Denmark: Mapping the Current State

Forsker, Ph.d., Cand.arch Turid B. Øien¹

¹*Aalborg Universitet, Denmark*

Background/Introduction: Low vision services in Denmark have previously been located in the counties, with the main task to advise and teach the visually impaired to live with his or her disability. However, during the last decade, structural changes and emerging rehabilitative and recovery based approaches have resulted in a great diversity in the field.

Purpose: The objective of this study is to get an understanding of the current picture of low vision services in Denmark, including aspects of importance when assessing the diversity of the field as a whole.

Method: From May to September 2019, 24 low vision centres were contacted, and all participated in a telephone interview on the organisation, affiliation and appropriation structure; the professional background of the low vision consultants (LVC) and their practices concerning lighting assessments. In all 30 interviews of 20-60 minutes were conducted, and based on notes and transcriptions, these were thematically categorised and analysed.

Perspectives: The size and catchment area of the 24 centres range from 1 to 22 LVC's, from 1 to 18 municipalities, and 2 of the centres were national.

The professional background of the 144 LVC's: occupational therapists (51), teachers (45), social educators (28) and the remaining 20 LVC's represented 10 additional professions.

The practices of lighting assessments showed diversity of methods, proportions, facilities and aids, and not at least the degree of rehabilitative or recovery based approach in the assessment.

The mapping shows huge diversity across the organisational structure and configuration of professionals, which eventually affects the actual low vision service offered to the citizens. Important aspects addressed in the interviews were the role of the allocation structure in the services, collegial cooperation and sharing of knowledge across the professional network, especially concerning practice knowledge on specific work functions such as the lighting assessments and their role in rehabilitation.

Abstract No. 31

Work and Employment - Seminar (60) - Vocational Rehabilitation - A Question of Gender?, September 8, 2021, 13:30 - 14:30

Vocational Rehabilitation - A Question of Gender?

M.A. Bianca Lange¹, Prof. Dr. Heike Ohlbrecht¹

¹*Otto-von-Guericke-University Magdeburg, Magdeburg, Germany*

Women in Germany make significantly less use of employment participation benefits than men. In 2016, only 55,090 out of a total of 156,117 of employment participation benefits completed were claimed by women (DRV 2018: 54). Women are thus clearly under-represented, accounting for almost one third of the total, which raises the question of the possibilities of increased use of employment participation benefits - particularly when the gender mainstreaming concept is taken into account.

Models such as the local vocational rehabilitation system take up the special needs of female rehabilitants who, among other things, continue to be responsible for bringing up children and caring for relatives (Niehaus 1997), but the range of gender-specific instruments and measures on offer is currently insufficient and blocks women with chronic illnesses from gaining access to vocational reintegration or rehabilitation - and thus also participation in gainful employment, which blocks a fundamental mode of social participation and integration (Gröschke 2011). What is needed here are offers that take account of the low proportion of female graduates in employment participation benefits measures, taking into account gender-specific role requirements, gender-specific handling of chronic illnesses and gender-specific expectations of gainful employment within a work-life blending culture (Mikfeld 2016), and here it is important to learn from best-practice models in an international comparison.

In the course of the seminar, measures to increase the proportion of women in vocational rehabilitation will be discussed jointly on the basis of findings from studies and, if applicable, tried and tested or developed measures. International scientists should have the opportunity to present and discuss country-specific problems as well as approaches to solutions to the topic in order to pave the way for possible new practical approaches from a scientific perspective.

Abstract No. 32

Policy and Service - Oral Presentations (90) - Definitions, September 9, 2021, 16:00 - 17:30

The ICF framework in Communication during Rehabilitation, a Qualitative Study.

Lecturer Ph.d. Bodil Bjørnshave Noe¹, Associated Professor PhD Merete Bjerrum², Associated Professor PhD Sanne Angel²

¹University College South Denmark, Esbjerg, Denmark, ²Health, Aarhus University, Aarhus, Denmark

The International Classification of Functioning (ICF) is commonly used to support the descriptions of the interplay between health status, functioning and context on persons' life and wellbeing. In this study, we comprehend our previous findings, from interviewing individuals with severe disabilities about their rehabilitation process, into an understanding of ICF as a tool in communication. Often, the transition from hospital to community living is a challenging period, where people are confronted with their limited functioning and meet barriers and problems as they strive to achieve reintegration. Therefore, the professionals' understanding of the complexity of factors influencing on individuals' life-situation is crucial. This study discusses the ICF as a communication tool for patients, families and the professionals during rehabilitation.

Method

Eight persons were interviewed at discharge from rehabilitation center and twice at home during the first-year post-discharge. The interviews were analyzed using the ICF model and terminology in a deductive content analysis.

Findings

The analysis revealed a reciprocal dependency between the ICF components, that either supported or complicated the participants' overall life-situation and wellbeing. Especially, personal factors showed to impact the overall wellbeing. Three categories explained the interactions between the ICF components; "The influence body function, activity, participation and environment have on individuals' ability to handle issues of personal importance", "The influence body function, activity, personal factors and environment have on individuals' ability to maintain their social roles", and "The influence personal factors, and body functions have on individuals' confidence in participating in activities they like".

Conclusion

The ICF model could provide a useful tool to facilitate the communication about complex issues, when the focus is on the ICF component interactions and thereby the sphere of individuals' real life. The study is a first step to develop such a tool and we invite other scholars to contribute to this effort.

Abstract No. 35

Rehabilitation and Palliative Care - Oral Presentations (60) - Palliative Rehabilitation, September 9, 2021, 11:00 - 12:00

Rehabilitation and Palliation Alongside in the Care of Severe COPD

Senior Lecturer Ph.D Bodil Bjørnshave Noe^{1,2}, Senior lecturer UCSyd Gitte Smorawski¹, Senior lecturer UCSyd Marianne Husted¹, Senior lecturer UCSyd Lisbet Vestergaard Hansen¹

¹University College South Denmark , , Denmark, ²Health, Aarhus University, Aarhus, Denmark

Background

Studies have shown that Palliative Care (PC) in Chronic Obstructive Pulmonary Disease (COPD) improves patients` symptoms and quality of life. However, there seems to be a lack of insight about what PC for COPD patients currently means and what it comprises of in Denmark. The Danish Register of COPD (drKOL), uses 13 indicators to assess the quality of COPD care. None of them concerns PC.

The main objective is to clarify what the palliative COPD effort consist of in order to identify cross-sectional challenges and success in current practice from the perspective of patients, relatives and the multi-professional staff.

Methods

This qualitative interview study uses inductive content analysis. A total of 12 interviews are conducted; individual semi-structured interviews with six patients living with severe COPD, and three relatives of COPD patients. Three focus-group interviews with the multidisciplinary staff from the health and social sector as well as hospital priest. This abstract refers to the preliminary findings as the analysis of the interviews is ongoing. The analysis will be accomplished before the RIWC2020.

Findings

Our preliminary findings suggest that the COPD patients receive various support from the multidisciplinary and cross-sectorial health care system and social system. E.g. home care, emergency help, medical treatment, rehabilitative training sessions, exacerbation support and equipment. Although, the findings suggest, that the system may fail to meet the patients` individual needs and desires. Of specific interest, the findings highlight, that the patients, relatives as well as professionals believe, that rehabilitation and palliation is two sides of the same coin. Rehabilitation in terms of training of psychosocial support seems to represent meaning and hope whereas palliation seems difficult to grasp and to express what means.

Abstract No. 36

Research in Rehabilitation - Keynote (60) - Improving rehabilitation: theories, frameworks, models or techniques?, September 9, 2021, 13:30 - 14:30

Improving Rehabilitation: Theories, Frameworks, Models or Techniques?

Professor Sarah Dean¹, Associate Professor Jean Hay-Smith²

¹University of Exeter, Exeter, United Kingdom, ²University of Otago, Wellington, New Zealand

There is an increasing focus on theory in relation to rehabilitation research, evaluation and education. We need theories to drive knowledge and practice in rehabilitation forward. Theories are important for developing, piloting, implementing and evaluating rehabilitation interventions and for identifying and describing rehabilitation practice. According to Wade, 'we need to have a logically consistent, clear model or set of models or theories to form the foundations of rehabilitation.'

The need for explicit theories is further emphasized in several guidelines for intervention development, evaluation and research, such as the Medical Research Council (MRC) guideline about complex interventions and the TiDieR checklist which requires researchers to describe the theories used in order to explain the expected mechanisms of their intervention.

According to Wade, various types of theories are needed: 1) one needs to relate "to illness and disability, explaining how activity limitation arises and thus what factors might be treated"; 2) one needs to relate to the processes and organization of rehabilitation; and 3) one needs to explain how behaviour is changed. Other authors might suggest alternative theories, models or frameworks; with it being difficult to know which is best or how they should be applied. We will argue that there are many theories and models available but no one theory stands out as being able to explain all aspects of rehabilitation for all people in all contexts. We will introduce the Behaviour Change Technique Taxonomy and show how these techniques can provide a theoretical underpinning to elements of rehabilitation interventions without being constrained by a single theory.

At this key note I will discuss the use of theories, frameworks and models in rehabilitation research. More specifically, we describe the use of Behaviour Change Techniques and how these can be applied to rehabilitation practice.

Abstract No. 40

Leisure, Recreation and Physical Activities - Oral Presentations (60) - Benefits of Sports Activities for Persons with Disabilities, September 7, 2021, 12:30 - 13:30

Special Dragon Boat Project: Enhancing Well-being of Persons with Disabilities

Dr Jenny HUI¹, Mr Ron CHAU²

¹The Hong Kong Polytechnic University, Kowloon, China, ²The Neighbourhood Advice Action Council, ,

At Chinese Dragon Boat Festival, there are dragon boat races in different districts around Hong Kong and throughout most Chinese communities worldwide. People with disabilities used to be the audience on the TV show instead of participating in the dragon boat racing. In 2007, The Neighbourhood Advice-Action Council (NAAC) started the first-ever Special Dragon Boat Racing Project which served as a platform for the disabled people to participate in the annual Dragon Boat Festival Competition. It is believed that the disabled people can perform boat racing and enjoy the sports process if appropriate and systematic training is provided according to their individual needs.

The Special Dragon Boat Project has been conducted for more than thirteen years. The race was extended to other Chinese communities like Guangdong, Taiwan and Macau since 2011. There were about five hundred disabled people and volunteers participating each year.

Study:

A study was launched to examine the outcomes of the Special Dragon Boat Racing Project. Other than the personal outcomes of individual persons with disabilities, the study examined the process and outcomes of the multi-sectors involved, namely the governments of the involved areas, the commercial/business sectors, the professionals, social service/volunteers and supporters.

Outcomes:

The Special Dragon Boat Racing Project was influential not only in the social service sector but also in convening support from other sectors, such as education, disciplinary forces and commercial sectors to achieve the ultimate goal of social inclusion through participation. Disabled paddlers teamed up with volunteers and worked closely together to participate in the race. They learnt from one another: such as the discipline and persistence of the buddies from the disciplinary forces, the caring spirits of other supporters/volunteers, the generosity of the business sector and the organizational skills of the professionals.

Abstract No. 41

Education and Professionalization in Rehabilitation - Oral Presentations (60) - Formalized Education, September 9, 2021, 13:30 - 14:30

Personal Development of Graduates of College for Adults with SEN

Coordinator Choi Eva¹, Clinical Consultant Hui Jenny¹

¹*The Neighbourhood Advice-action Council, Kowloon, China*

In Hong Kong, formal post-secondary education is impossible for people with intellectual disabilities. After graduating from special schools or integrated education schools, people with intellectual disabilities need to enter to the adult services provided by Non-Government Organizations which are subject to by the Hong Kong government. They will be arranged to different services according to their level of intelligence and competency, such as: Day Training Center, Sheltered workshop or Supported Employment Service. People with intellectual disabilities have no chance of receiving formal post-secondary education.

In 2004, The Neighbourhood Advice-Action Council, a NGO, launched the College for Adults with Special Education Needs (CASEN) for people with intellectual disabilities. The College offers different learning areas according to the potential and abilities of people with intellectual disabilities. CASEN takes reference to the credit accumulation system of mainstream post-secondary colleges so that people with intellectual disabilities can participate in the curriculum, complete the required credits, experience post-secondary education mode and get recognition.

In order to increase the quality of courses and recognition by the society, CASEN has invited different professionals and post-secondary education scholars to be instructors and consultants. Professional organizations are invited to be support organizations of CASEN to render professional advice to the curriculum design of CASEN.

In-depth case studies are conducted to explore the personal development and outcomes of participants who joined the College (CASEN) to explore the process of their learning journeys, the learning and teaching methods, the difficulties encountered, their achievements and the impact of CASEN on their future personal as well as job development. Analysis will be discussed and recommendations will be drawn to further strengthen the implementation of life-long education on persons with disabilities to enrich personal development and enhance social inclusion.

Abstract No. 42

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

Occupational Therapy to Promote Sexual Health in Rheumatology

Occupational Therapist Vanja Rizvic¹

¹*Sykehuset Østfold, MOSS, Norway*

Occupational therapists have an important role in promoting health through participation in valued activities of daily living, including sexual health and sexual activities. Sexual health can be a resource in everyday life, even if life is challenged by chronic rheumatological disease. Rheumatological diseases often affect sexual health negatively in various ways. However, sexuality and sexual health are taboo-topics and the rehabilitation needs for persons living with rheumatological diseases are not currently being met. This study explored how occupational therapists can improve their understanding and professionalism in this field. A literature review with a narrative analysis from a professional practice perspective was performed. The findings present focus areas for occupational therapy; enable participation in sexual activities, creation of opportunities for patient's own health promotion (including sexual health promotion), present up-to-date sexual health information related to chronic disease, teach strategies for interpreting various signs of the body and encourage active decision making to promote sexual desire and satisfaction. Occupational therapists need to empower persons living with rheumatological diseases by recognition of their innate sexual and reproductive health and rights. Empowerment and positive attitudes towards sexuality and sexual health from professionals is supportive, for patients and partners. Partners may provide substantial support to develop a positive relationship to the person's body, even if the body is affected by disease. The results show the need for bringing forward the important role of occupational therapists as promoters of sexual health. Social context affects the view of sexual health when living with chronic disease and there is a need to research how occupational therapists provide best support of sexual health in different contexts. Further research is also needed to explore how occupational therapists can support not only the person living with a disease, but also how to include the partner in sexual health rehabilitation.

Abstract No. 43

Poster Presentations (60) - Education and Professionalization in Rehabilitation, September 9, 2021, 09:00 - 10:00

ELPIDA e-learning Course: Module Sexual health

Associate Professor Gerd Lunde¹

¹*Oslo Metropolitan University, OSLO, Norway*

Six Organisations from five European countries have joined forces to produce educational e-learning course containing training modules of interest for staff and parents with children with ID.

The modules: Sexual Health, Human Rights, Communication, Stress Management, Transition to Adulthood, Ageing.

Each module is provided as stand-alone in the form of a “book” divided in chapters / sub-chapters. It also includes glossary of terms, suggestions on related to the theme/topic activities and, in most cases, external resources. As the modules imply stand-alone units, participants / learners can choose the order they interact with the provided resources without an obligation to complete all six modules provided.

The purpose of module Sexual Health is to strengthen parents and staff's competence to talk with people with intellectual disabilities (ID) about sexual health. The aim is to provide knowledge to increase sexual health, respect of others, as well as understand where personal limits goes.

The module contains suggestions on dialogue, guidance and education in sexuality. There is an emphasize on the interaction between staff, parents and their children with ID (in all ages), as well as their social network.

The module gives examples on how staff, parents (and others) may support their children developing a safe, sexual attitude so they can be feel free to take an active part in own sexual development. Even for those with limited communicative abilities.

Abstract No. 44

Innovative and Assistive Technologies in Rehabilitation - Seminar (60) - AI and Digitalisation to Promote Work Participation, September 8, 2021, 12:30 - 13:30

Assistive Technologies and Artificial Intelligence in Vocational Rehabilitation in Germany

Dr. Susanne Bartel¹

¹*Federal Association of Vocational Rehabilitation Centres, Germany, Berlin, Germany*

The digital transformation by means of Artificial Intelligence (AI) and Assistive Technologies (AT) is regarded as an innovator in numerous branches and sectors of the education and the labour market. However, these developments and transformation processes have so far focussed hardly on the group of people with disabilities. This applies above all to the different vocational rehabilitation settings in Germany as well as regarding the chances of an improved transition to the labour market and improved participation in working life. Especially in the field of vocational rehabilitation, their application offers a great opportunity to accompany people with disabilities individually at places of learning and work and to promote inclusion in working life. Most importantly, fundamental questions on ethics, responsibility, data protection and self-determination have to be discussed and a deeper social and professional discourse is required.

Since April 2019, the AI.ASSIST project, funded by the Federal Ministry of Labour and Social Affairs for three years, has been exploring how AI and AT can improve the chances of participation of people with disabilities in the labour market using various learning and experimental scenarios throughout Germany. The project structure is based on the following priorities: monitoring, exploration, transformation, dialogue platform and person centring. AI.ASSIST investigates technological developments at the interfaces of ethics, self-determination and inclusion.

Four different project Partners are involved in this project: the Federal Association of Vocational Rehabilitation Centres, the Federal Association of Vocational Rehabilitation Centres for young adults with disabilities, the Federal Association of Sheltered Workshops and the German Research Center for Artificial Intelligence. Besides, several researcher groups and associative institutions, i.e. the German Association for Rehabilitation, a trade union and several companies are providing important expertise in the course of the project.

Abstract No.46

Leisure, Recreation and Physical Activities - Oral Presentations (60) - Benefits of Sports Activities for Persons with Disabilities, September 7, 2021, 12:30 - 13:30

FC Prostate - Club-based Football for Men with Prostate Cancer

Specialist Christian Doesing Soerensen¹

¹Danish Committee for Health Education, København Ø, Denmark

Prostate cancer is the most frequent cancer found in men. Physical activity has shown to counteract some unwanted psychological and physiological side-effects, however sustainable exercise concepts have been hard to come across. Since 2011 Danish researchers from The University Hospitals' Center for Health Research have tested, evaluated, and developed football training for men with prostate cancer. In the period 2011-2017 FC Prostate was conducted in three phases (I-III). Pilot study (I), a small scale randomized controlled trial (II), and the FC Prostate Community (III) conducted in a real-world setting in six Danish football clubs.

Researchers found that participants who played football once a week or more improved their mental health and reduced fat mass. For some men with prostate cancer, football proved to be a sustained, and viable alternative to other types of physical rehabilitation.

Based on the positive results of the research phase IV was initiated, aimed at a national implementation of FC Prostate based on local collaborations between key stake holders.

The task of implementing FC Prostate was undertaken by The Danish Health Committee (DCHE) and The Danish Football Association (DBU). During the period 2018-2019 DCHE and DBU have initiated and implemented local partnerships around each of the currently 19 active FC Prostate-teams in Denmark (winter 2019). Apart from 19 football clubs these collaborations involve 35 municipalities and 9 hospitals. DCHE have developed a simple model of collaboration. The model contains a division of relevant tasks and outlines a collaborative logic between clubs, municipalities, and hospital; covering such tasks as recruitment, training, and retention of men with prostate cancer in an active lifestyle. Experiences from some collaborations highlight the value of having municipality-based physiotherapist participate in the mandatory education of FC Prostate trainers and occasionally join the training activities to support the men towards a persistently healthier lifestyle.

Abstract No. 47

Data and Monitoring in Rehabilitation - Seminar (90) - Activity Monitoring, September 9, 2021, 14:30 - 16:00

Activity Monitoring

Ph.d-student Helene Honoré¹, Associate Professor Iris Brunner¹

¹*Hammel Neurorehabilitation Center and University Research Clinic, Hammel, Denmark*

Background

The ultimate goal of rehabilitation is to enable people to return to an independent and meaningful life with as few activity limitations and participation restrictions as possible. Activity monitoring can provide a real-life reflection of recovery of functioning. Different types of monitoring have become increasingly popular during recent years.

Novel technologies are currently applied to monitor different aspects of physical, cognitive and social aspects of activity. In this research seminar, we wish to present and discuss a variety of methods currently applied to monitor activity in rehabilitation.

Purpose

We will discuss the relevance, advantages and limitations of different tools applied for activity monitoring.

Methods and content

The seminar will last for 1 hour during the Rehabilitation World Congress with four individual video presentations from rehabilitation researchers and subsequent discussion.

We wish to invite people working with and/or interested in research on activity monitoring.

Methods presented will comprise Actigraphy and other accelerometer-based methods, Behavioural mapping, Time Geographic Analysis and others.

The four video presentations will cover recent and ongoing research and applied methods for activity monitoring by 4 researchers within the field of neurorehabilitation from Hammel Neurorehabilitation Center and University Research Clinic, Hammel Region Midtjylland, Denmark

Perspectives

Activity monitoring can be applied to evaluate recovery of functioning, and to detect and prevent physical deterioration or activity deprivation. Activity monitoring provides valuable insights into spontaneous daily life activities. However, considerations of the type of information, its meaningfulness and validity are essential. Furthermore, ethical issues of privacy and data security should be taken into consideration. With this seminar, we wish to facilitate in-depth reflection on the different methods for activity monitoring within research.

Abstract No. 49

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Assistive Technologies, September 8, 2021, 10:00 - 11:00

I can do more, when i stand - Standing Wheelchairs

Project Manager Jacob Gohlke¹

¹Center for Assisted Living Technology - Municipality Of Aarhus, Aarhus, Denmark

Background

Wheelchair bound citizens spends most of their days in a seated position, which can lead to secondary complications, that leads to a decline in health and increased social costs. We aimed to prevent this decline in health by giving them an electric standing wheelchair, which allowed them to independently stand up at home, as it potentially can prevent contractures, improve bowel/bladder function, and give the citizens the ability to do more activities of daily living (ADL) independently.

Purpose

- To investigate, how standing up effects the citizens health, quality of life, independence, autonomy and participation in everyday life.
- To make an economic evaluation of the impact on the economy of the municipality.

Method

We included 8 citizens with neurological disabilities from 8 to 75 years of age. The citizens were monitored for a year.

Results

The standing wheelchair provided the younger citizens (<18) new possibilities to participate more and in new ways in their ADL and in social situations, but it did not make them independent of help from adults. The citizens experienced a positive impact on their quality of life and health (constipation and joint mobility). The size of the standing wheelchair was the greatest barrier in the adult group, as it limited their ADL. The standing wheelchair worked better in the young group than their usual standing frame, as it was easier to stand up, they could be more active in the process and they reduced the amount of transfers needed.

Conclusion

The citizens could not “do more, when they stand”, but they could participate more and they were feeling better, when they were standing. The use of a standing wheelchair in the young population can provide an increased quality of care for approximately the same price the municipality spends on wheelchairs and standing frames today.

Abstract No. 51

Poster Presentations (60) - Health and Function 3, September 9, 2021, 10:00 - 11:00

Safety Of Blood-Flow Restricted Exercise in Individuals With SCI

Physiotherapist, MSc, Ph.d. Student Anette Bach Jønsson^{1,2}, MSc, PhD, Professor PerAagaard³, MD, PhD, Associate Professor Helge Kasch^{2,4}, MD, PhD, Clinical Associate Professor Kåre Eg Severinsen^{1,2}, MD, PhD, Clinical Professor Jørgen Feldbæk Nielsen^{1,2,5}

¹Spinal Cord Injury Centre Of Western Denmark, Viborg, Denmark, ²Department of Clinical Medicine, Aarhus University, Aarhus, Denmark, ³Sport and Science & Clinical Biomechanics, University of Southern Denmark, Odense, Denmark, ⁴Department of Neurology, Viborg Regional Hospital, Denmark, Viborg, Denmark, ⁵Hammel Neurorehabilitation and Research Centre, Denmark, Hammel, Denmark

Spinal cord injury (SCI) is a life-changing devastating condition. SCI implies reduced quality of life (QoL) and physical functioning (PF). Improvement of residual motor function and prevention of muscle loss are pivotal for a successful recovery. Low-intensity blood-flow restricted exercise (BFRE) is a promising new and safe form of low-tension muscle training. Increased muscle strength, hypertrophy and improved PF incl. enhanced gait performance have been reported with BFRE in other patient groups with motor disability. Study Aim: 1) To investigate the safety of BFRE on changes in blood pressure and blood markers of coagulation. 2) To investigate the feasibility of a BFRE protocol intended for a randomized controlled trial. Methods: Three participants with a subacute and three with a chronic SCI participated in a two week period of BFRE twice/weekly. Training sessions consisted of a five minutes warm-up followed by 30x15x15x15 repetitions of seated leg extensions and leg curl leg performed with pneumatic limb occlusion corresponding to 40 % of seated arterial occlusion pressure. Continuous blood pressure (BP) and heart rate were monitored at every training session. Blood samples were obtained pre and post the first and last training session. Analysed blood markers: Fibrinogen, D-dimer and high sensitivity C-reactive protein. Inclusion criteria: SCI level lower than Th7, age \geq 18 years, exhibit a grade 2, 3 or 4 muscle function of the knee flexors and/or extensors, classification of grades A, B, C or D on the International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI) scale. Perspectives: If the results indicate BFRE as a safe and effective training strategy for people with SCI, we see great prospects in using BFRE in the rehabilitation in highly specialized rehabilitation units, clinics and in the citizen's own home. Thereby helping to raise the QoL for the individual with spinal cord injury.

Abstract No. 52

Outdoor Rehabilitation - Oral Presentations (60) - Benefits of Outdoor Activities, September 7, 2021, 13:30 - 14:30

More Outdoor Rehabilitation for Everyone at Unicare Bakke

Physiotherapist With A Masters Degree In Landscape Architecture Lotta Lundmark Alfredsson¹

¹Unicare Bakke, Halden, Norway

Background/Introduction

Being outdoors is a matter of course for most people, but not for people with various impairments. Patients at the rehabilitation centre Unicare Bakke in Norway, have conveyed that they are no longer outdoors, due to insecurity. To contribute and hopefully make the patients more secure, Unicare Bakke has run a two-year project called «More outdoor rehabilitation for everyone at Bakke».

Purpose

The purpose of the project was two-folded, to improve the outdoor rehabilitation routines and to improve the outdoor area in relation to accessibility.

Method and content

Questionnaires, walk through interviews, dairies and filming patients with various physical function were methods used to analyse the outdoors and needs of patients and staff. The result was used as a basis when creating a two-folded action plan.

In May 2018 weekly outdoor rehabilitation started, with focus on walks of different lengths. Parallel, actions were taken to improve the physical accessibility of the outdoors, where the most prioritised were creating paths and get more furniture.

The project has been evaluated by using a patient questionnaire.

Perspectives

The result of the evaluation so far is:

How important is it for you get outside in your everyday life? Average 4,49 (214 answers and 5 is the highest). How important is it for you to get outdoor training if you are in rehabilitation? Average 4,14 (226 answers) Do you think that the outdoor rehabilitation has contributed to your being safe on going outdoors at home? 3,95, 50% score 5 (64, was added later).

The result indicates that outdoor rehabilitation is an important tool for health professions in order to empower the patients to go outside on their own and thus get the health enhancing effects of being outdoors.

Abstract No. 54

Work and Employment - Oral Presentations (90) - Multidisciplinary Interventions, September 9, 2021, 14:30 - 16:00

Moving Societies in the Workplace since 2013- Maintaining Productivity

Doctor Anne Sophie Marsolais¹

¹*Consultants Et Expertises En Médecine Du Travail Et Addictions (CEMTA)/ Clinic Nouveau-Départ Edgewood Health Network, Montréal, Canada*

Background: As a physician with an expertise in addiction rehabilitation in approximately 30 enterprises representing more than 100,000 employees, I initiated a procedure grouping employees, community organizations, professional service providers, employers and unions. Installed in 2013 in a workplace of 2800 workers, we have significant results in supporting individuals with addiction and productivity issues.

Purpose: The procedure consists of providing coaching to workers in search of help and support, and educating employers and unions on how to assist and accommodate colleagues in need. This procedure mobilizes multidisciplinary providers of the community, rehabilitation institutions and the workplace with the ultimate goal to regain productivity and provision.

Method: From 2013 till today, our analysis reveals that a great majority of workers with addiction issues improved their ability to be productive. The employer convened 21 workers for an evaluation because of their great difficulties in regards of performance, behaviour and/or attendance in the workplace. The diagnosis involved in these cases is addictions. The partners of our procedure are the: individual, addiction rehabilitation centres, community mental health organizations, health office of the workplace, human resources department and the union. We destigmatize addictions by breaking barriers and promoting inclusion. These individuals were followed for a minimum of 12 months in their workplace. 81% of workers adhered to the procedure and regained their productivity. Of these workers, 94% maintained abstinence from their addiction and remarkably improved their working abilities. Of the 21 workers, three unfortunately failed to regain their productivity due to their refusal to adhere to the group's recommendations. Only one worker relapsed of his addiction since the procedure installed in 2013.

Conclusion: This inclusive procedure is an important investment in preserving dignity and maintaining the ability to be productive. We go beyond the diagnosis and the prejudices, we have moved societies since 2013.

Abstract No. 58

Health and Function - Oral Presentations (90) - Veterans and Victims, September 7, 2021, 14:30 - 16:00

A Response for Victims of Crime with Disabilities

Deputy Director Leigha Shoup¹, Executive Director Katherine Yoder

¹*Adult Advocacy Centers, Columbus, United States*

This presentation introduces audience members to the Adult Advocacy Centers (AACs), a new model of services created to support adults with disabilities who have been abused. Ohio is the first state in the nation to develop centers that will be equipped to provide holistic, accessible, and trauma-informed services for adult crime victims with disabilities in a universal and multisensory environment. With local and state wide support, Ohio is committed to working toward equality in the field of victim services. To provide these services, the AACs will facilitate multi-disciplinary teams (MDTs) within local communities. The AACs' Multi-disciplinary teams (MDTs) include the following: local county boards of developmental disabilities, mental health agencies, AAC staff counsellors, victim service agencies/advocates, law enforcement agencies, prosecutors, medical staff, adult protective services, and other agencies, as needed. This presentation will highlight some of the essential services provided through the MDTs and how to coordinate the services in order to ensure that crime victims with disabilities are supported in a comprehensive and trauma-informed manner. Some of these services include the following:

- Forensic interviews by highly-trained and skilled investigators
- Forensic medical exams conducted by forensic nurses who specialize in working with crime victims with disabilities
- Connection to law enforcement agencies
- Early connection to prosecutors
- Mental health screenings, consultations, and services

At the end of the presentation, audience members will leave with a greater understanding of the various needs of crime victims with disabilities and how the AACs unique design and collaborative efforts will ensure equal accessibility to necessary investigative, prosecutorial, and treatment services when there are allegations of abuse and neglect. People with disabilities who have been victims of abuse or neglect deserve to have their needs met in a holistic manner and remain at the center of the investigation and treatment plan.

Abstract No. 59

Health and Function - Seminar (90) - Acute Pulmonary Embolism, September 7, 2021, 14:30 - 16:00

Rehabilitation for Patients with Acute Pulmonary Embolism.

Physiotherapist, PhD Nanna Rolving¹, Physiotherapist, PhD Barbara C Brocki², Physiotherapist Jannie Rhod Bloch-Nielsen¹, MD, Professor Torben B Larsen³, Physiotherapist, MHSc Frank L Jensen⁴, Nurse Hanne R Mikkelsen¹, Physiotherapist Pernille Ravn¹, MD, DMSc Lars Frost^{5,6}

¹ Diagnostic Center, Silkeborg Regional Hospital, Silkeborg, Denmark, ²Department of Occupational Therapy and Physiotherapy, Aalborg University Hospital, Aalborg, Denmark, ³Thrombosis & Drug Research Unit, Department of Cardiology, Aalborg University Hospital, Aalborg, Denmark, ⁴Department of Physical and Occupational Therapy, Regional Hospital Herning, Herning, Denmark, ⁵ Department of Cardiology, Diagnostic Center, Silkeborg Regional Hospital, Silkeborg, Denmark, ⁶Department of Clinical Medicine, Aarhus University, Aarhus, Denmark

Background: Survivors of an acute pulmonary embolism suffer long-term negative physical and mental consequences. The effects of rehabilitation have not been investigated for these patients.

Purpose: To investigate the effect of a rehabilitation intervention, comprising 8-week home-based exercise program in addition to nurse consultations, on physical capacity and patient-reported outcomes in patients with an acute pulmonary embolism.

Method and content: A multicentre randomized controlled superiority trial with 6 months follow up.

Four regional hospitals and one university hospital in Denmark.

The primary outcome was the Incremental Shuttle Walk Test and secondary outcomes were the Pulmonary Embolism Quality of Life and the EuroQol 5 Dimensions; sick leave days; and use of psychotropic drugs.

Participants: 139 patients diagnosed with an acute pulmonary embolism were enrolled during April 2016 to February 2018.

Interventions: Patients in the control group received a brief nurse consultation while patients in the exercise group participated in an 8-week home-based exercise program in addition to the nurse consultations.

Result and Perspectives: Both groups achieved highly significant improvements in all outcomes. Between-group differences were in favour of the exercise group, with a mean difference of 25 meters (95%CI -20;70) on the ISWT, 3.0 points (95%CI -3.7; 9.9) on the PEmbQoL, and 0.017 points (95%CI -0.032; 0.065) on the EQ-5D, although not reaching statistical significance. Of those on sick leave at baseline, 89% in the exercise group and 94.5% in the control group reported fit-for-duty at the 6-month follow up (P = 0.493).

Conclusion and relevance: An 8-week home-based exercise program in addition to nurse consultations showed a tendency towards better outcomes in terms of physical capacity and quality of life, although not reaching clinical or statistical significance. Initiating an exercise intervention shortly after pulmonary embolism was safe and without adverse events.

Abstract No. 60

Children / Youth and (Re-)habilitation - Oral Presentations (60) - Parents to Children with Rehabilitation Needs, September 9, 2021, 12:30 - 13:30

Being a Parent with Reduced Functional Capacity

Occupational Therapist, Master In Social Integration Ann-Lisbeth Højberg¹, Occupational therapist Pia Myrup¹

¹The National Rehabilitation Centre for Neuromuscular Diseases, Aarhus, Denmark

Literature describing the challenges facing parents with reduced functional capacity is sparse. The aim of this study was to explore everyday life experiences and perspectives on challenges of parents living with neuromuscular disorders (NMD) and identify important elements to take into consideration for the couples and their health professionals. 27 parents to children up to three years of age (17 with NMD and 10 without NMD), were included in this study.

Three types of semi-structured interviews were applied to ensure triangulation of data: four dyad interviews with couples where one part had NMD, two focus group interviews with people with NMD, and seven individual interviews with partners to people with NMD. The data analysis was guided by the Interpretive Description methodology and Antonovsky's Sense of Coherence Theory.

The findings illuminated five categorical themes: (1) Enforced Dilemmas symbolized how the couples when choosing to become parents went through guilt and dilemmas due to the possibility of passing on the NMD. (2) Reflections on Bodily Ability represented the effect that pregnancy and parenthood had on the body when living with a NMD. (3) Concept of Normality symbolized the concerns the parents had about 'not being good enough' or 'normal enough'. (4) Experience of Dependency related to being dependent on especially the other parent, relatives or the children. (5) No One to Mirror linked to the rarity of the MND which made it difficult to find other families to mirror or to get advice from professionals. The findings illuminate important elements to take into consideration for couples with one part with NMD or when being a health professional supporting and providing knowledge for the families. The obtained knowledge has been published on the centre's website under headings such as: Considerations before getting pregnant, Everyday Life, Pregnancy and birth and Support and Counselling.

Abstract No. 63

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Technology and Case-management in Rehabilitation, September 7, 2021, 13:30 - 14:30

The Weller-Database: IT-Tools to Manage a Rehabilitation Process

Case Manager; Member Of The Software Development Board Katharina Scheidet¹

¹Bg Rci, Heidelberg, Germany

The Weller-Database is able to provide a highly accurate prognosis of the expected recovery time, assuming there are no complications in the healing process. An ever increasing number of cases, documented in the Accident Insurance Controlling Database provides more data for the system to learn from. This results in a more accurate prognosis with each system update.

Weller accomplishes a forecast of accident-related inability to work in the case of a normal rehabilitation process. It gives a target forecast as marker in the therapy and the rehabilitation process.

Furthermore, Weller is a resource for efficient control and monitoring of the therapy. Therefore, Weller shows an early identification of deviations from normal process and gives the case manager the possibility of an early intervention in the therapy.

With the Weller graphical plan, the case manager get a medical expert knowledge to control the therapy, for example helpful information on findings, injuries, characteristics, diagnosis, alternative therapies, complications or therapy options.

A standardized processing of the injury characteristics allows the early identification of disturbances in the rehabilitation process and thus an early intensification of the medial treatment. Therefore, the healing process is going to be improved. The fitness to work is restored more quickly and that way the work time loss of the injured person can be reduced in many cases. Weller has great potential for portability to other countries and sectors for accident insurances all over the world.

Abstract No. 64

Approaches, Concepts and Theories in Rehabilitation - Oral Presentations (60) - Concepts of Rehabilitation, September 7, 2021, 10:00 - 11:00

The RCFM-Model: Specialized Counselling, Collaboration and Research on Neuromuscular Rehabilitation

Dr Charlotte Handberg¹

¹National Rehabilitation Center for Neuromuscular Diseases and Aarhus University, Aarhus C, Denmark

People with neuromuscular diseases (NMD) are prone to inequalities in health, mainly because of early determinants of life affecting their health and social position, the progressiveness of their disease and early loss of functioning. People with NMD therefore have a continuous need for highly specialized rehabilitation. Inequality in health can lead to difficulties in navigating in an intersectional healthcare system, for example related to seeking medical treatment or coordinating care and treatment. Inequality can be exacerbated by a lack of rehabilitation, and therefore hospital and primary care efforts are needed to target especially vulnerable people with chronic illnesses such as NMD.

The National Rehabilitation Center for Neuromuscular Diseases (RCFM) is a highly specialized rehabilitation hospital - specializing in rehabilitation and research in the rare and complex field of NMD. The RCFM Rehabilitation Model comprise knowledge and counselling on everyday life for people with NMD. The professionals at the center work in multidisciplinary specialist rehabilitation teams, and function as facilitators on coordinating rehabilitation in close cooperation with the people with NMD and professionals in the health, social and educational sectors. RCFM's research is profoundly founded in the needs of the people with NMD and published in scientific journals.

The purpose of this presentation of the RCFM Rehabilitation Model is to underline the benefits of intersectional collaboration, efforts and research in the field of neuromuscular rehabilitation in disconnected health systems. We aim to add to the understanding of the core elements of the model which are important in the healthcare collaboration that can ensure high quality of specialized rehabilitation for those people with neuromuscular disorders in need. The focus will be on intersectional collaboration among RCFM, people with NMD, the primary care settings and hospitals with the goal to present a model for how rehabilitation efforts and coordination can be conducted.

Abstract No. 68

Innovative and Assistive Technologies in Rehabilitation - Keynote (60) - Virtual Reality Rehabilitation in Moving Societies, September 7, 2021, 12:30 - 13:30

Virtual Reality Rehabilitation in Moving Societies

Dr, Associate Professor Anthony Brooks¹

¹Aalborg University, Aalborg, Denmark

The contribution 'Virtual Reality (VR) Rehabilitation in Moving Societies' will open by presenting a history of VR including the technology adoption lifecycle (a sociological movement model) and uptake in the healthcare industry. A focus on rehabilitation will follow whereby the speaker's over three decades' body of work acts as the presentation vehicle to illustrate contribution to the movement and targeted societal impact. Pros and cons of rehabilitation intervention utilising VR are discussed aligned to optimised patient-centric (and therapist) experiences and motivation. The research has been responsible for national/international awards, national/international funded projects, industry start-ups, commercial product, and published patents. First published at The World Congress for Physical Therapy (WCPT) 1999, Yokohama, Japan, the research now has over 200 publication credits (books, journal articles, conference papers etc.).

Evaluations by medical professionals are of evidence-based positive outcomes. Such assessments are exemplified by a third-party independent randomised intervention study of the commercial product resulting from the research whereby the two physiotherapists reported "the computer feed-back training group showed a marked improvement that was up to 400% in the training specific performance". Conclusions were that "The computer feedback group showed a remarkable increase in training specific performance. Clinical Rehabilitation Impact." (Hagedorn & Holm, 2010)

The presentation will close by presenting the published (Healthcom 2005, Korea - see Brooks 2010) synthesised emergent model for intervention and assessment that is posited as grounding for elite rehabilitation therapist certification in digital technology competence.

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Abstract No. 69

Research in Rehabilitation - Oral Presentations (90) - Tools, September 7, 2021, 14:30 - 16:00

Afferent Efferent Neural Feedback Loop Closure via Digital Technology (Re)habilitation

Dr, Associate Professor Anthony Brooks¹

¹*Aalborg University, Aalborg, Denmark*

A mix'n'match (re)habilitation system supplementing traditional therapeutic intervention (i.e. supporting the healthcare professional) as a part of a treatment programme was realised. The method and apparatus originated in the 1990s (Brooks, 1999, 2005, 2010, 2011...), including field studies with numerous therapists testing across patients with wide range of diagnosis, which subsequently led to adoption and uptake. Researches in Denmark include a six-year project funded by the government at The Centre for Rehabilitation for Brain Injury, Copenhagen during which a top international award was received by the speaker. The speaker was also awarded the top Danish Vanførefonden 2006 prize for the research. The concept focuses upon achieving Afferent Efferent Neural Feedback Loop Closure as a (re)habilitation intervention strategy utilising directly interactive multimedia. This is targeted using digital technology interface(s) and content that best fit each patient and targeted healthcare outcome. Within the systemic approach increased data collection of the user and facilitator interactions in each session become available - both from system and human perspectives (e.g. selected components/content, incremental challenges tasked, moments of change, responses, experiences, motions, etc.). Such data collection offers information on efficiency and effectiveness of the (designed and conducted) intervention: Assessment follows each session. Systematic evaluation of each session determine the iterative design of the next intervention such that a tailored personalised programme becomes available for each individual aligned to needs, preferences and requirements. Through this, an emergent model has been developed that is freely available for critique and evolution by healthcare professionals (Brooks, 2005/2010). As well as offering that intervention becomes more fun, playful, enjoyable and sociable (for both patient and facilitator); increased motivation, compliance, and measurable outcome can offer new opportunities within (re)habilitation. The research is ongoing and communication on project consortia partnership collaborations are welcomed.

Abstract No. 71

Community-based Rehabilitation - Master Class (60) - A Framework for Community-based Rehabilitation, September 7, 2021, 13:30 - 14:30

Community Reification of the Strengths and Gifts of People.

Dean, College of Rehabilitation Sciences Reg Urbanowski¹

¹*University of Manitoba, Winnipeg, Canada*

Moving societies requires action that integrates existing values and beliefs about meaningful living in the community. This is especially true in rural and rural remote areas where rehabilitation, especially community rehabilitation is often sparse. Moving societies requires us to focus on the strengths and gifts that people with disabilities bring to their community. A framework that affects local and regional policy, programs and community perspectives can be used as a catalyst to achieve this. This master class will focus on how to integrate rehabilitation and inclusive community development principles in rural and remote areas while focusing on people's strengths and gifts that they bring to these communities. The framework uses concepts from community-based inclusive development, anti-oppression, subjective well-being and meaning-making literature together with models of meaningful living. The goal of the seminar is to help participants to conceptualize a plan of action to implement the framework in their practice. This seminar is for people who want to foster inclusion of people with disabilities who live in rural and remote areas, especially in areas where formal support services are sparse or non-existent. It will also be of interest to persons who wish to affect local and regional policies that impact the integration of people with disabilities in these communities. A portal with personal narratives from people with disabilities, their families and community members will be made available for the MCL for use by people before, during and after the presentation. Project examples that use peer training and volunteer community animators will also be presented. The presentation will be organized as follows: a 25-minute lecture, a 10-minute rapid self-reflection exercise, and a 25-minute guided group dialogue. By the end of this session, participants will learn how to build a plan to apply the framework in their communities.

Abstract No. 72

Health and Function - Oral Presentations (60) - Stroke 2, September 7, 2021, 12:30 - 13:30

Promoting an Autonomy-Supportive Environment, in Acute and Post-acute Stroke Rehabilitation.

Dr Eldad Grinberg¹

¹*Center for Rehabilitation Of Stroke And Brain Injured Patients, Israel*

In order to improve his or her capabilities, a patient in stroke rehabilitation needs to demonstrate active participation and motivation by reaching out to the various therapies, collaborating with the team and understanding and executing the activities and guidelines. All this while coping with the significant change in his life and the calamitous transition from being a functioning person to a person in need of help in his daily functioning. Problems can arise when healthcare providers focus on the person's biomedical issues and neglect his or her psychosocial needs, which can lead to poor motivation and disengagement from therapy. This person may demonstrate depression, decreased participation and limited functional abilities, and eventually, he or she might be regarded as a rehabilitation failure.

One of the theories that can be applicable for explaining why some stroke survivors struggle with the psychosocial adjustment is the Self-determination theory (SDT). The SDT states that the environment in which a person acts provides a climate that can facilitate inner motivation and fulfilment. An environment that promotes motivation is an environment where one experiences satisfaction with three basic psychological needs, the basic need for independent choice (autonomy), the basic need for being able to do what one chooses (competence), and the basic need for belonging (relatedness). The environment in post-acute rehabilitation settings can, therefore, be a challenging or needs-depriving environment and as such negatively affect the intrinsic motivation of those hospitalized.

Thus, we will present an educational program for health-care providers in post-acute rehabilitation that will teach the evaluation and the creation of a needs-supporting environment to promote patient's therapeutic engagement, their perception of the rehabilitation environment, and the rehabilitation outcomes

Abstract No. 73

Community-based Rehabilitation - Master Class (60) - Integrated Framework of Well-being, September 8, 2021, 12:30 - 13:30

Integrated Framework of Well-being

Dean, College Of Rehabilitation Sciences Reg Urbanowski¹

¹*University of Manitoba, Winnipeg, Canada*

There are many different frameworks and models that consider community, familial or personal well-being and forms of engagement that people can have with others. Rehabilitation in orthodox circles is tied to restorative care or therapies. The integration of rehabilitation as an integral part of well-being and engagement in individuals and communities has not been achieved. This has created adverse policy and program reactions to innovative solutions to maximizing well-being for individuals with disabilities and their communities. The lack of integration has led to a siloed approach to policies, programs and perspectives. A new perspective and new approach are needed to create a state of punctuated equilibrium in the (re)habilitation of and by people in their communities. This master class will present an integrated well-being framework that brings together concepts from the anti-oppression, soft power, smart power, freedom, achievement, situational meaning, subjective well-being, (re)habilitation and occupational justice bodies of literature. The nexus, or touchpoints, of all of these concepts is meaningful engagement. In the context of (re)habilitation, this refers to how an individual realizes their role in the community. The community could be an institution, family, village or workplace. Meaningful engagement includes the discovery of shared values and dissonant beliefs about ability and ableism. By the end of this session, participants will: be able to describe the framework presented in their own words; have completed a rapid assessment of their environment to determine how meaningful engagement is facilitated or impeded in their context; developed a high-level action plan describing the next steps in implementing the framework in their context. The session will consist of a 40-minute lecture, a 10-minute rapid assessment, 40 minute discussion period and a 10-minute summary planning. Participants will be introduced to a portal where material, ideas and thoughts can be shared post-congress.

Abstract No.75

Poster Presentations (60) - Health and Function 3, September 9, 2021, 10:00 - 11:00

Territory-wide School Support Project for Hong Kong Students with Autism

Dr Hannah Man-yan Tse¹, Dr Kathy Wong¹

¹*The University of Hong Kong, Hong Kong*

Background/Introduction

The rising number on autism spectrum disorder (“ASD”) increases demand on lifelong rehabilitation services. As early intervention is particularly important for people with ASD, helping them to adapt well in school is a key early step in rehabilitation.

Purpose

To study the effectiveness of a school-based support model developed to facilitate school adaptation of students with ASD in Hong Kong with the following characteristics:

1. Non-governmental organizations (“NGOs”)’ professionals to provide school-based support services to ASD students, their peers, teachers and parents;
2. Small-group spiral training to students with ASD, using evidence-based strategies targeting important aspects for school adaptation: social, emotional regulation and learning skills;
3. Capacity building of teachers and NGOs’ professionals in supporting students with ASD.

Method and content

Started in 2015, we collaborated with the Education Bureau and 8 NGOs to develop the first large-scale school-based support programme, a six-year JC A-Connect school support project (“Project”) funded by the Hong Kong Jockey Club Charities Trust. The Project covers more than 50% of students with ASD attending mainstream schools in Hong Kong.

The NGOs provided school-based small group training with training objectives based on students’ need, as reflected by questionnaires assessing their learning, social and emotional skills. At least 18 hours of training are provided each year. School personnel are required to assist in the training to facilitate skill transference in schools. Teacher and parent consultation and peer activities that promote inclusion are also included. Significant improvement in school adaptation is found through comparing participants’ questionnaires rating before our Project with that at the end of the 4th year.

Perspectives

Our Project helps students with ASD adjust better in school. It also helps to inform policy changes in Hong Kong to regularize the support to ASD student with reference to our service model.

Abstract No. 76

Work and Employment - Keynote (60) - Return to Work: Models, Processes, and Outcomes in Vocational Rehabilitation, September 9, 2021, 12:30 - 13:30

Return to Work: Models, Processes, and Outcomes in Vocational Rehabilitation

Professor Reuben Escorpizo¹

¹*University of Vermont, Burlington, United States*

Background

In the world, disability is prevalent and burdensome and if it impacts one's ability to engage in employment will result in productivity loss and decreased quality of life and well-being. The United Nations, the World Health Organization, and the International Labour Organization all advocate for workers' health and has policies in place to facilitate return-to-work for people with any kind of disability. However, we lack concrete application of a comprehensive and biopsychosocial approach to work disability.

Purpose

Hence, the purpose of this key note session is to provide a return-to-work model consisting of a focused intervention based on a comprehensive assessment of people with work disability.

Method

A three-step approach is planned. (1) International trends in work disability and the application of WHO's ICF and ILO policies will be discussed, followed by (2) assessment procedures to properly capture work disability in people with physical and/or mental-related disability. This will then be followed by a (3) synthesis of evidence-based return-to-work interventions that embody multidisciplinary and multi-stakeholder approach in combatting and preventing future "worker" disability.

Perspectives

The presentation will demonstrate a battery of worker-reported outcome measures along with "objective" measures to assess work disability as a result of empirical investigation. Results from these measures will be demonstrated in a case example linked to targeted return-to-work intervention involving the worker, family, employer, and vocational rehabilitation providers.

Conclusion

The presentation will demonstrate sound application of return-to-work principles in their practice, research, and teaching. Therefore, the session would meet ALL five perspectives of the individual, scientific, professional, society, and policy within the context of a sensible worker-driven disability strategies. Further efforts are encouraged to implement an impactful return-to-work strategy in respective local settings of the participants.

Abstract No. 77

Health and Function - Seminar (90) - Sexual Health Rehabilitation 3, September 9, 2021, 14:30 - 16:00

Health Care Professionals' Competences to Address Sexual Health in Rehabilitation

PhD Fellow **Helle Gerbild**^{1,2}, PhD. Kristina Areskoug-Josefsson^{3,4}

¹UCL, University College, Odense M, Denmark, ²Centre for Sexology Research, Department of Clinical Medicine, Aalborg University, Aalborg, Denmark, ³Department for Behavioural Science, Oslo Metropolitan University, Oslo, Norway, ⁴Jönköping Academy For Improvement of Health And Welfare, Jönköping University, Jönköping, Sweden

Patients in rehabilitation are often affected on their sexual health, caused by diseases, disabilities, consequences of treatment and side effects from medication. Patients accept and want health professionals to address sexuality, and to include sexual health issues in rehabilitation. However, the patients' needs are often neglected due to the double taboo connected to issues of sexuality and sexual health. Health professionals often lack education, competences and training in addressing sexual health, and current research shows that students in health care professions are insufficiently trained to address sexual health in their future professions. Thus, there is a risk for persisting unmet needs, unless changes in curricula and continuous professional development in sexual health rehabilitation is promoted.

The purpose of the seminar is to improve the awareness of a positive attitude to sexual health as a part of health care professional rehabilitation to improve patients' quality of life. The seminar includes participants' self-assessment of their current attitudes and perceived readiness and competence in addressing sexual health in rehabilitation. How are the participants' competences and readiness in addressing sexual health in rehabilitation?

The seminar presents current research-based knowledge on the fields: Health care professional's attitude towards addressing sexual health in their practical rehabilitation work – and a measurement tool.

The starting point is the participants own practice area and own context:

- Presentation of the "Professionals Attitude towards addressing Sexual Health" (PA-SH) questionnaire
- What are my facilitators in addressing sexual health in rehabilitation?
- What are my barriers in addressing sexual health in rehabilitation?
- What do I need, as a professional, to overcome the double taboo of the topic?
- How are my competences to address sexual health?
- What will I do to improve my competences to address sexual health?

Abstract No. 78

Health and Function - Seminar (90) - Sexual Health Rehabilitation 1, September 7, 2021, 14:30 - 16:00

Basic Education in Sexual Health Make a Difference

PhD Fellow Helle Gerbild^{1,2}, PhD. Kristina Areskoug-Josefsson^{3,4}

¹UCL, University College, Odense M, Denmark, ²Centre for Sexology Research, Department of Clinical Medicine, Aalborg University, Aalborg, Denmark, ³Department for Behavioural Science, Oslo Metropolitan University, Oslo, Norway, ⁴Jönköping Academy For Improvement Of Health And Welfare, Jönköping University, Jönköping, Sweden

This controlled trial explored that health care professional students participating in a 2-week course in Sexual Health Rehabilitation significantly and sustained improved their experienced competence and readiness towards addressing sexual health in their future professions. The validated questionnaire Students' Attitudes towards Sexual Health-Danish version (SA-SH-D), was used to measure the students' attitudes at baseline before the course, after the 2-week course and 3 months after completing the course. Participation in the Sexual Health Rehabilitation course significantly changed the health care professional students' attitudes; decreasing their fears of offending the patients and increasing their feelings of comfort in communicating about sexual health with future patients. The results sustained during the follow-up period of 3 months, and those results were not seen in the control group. The health professional students' enhanced competences in addressing sexual health can contribute to improvements of their future patients' sexual health rehabilitation. Minimum, a 2-week sexual health course should be an obligatory part of all basic health care professional programmes.

- Which themes did the course in sexual health rehabilitation consist of?
- How can we include sexual health rehabilitation in basic health educational programmes?
- How can we sneak in sexual health rehabilitation in basic health educational programmes?
- How can I improve my competences in sexual health rehabilitation?

Abstract No. 79

Health and Function - Master Class (60) - Physical Activity as Sexual Health Rehabilitation Interventions, September 7, 2021, 11:00 - 12:00

Physical Activity as Sexual Health Rehabilitation Interventions

PhD Fellow Helle Gerbild^{1,2}, PhD Kristina Areskoug-Josefsson^{3,4}

¹UCL, University College, Odense M, Denmark, ²Centre for Sexology Research, Department of Clinical Medicine, Aalborg University, Aalborg, Denmark, ³Department for Behavioural Science, Oslo Metropolitan University, Oslo, Norway,

⁴Jönköping Academy For Improvement Of Health And Welfare, Jönköping University, Jönköping, Sweden

This Master Class presents evidence based sexual health rehabilitation interventions for patients with chronic conditions - cases presenting physical activity examples to improve sexual health rehabilitation for women living with rheumatological diseases and for men living with vascular diseases. Chronic diseases affect patients' sexual health; however, health care professionals often neglect sexual health in rehabilitation. The special focus is how to include sexual health in the rehabilitation and give participants practical guidelines on how to do this through the examples from research and clinical practice. Participators in this master class will obtain competences and knowledge to improve sexual health rehabilitation, useful in their clinical practice. This includes practice perspectives on ethics, documentation, planning and evaluation of sexual health rehabilitation interventions. The masterclass consists of two sessions, first a session with a general focus on sexual health rehabilitation and then an additional session with specific physical activity rehabilitation focus to improve sexual health of women with rheumatological diseases as well as men with cardiovascular diseases.

Abstract No. 80

Health and Function - Seminar (90) - Sexual Health Rehabilitation 2, September 8, 2021, 14:30 - 16:00

How to Address Sexuality in Health Rehabilitation Practice?

PhD Fellow Helle Gerbild^{1,2}, PhD Kristina Areskoug-Josefsson^{3,4}

¹UCL, University College, Odense M, Denmark, ²Centre for Sexology Research, Department of Clinical Medicine, Aalborg University, Aalborg, Denmark, ³Department for Behavioural Science, Oslo Metropolitan University, Oslo, Norway,

⁴Jönköping Academy For Improvement Of Health And Welfare, Jönköping University, Jönköping, Sweden

The purpose of the seminar is to promote the professionalization of sexual health rehabilitation, sexual health rehabilitation interventions and involvement of sexual health rehabilitation as a part of health professional rehabilitation practice to improve patients' quality of life. Based on the patients' sexual health rights the seminar presents how an established communication model (PLISSIT) can be used in communication with the patients when addressing sexual health in rehabilitation. The seminar presents current research-based knowledge of the field: 'Communication on sexual health in rehabilitation - reducing barriers and facilitating rehabilitation of sexual health by using the PLISSIT model. The PLISSIT model is used for practical testing, practice in communication about sexual health rehabilitation, promoting sexual health and involving sexual health in rehabilitation interventions.

The starting point is the participants' own practice area, and the participants' practice communication based on the PLISSIT model:

- Presentation of the PLISSIT model
- How does illness affect sexuality and sexual health?
- How can I, as a professional, communicate with patients about sexual health rehabilitation?
- What sexual health rehabilitation interventions can I offer patients?
- Which lifestyle interventions are useful to promote to enhance sexual health?

Abstract No. 81

Health and Function - Seminar (90) - Sexual Health Rehabilitation 3, September 9, 2021, 14:30 - 16:00

What do Master Students Focus on Regarding Sexual Health?

Associate Professor Gerd Lunde¹, Associate Professor Kristina Areskoug-Josefsson²

¹Oslo Metropolitan University, Oslo, Norway, ²Jönköping Academy for Improvement Of Health And Welfare, Jönköping University, Jönköping, Sweden

What do master students (working in practice and studying part-time) focus on regarding sexual health. Presentation of layout, didactics and thematically analyzed practically useful learning outcomes of an online post graduate higher education course.

To promote, optimize and include sexual health in rehabilitation, there is a need to comprehend what sexual health is and why it is important to integrate sexual health in rehabilitation. This seminar gives examples from online sexual health education (OsloMet – Oslo Metropolitan University) promotes learning in important fields. There is a need to understand sexual health from various perspectives, and to include education.

Abstract No. 82

Health and Function - Seminar (90) - Sexual Health Rehabilitation 2, September 8, 2021, 14:30 - 16:00

Rehabilitation and Sexual Health - Developing Competences and Professional Practice

MScPH Caroline Elnegaard³, Ph.d. Fellow Helle Gerbild^{1,2}, PhD Jette Thuesen³

¹UCL, University College, Odense M, Denmark, ²Centre for Sexology Research, Department of Clinical Medicine, Aalborg University,, Aalborg, Denmark, ³REHPA; Danish Knowledge Centre for Rehabilitation and Palliative Care, University of Southern Denmark, Nyborg, Denmark

Rehabilitation health professionals need to develop their competences in the field of sexuality to accommodate the needs of the patients. The purpose of this seminar is to discuss how to develop, organize and evaluate courses in sexual health rehabilitation as well as content of the courses to meet rehabilitation health professional's needs. In this case, two municipal rehabilitation centers took part in a course on rehabilitation and sexual health. REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care conducted a quantitative and a qualitative evaluation, using the questionnaire: Danish version of Professionals' Attitude towards addressing Sexual Health (PA-SH-D) and focus group interviews, respectively. The content and organization of the course as well as results from the evaluations will be presented.

-How should courses in rehabilitation and sexual health be developed, organized and evaluated?

-What should courses in rehabilitation and sexual health consist of?

Work-directed Rehabilitation to Promote Work Capacity while Depressed and Anxious

Occupational Therapist, MS Kristin Lork¹, PhD Kristina Holmgren¹, PhD Louise Danielsson^{1,2}

¹Dep of Health and Rehabilitation, Institute of Neuroscience and Physiology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden, ²Angered Hospital, Gothenburg, Sweden

Background. Common mental disorders, such as depression, anxiety disorders and exhaustion syndrome, are major health problems and currently comprise the leading causes for sick leave in Sweden. Sick leave rates due to common mental disorders are increasing, mainly among young women. While psychotherapy and antidepressant medication reduce psychiatric symptoms, questions remain about how to effectively support and promote the capacity to work in common mental disorders. While occupational therapists and physiotherapists can promote well-being and participation in everyday life in many ways, interventions within these professions are, as yet, underexplored in common mental disorders.

Purpose. Most people with common mental disorders are working despite symptoms. This study explores individuals' experiences of a work-directed rehabilitation, provided by occupational therapists and physiotherapists, aiming to promote work capacity in persons with common mental disorders.

Method and content. A qualitative content analysis was used, and 11 women and 8 men with depression or anxiety disorder were interviewed during 2017 and 2018. They were 25-66 years old, had different occupations and were working full or part-time.

The participants experienced a process interpreted as increasing belief in one's capacity through supported reflection and practice. This theme reflects the shifting between 'reflecting' and 'doing' through rehabilitation and the growing hope for change. The increasing belief in one's capacity was developed through three stages, comprised of the categories: To be supported by a professional, To realise things about oneself and To try new strategies for change.

Perspectives. Strategies suggested by occupational therapists and physiotherapists have the potential to promote work capacity in people who are working while depressed and anxious. The results may deepen the understanding among rehabilitation professionals about the importance of a person-centred approach to people with common mental disorders, and to combine reflection and practical exercises to support the development of work-related strategies.

Abstract No. 86

Psychosocial Rehabilitation - Oral Presentations (60) - Biopsychosocial, September 8, 2021, 10:00 - 11:00

BackUp! A Psychotherapeutic Intervention for Adults with Acquired Brain Injuries.

Associate Professor Chalotte Glintborg¹, Ph.D student Cecilie Thøgersen¹, Associate professor Tia Hansen¹,
Research Assistant Olga Carlsen¹

¹Aalborg University,, Denmark

Objectives: Brain injury survivors are more likely to suffer from depression, adjustment disorders, anxiety, and post-traumatic stress disorder (PTSD) and are at a higher risk of committing suicide than those in the general population (e.g. Hesdorffer, Rauch, & Tamminga, 2009). Emotional difficulties following ABI are related to or result from the life changing ABI. These consequences may be underpinned and maintained by high self-criticism and shame alongside an inability to self-soothe. Compassion Focused Therapy was developed to address shame and self-criticism and foster the ability to self-soothe. Gracey and colleagues (Gracey et al., 2009; Gracey & Ownsworth, 2011) attempted to develop an evidence-based model that draws on a large body of research on the process of emotional adjustment post-injury. The concepts and clinical application of CFT have yet to be explored in depth with people with ABI. Therefore, we developed BackUp© which is a manual based short term psychological intervention for adults with acquired brain injuries. It combines elements from Compassion Focused Therapy, Cognitive Behavioural Therapy, Mindfulness and Narrative perspectives adjusted to the ABI population.

Methods: This study is a small feasibility study that employed a multiple single case design with self-report measures. Two clients with moderate or severe ABI received psychological intervention according to the Backup programme (12 sessions). Self-report measures of anxiety and depression (HADS), quality of life (WHO5) and self-compassion (Neff-SCS) were collected pre and post programme and analyzed using paired t-tests.

Results: Final results will be presented at the conference and discussed in the light of current neurorehabilitation based on the bio-psycho-social model.

Abstract No. 87

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Apps and Gamification, September 9, 2021, 10:00 - 11:00

The Effectiveness of Motion Controlled Videogames in People With Cerebral Palsy

Occupational Therapy Specialist Truls Johansen¹, PhD Per-Ola Rike¹, PhD Vegard Strøm¹

¹*Sunnaas Rehabilitation Hospital, Nesodden/Oslo, Norway*

Background/Introduction

People with CP experience a more rapid physical decline compare to the non-affected population, and need lifelong exercise regimen to maintain their physical functions. Because traditional physical exercise methods can become mundane, it is crucial to find activities that are motivating and fun to perform over time. Motion-controlled video games have in recent years increasingly been used as a training method in rehabilitation. It is important to synthesize the current evidence for this training method for people living with CP.

Purpose

What is the effectiveness of MCVGs as a method of training compared with traditional occupational and physiotherapy training methods for hand and arm function in persons with CP?

Method and content

A systematic literature search was conducted in Medline, EMBASE, CINAHL, Cochrane Central Register of Controlled Trials, OTseeker and PEDro for randomized controlled trials involving persons with cerebral palsy using motion-controlled commercial video games as a training method for hand and arm function, compared with traditional therapy. The risk of bias of each study was assessed using the Cochrane Collaborations Risk of Bias Tool. The quality of evidence was assessed using Grading of Recommendations Assessment, Development and Evaluation (GRADE).

Perspectives

Eight randomized controlled trials, with a total of 262 participants, were included. A random effects meta-analysis showed a statistically significant difference compared to traditional therapy methods in favour of motion-controlled commercial video games. The quality of the evidence was rated as very low.

Despite a significantly greater improvement in hand and arm function in favour of motion-controlled commercial video games, the results of this review should be interpreted with caution with regards to high risk of bias and the low strength of evidence. There is a need for high-powered studies on the effectiveness of training with motion-controlled commercial video games for persons with cerebral palsy, especially in adults.

Abstract No. 88

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

Strengthening Older Adults' Functioning Through Problem-Solving. A Systematic Review

Doctor, MHS, OT(reg) Tove Lise Nielsen¹, Doctor, MPH, OT(reg) Louise Møldrup Nielsen¹

¹Via University College, Department of Occupational Therapy, Aarhus, Denmark

Background

Older adults often face limited activity and restricted participation due to chronic health conditions and to aging processes. Evidence supports the role of occupational therapy in rehabilitation services aimed at improving older adults' activity and participation. Meanwhile, as older adults' functioning often deteriorates over time, it cannot be expected to remain stable in the long term after rehabilitation. Within occupational therapy, the use of meta-cognitive strategies, including problem solving, has been suggested to enhance clients' abilities not only to solve current limitations and restrictions but also to maintain improvements and to deal with new emerging problems a later point of time. However, the evidence for including problem-solving strategies in occupational therapy for older adults has not yet been systematically reviewed.

Purpose

To identify current scientific knowledge about the effectiveness and contents of occupational therapy interventions aimed at improving older adults' activity and participation by strengthening their problem-solving skills.

Method and content

A systematic review was conducted through eight phases as recommended by the Cochrane Collaboration. Four electronic databases were searched systematically in order to identify trials of occupational therapy interventions aimed at improving older adults' activity performance. We included randomized controlled trials and quasi-experimental trials, limited to populations aged 65+. Two reviewers independently screened and selected references, extracted data and assessed the quality of included studies using the Cochrane Collaboration's risk of bias tool.

Perspectives

We identified 3739 different records in four scientific databases (Embase, Pubmed, Cinahl, and PsychInfo). 7 articles reporting clinical trials were included for further analysis regarding effectiveness and content of the interventions. The review is a work in progress at the time of abstract submission.

The results of this review will be used in future service development with an increased focus on maintenance of rehabilitation outcomes in older adults.

Abstract No. 89

Research in Rehabilitation - Oral Presentations (60) - Low Back Pain, September 9, 2021, 09:00 - 10:00

Pain Management for Patients with Back Pain and Yellow Flags

Physiotherapist Karina Agerbo¹, Physiotherapist Stine Clausen¹, MSc in Psychology, Authorised psychologist Anna Jakobsen², Physiotherapist, Ph.D Nanna Rolving^{1,3}, MD, PhD Vivian Langagergaard^{1,2}, Rheumatologist, Ph.D Anette Jørgensen¹

¹Spine Center, University Research Clinic for Innovative Patient Pathways, Silkeborg Regional Hospital, Silkeborg, Denmark, ²Department of Clinical Social Medicine and Rehabilitation, Regional Hospital West Jutland, Aarhus, Denmark, ³DEFACTUM, Aarhus, Central Denmark Region, Aarhus, Denmark

Introduction

Psychological factors like pain catastrophizing, anxiety, and distress (yellow flags) increase the risk of a poor outcome in treatment courses of low back pain (LBP). Cognitive-behavioural therapy (CBT) interventions have proven effective in altering these yellow flags, thereby improving pain-related disability and quality of life. However, many patients referred to the secondary sector in Denmark have not received a CBT intervention at the time of referral, despite the presence of yellow flags.

Purpose

The overall goal of the intervention is to investigate whether group-based cognitive therapy (CBT) intervention focused on pain coping could increase the level of activity and participation in everyday life in individuals with nonspecific persistent LBP and psychosocial risk factors (yellow flags) seen in the secondary sector, compared with usual care.

Method

The study was a randomised controlled trial (RCT) with follow-up at 6 and 12 months. All patients received MRI scan, a medical examination and reassuring advice about LBP. The intervention group participated in a group-based CBT intervention consisting of a preparatory interview followed by 6 sessions of 2.5 hours duration. The intervention was managed by a psychologist, and a physiotherapist or nurse. The control group received usual care.

Results

Inclusion of patients was completed in February 2019, and 1-year follow-up will be completed by February 2020. Until now a follow-up rate of app. 85% has been achieved. The study results will be presented at the conference.

Perspectives

The CBT intervention provided in this RCT study was developed in close collaboration with clinicians at a secondary sector spine centre, to ensure its applicability in a real world setting. Thus, should the CBT intervention prove efficient, a subsequent implementation in similar settings in secondary or primary care should be feasible.

Abstract No. 91

Leisure, Recreation and Physical Activities - Seminar (60) - Sport and Physical Activity, September 8, 2021, 13:30 - 14:30

Para-Ice Hockey: a Perfect Match of Sports and Inclusion

Dr. Gregor Kemper¹

¹DGUV (German Social Accident Insurance), Berlin, Germany

Rehabilitative sports play an important part in social rehabilitation and for this reason are supported by the DGUV. For example, the DGUV has consistently supported the establishment of a para-ice hockey team in Berlin. It began 2016 by applying for training slots on the world's most expensive sports surface: ice. It soon became apparent that declarations by political representatives in support of inclusion were not equalled by the will to implement inclusion in practice. Only after the submission of numerous requests and a considerable amount of persuasion were athletes allowed to train on the ice. After a season devoted entirely to training, the bold decision was taken to enter the German para-ice hockey league. This step was also crucial for the raising of public awareness, enabling further sponsors to be recruited. Along with conventional ice hockey, para-ice hockey is not only the world's fastest team sport, but also one of the most expensive sports. In 2019 Berlin's bid to host the World Para Ice Hockey Championships was successful. During the tournament, numerous spectators took advantage of the opportunity to be strapped onto the sledge and to attempt to score a goal. More encounters like this are needed in order to break down barriers. The greatest barriers to be overcome are not physical, but those in people's minds. This is where the relevance of rehabilitative sports once again becomes evident. It not only helps people with disabilities to engage with the community, but also lowers the inhibitions of able-bodied people to make contact with their disabled counterparts. Playing on the sledges and thus literally at eye level, is inclusion in the true sense of the word. We need far more opportunities of this kind, we need more rehabilitative sports.

Abstract No. 92

Health and Function - Seminar (90) - Sexual Health Rehabilitation 3, September 9, 2021, 14:30 - 16:00

Rehabilitation Based on Evidence Based Education in Sexology

Associate Professor Birgitte Schantz Laursen¹

¹Aalborg University, Aalborg, Denmark, ²Aalborg University Hospital, Aalborg, Denmark

Background/Introduction

Sexuality is a fundamental human need, and it is evident that chronic diseases or cancer affects human sexuality. In general, sexuality and sexual functioning have been demonstrated to be important for wellbeing and quality of life thus, treatment for sexological dysfunctions and sexual counselling must be mandatory part of treatment, care and rehabilitation in the health sector.

Treatment and sexological counselling must be evidence based and tailored the specific patient group and it is therefore of great importance that universities provide education in sexology.

In Denmark, it has been possible since 2013 to obtain a master's degree in sexology at Aalborg University, the only education in sexology at a university level in Denmark.

Purpose

The purpose is to describe the vision structure and content of the Master's degree in sexology

Method and content

The structure and content of the Master's program with examples of specific teaching topics.

Admission requirements.

The target audience and their qualifications.

Examples of master's theses.

Examples of where the master's students use their competences in sexology.

Perspectives

Increase focus on the importance of health care professionals working with rehabilitation to consider the patient's sexuality both in relation to treating sexual dysfunctions and as a resource in rehabilitation. In addition, pointing out that, it is extremely important that health professionals have an evidence-based education in sexology.

Comparison of Two Multidisciplinary Rehabilitation Programmes in Patients with CLBP

Mrs. Anne Mette Schmidt^{1,2,3,4}, Dr. Trine Bay Laurberg^{1,5}, Dr. Line Thorndal Moll², Professor Berit Schiøttz-Christensen⁶, Professor Thomas Maribo^{3,4}

¹Sano, Aarhus, Denmark, ²Silkeborg Regional Hospital, Silkeborg, Denmark, ³DEFACTUM, Aarhus, Denmark, ⁴Aarhus University, Aarhus, Denmark, ⁵Aarhus University Hospital, Aarhus, Denmark, ⁶University of Southern Denmark, Odense, Denmark

Introduction

Despite a large body of literature on multidisciplinary biopsychosocial rehabilitation and chronic low back pain (CLBP), evidence for the benefits of continuous integration of learning into the patient's daily life remains lacking. Therefore, based on a systematic process following the Medical Research Councils guideline on complex intervention, we designed an integrated rehabilitation programme. The integrated rehabilitation programme was built on existing evidence, relevant theories, and patient and public involvement.

Purpose

To assess the effectiveness of an integrated rehabilitation programme in terms of back-specific disability at 52-week follow up in patients with CLBP.

Methods

A single-centre, pragmatic, two-arm parallel randomised controlled trial was conducted in a rheumatology rehabilitation centre in Denmark. Eligible patients (aged ≥ 18 years) with CLBP for more than 12 months were randomly allocated, using computer-generated randomisation, to an existing programme (a 4-week inpatient stay), or the integrated programme (a pre-assessment day, two weeks at home, a two-week inpatient stay followed by home-based activities plus another two inpatient booster sessions, each lasting two days). The primary outcome was disability measured by the Oswestry Disability Index. Intention-to-treat analysis was performed using linear mixed model.

Results

165 patients (mean age 50 (SD 13) and mean Oswestry Disability Index score 42 (SD 11)) were randomly assigned in a 1:1 ratio to integrated programme (n=82) or existing programme (n=83). The mean difference (integrated programme minus existing programme) in disability was -0.53 (95% CI -4.08 to 3.02); P=0.770). No statistically significant differences were found for the secondary outcomes. The integrated programme was not superior in reducing disability in patients with CLBP when compared with an existing programme at 52-week follow up.

Abstract No. 94

Health and Function - Seminar (90) - Acute Pulmonary Embolism, September 7, 2021, 14:30 - 16:00

Rehabilitation after Acute Pulmonary Embolism

PT, MHSc, PhD Nanna Rolving¹, PT, MSc, PhD student Jenny Danielsbacka²

¹Center for Rehabilitation Research, DEFACTUM, Aarhus, Denmark, ²Department of Physiotherapy, Sahlgrenska University Hospital, Sweden

Background

Acute pulmonary embolism is a serious condition leading to hospitalization or death of more than 500,000 people every year across Europe, USA, and Canada. Although a number of studies indicate long-term impairments in physical and mental wellbeing in pulmonary embolism survivors, rehabilitation is not currently part of standard care for these patients. Due to lack of research, the value of rehabilitation after an acute pulmonary embolism in terms of counteracting the negative consequences has not yet been established.

Purpose

We aim to present the audience with an up-to-date knowledge about the bio-psycho-social consequences of acute pulmonary embolism, a description of the variation in patient care pathways across Denmark and Sweden, and the existing knowledge and research on recommendable care pathways and rehabilitation interventions.

Method and Content

The presentation will be delivered by senior researcher Nanna Rolving (Denmark) and PhD student Jenny Danielsbacka (Sweden), giving an overview of existing knowledge and ongoing research in this field, and clarify present gaps in both clinical care pathways and research. The presenters will provide take-home-messages for clinicians, focusing on simple interventions that may be implemented in daily practice, based on the existing research and experience in the field of pulmonary embolism.

Perspectives

We hope that an increased focus on improved health care services, including rehabilitation interventions, for this patient population, will eventually improve the lives of the thousands of people suffering from consequences of acute pulmonary embolism worldwide.

Abstract No. 95

Work and Employment - Oral Presentations (60) - Methods in Return to Work, September 7, 2021, 10:00 - 11:00

Personal Narrative: A Breakthrough in Sustaining Employment with Post-Employment Support.

Mr Wai-fong CHAN^{1,2}

¹Fu Hong Society - Ms. LAU Wai-man, Althea, , Hong Kong, ²Fu Hong Society - Ms. MAK Yun-wan, Silvia, , Hong Kong

(The presenter is a Person with Disability)

I, Chan Wai-fong, am a middle-aged man recovered from mental challenge. Over the past 30 years, though with tertiary education, I was unable to sustain in gainful employment. I will narrate my life-experience in this paper on how I achieved breakthrough in sustaining employment for 5 years under the support of a pilot Post-employment Support (PES) Service offered by Fu Hong Society (FHS).

In Hong Kong (HK), engaging and sustaining in gainful employment are great challenges for Persons with Disabilities (PWDs). As one of the world's most dynamic economies, HK had 1,400,950 registered companies in 2018, of which, only 0.35% (4,939)² offered job opportunities for PWDs. A Government report released in 2014³ that the ratio of PWDs being economically active was only 39.1% which was far worse than the corresponding figures (72.8%) of the general population. However, vocational services focus at engaging PWDs in employment while leaving "sustainability" under-attended. These pessimistic figures explained that why I could hardly sustain in employment since graduation. Although I was lucky enough to be recruited sometimes, would soon become unemployed whenever there were obstacles encountered, no matter how trivial they were. Thus, I relied on Government subsidies with low self-esteem.

An U-turn happened in my life after being employed by a social enterprise restaurant of FHS in 2015. This was not yet a happy ending. Post-employment adjustments, including learning new work-skills or getting along with colleagues made me feel stressful without PES. Meanwhile, a family-crisis happened which made me almost relapsed and nearly quitted. Fortunately, PES, including work adjustments, on-site visit and timely counselling, enhanced my employment sustainability. Hence, my self-esteem, insight on mental state and self-coping skills were advanced. Eventually, PWDs' need on PES was recognized by the Government and granted extra-subvention in 2018.

Abstract No. 96

Health and Function - Oral Presentations (90) - Cognitive Impairment, September 8, 2021, 16:00 - 17:30

Encouraging Social Participation among People with Cognitive Impairments

Professor Tamami Aida¹

¹*Mejiro University, Ukiya Saitama-shi, Japan*

In Japan, public support for people with cognitive impairments due to acquired brain injuries (ABI) began in 2011. Cognitive impairments due to ABI can hinder one's daily and social lives because it may cause problems, such as memory impairment, attention deficit disorder, executive dysfunction, and social behavioural disorder. Although support resources, such as consultation services rehabilitation, day services, employment transition training, and community workshops for people with cognitive impairments are steadily increasing, people with cognitive impairments due to ABI are not sufficiently informed about community services provided by hospitals. Many people with cognitive impairments due to ABI lose the chance to obtain employment during long visits as hospital patients. Therefore, we suggested that if people with cognitive impairments due to ABI are provided with the tools to recognize their impairment early during hospitalization or outpatient visits, they can be informed about and can seek community services aimed to increase their social participation. Moreover, we created a video to promote the social participation of people with cognitive impairments due to ABI. This video describes the features of cognitive impairment caused by ABI, the characteristic problems related to the awareness of impairments (based on a questionnaire survey by the Tokyo Higher Brain Dysfunction Council), typical cognitive impairments, and introduces countermeasures for cognitive impairments and community support services. We presented the video to people with cognitive impairments due to ABI who are admitted to acute and rehabilitation hospitals. We conducted surveys before and after viewing about knowledge regarding cognitive impairments. Through the video, we promote social participation for people with cognitive impairments, promote awareness regarding cognitive impairments and related problems, and enhance professionals' understanding regarding required support.

Abstract No. 101

Individual/Family Perspectives and Processes - Oral Presentations (60) - Holistic Assessment of Needs in Rehabilitation, September 9, 2021, 11:00 - 12:00

Perceptions of Illness and Health among Men with Lung Cancer

Lector, Ph.d. Jesper Larsen Maersk^{1,2}

¹University College Absalon, Naestved, Denmark, ²The University of Southern Denmark, Odense, Denmark

Introduction

Despite an increasing number of cancer rehabilitation services becoming available in Denmark, participation in cancer rehabilitation remains low among men with lung cancer. Studies have shown that motivation for participating in cancer rehabilitation is influenced by the ways people perceive their health and illness. Studies conducted among people with cancer, in general, show that their understandings of illness and health can be multifaceted and associated with factors beyond those representing the health professionals' biomedical perspective. For example, people with cancer may associate being healthy with having activities that are meaningful to their daily life. Knowledge of how men with lung cancer understand their illness and health can be a prerequisite for motivating them to participate in cancer rehabilitation and to develop rehabilitation services they perceive as meaningful and relevant to their daily life.

Purpose

The purpose of this ongoing study is to explore how men with lung cancer form perceptions of illness and health in their daily life.

Method and content

Data is collected and analyzed following grounded theory guidelines from approximately 15 men with lung cancer using in-depth interviews.

Perspectives

Preliminary results indicate that being ill is not a static feeling. Instead, being ill is a feeling that is contextual and connected to what the men are doing. For example, cutting the hedges or walking in the woods can change the men's perception of their health status and even call them into question whether they are genuinely ill.

The results call for healthcare professionals to adopt a broad perspective of illness and health when developing rehabilitation services that align with how men with lung cancer perceive themselves and their illness. Lack of understanding among healthcare professionals of how men perceive their illness could cause misunderstandings and increase the risk of rehabilitation services being perceived as irrelevant or alienating.

Abstract No. 103

Work and Employment - Oral Presentations (90) - Spine and Back Pain, September 8, 2021, 16:00 - 17:30

Brief or Multidisciplinary Intervention for Employees with Low Back Pain

Vivian Langagergaard^{1,2}, Ole Kudsk Jensen², Claus Vinther Nielsen^{1,3,4}, Chris Jensen^{5,6}, Merete Labriola^{7,8}, Vibeke Neergaard Sørensen², Pernille Pedersen^{3,4}

¹Department of Clinical Social Medicine and Rehabilitation, Regional Hospital West Jutland,, Herning, Denmark,

²Diagnostic Centre, University Clinic for Innovative Patient Pathways, Silkeborg Regional Hospital, Silkeborg, Denmark,

³DEFACTUM, Central Denmark Region, Aarhus , Denmark, ⁴Section of Clinical Social Medicine and Rehabilitation,

Department of Public Health, Aarhus University, Aarhus, Denmark, ⁵Department of Public Health and Nursing, Norwegian

University of Science and Technology, NTNU , Trondheim, Norway, ⁶National Advisory Unit on Occupational

Rehabilitation, Rauland, Norway, ⁷Centre for Social Medicine, Frederiksberg and Bispebjerg Hospital, Copenhagen ,

Denmark, ⁸NORCE, Norwegian Research Centre A/S, , Norway

Background

Studies of employees on sick leave due to low back pain (LBP) have shown both multidisciplinary intervention (MDI) and brief intervention (BI) to be more effective at improving return to work (RTW) than usual care. In a previous study of LBP-patients, we found no difference in RTW rates between MDI and BI. However, subgroup analyses suggested that employees who had no influence on work planning or felt at risk of losing their job (poor job relations) returned to work faster when receiving MDI, whereas employees without those worries (strong job relations) profited more from BI.

Purpose

To compare 1-year RTW rates among patients with strong or poor job relations randomized to MDI or BI.

Methods

The study was a randomized controlled trial comparing two interventions in employees on sick leave for 4-12 weeks due to LBP with or without radiculopathy stratified for job relation. BI included clinical examination and advice by a rheumatologist and a physiotherapist, while MDI was supplemented with a case manager who made a rehabilitation plan for RTW in cooperation with the patient and a multidisciplinary team. RTW data were retrieved from a national database of social transfer payments and compared after 1 year.

Results

Among 272 patients with strong job relations, RTW was achieved for 76% receiving BI compared to 66% receiving MDI, hazard ratio 0.73 (CI: 0.55-0.96). The corresponding results for 204 patients with poor job relations were 68% in both interventions, hazard ratio 1.07 (CI: 0.77-1.49). Less than 10% were operated on, and there was no difference between radiculopathy and non-specific low back pain.

Perspectives

BI resulted in faster RTW rates compared to MDI for employees with strong job relations. There was no difference in RTW between interventions for employees with poor job relations. BI seems to be an effective intervention for LBP-patients.

Abstract No. 107

Work and Employment - Oral Presentations (90) - Spine and Back Pain, September 8, 2021, 16:00 - 17:30

Integrating Health and Employment Services for Low Back Pain Citizens

Researcher Nanna Rolving¹, PT Troels Balskilde Stoltenborg², PT Morten Vedsø Szygenda²

¹Center for Rehabilitation Research, DEFACTUM, Aarhus, Denmark, ²Department for Employment and Social Services, Aarhus, Denmark

Background

Return to work after sick leave can be a complex process, as the reasons for sick leave are often multifactorial. Evidence shows that interventions integrating health and employment services seem to be important for supporting the return-to-work process. In acknowledgement of this, a project was initiated by the jobcentre, Department of Employment Services, in the municipality of Aarhus. Two physiotherapists were employed for a one year period, to support return to work of citizens on sickness benefits due to low back pain, in close collaboration with the case managers.

Purpose

This project aimed to investigate whether the attachment of physiotherapists to the municipal employment services would lead to reduced sick leave, reduced disability and increased self-efficacy for return to work, in citizens on sickness benefits due to low back pain.

Methods

The study was a quasi-experimental prospective trial allocating citizens to one of two departments (intervention or control). The key elements of the intervention were early initiation, interdisciplinary collaboration and workplace involvement. The primary outcome was probability of returning to work, secondary outcomes were self-reported disability, fear-avoidance and self-efficacy for return to work. Furthermore, compliance and fidelity of the intervention was evaluated.

Result

No significant differences were found between intervention and control group on probability of return to work, self-reported disability or fear avoidance beliefs. Only self-efficacy for return to work was significantly higher in the intervention group. Implementation of the intervention was challenging, leading to low compliance and fidelity with the intervention.

Perspectives

Sick leave is a massive expense for society and a heavy burden on the individual. Implementing evidence into practice is however not easy, and the effect and process evaluation presented here will hopefully shed light on how we can support the RTW process for citizens with low back in the municipalities.

Abstract No.108

Research in Rehabilitation - Oral Presentations (90) - Heart Rehabilitation, September 9, 2021, 16:00 - 17:30

Mapping Health Professionals' Performance in Cardiac Rehabilitation using TIDieR Checklist

Phd, MHsc Charlotte Gjørup Pedersen^{1,2,3}, PhD Vibeke Lynggaard⁵, Professor, PhD, MHsc Thomas Maribo^{2,3}, Professor, PhD, MD Claus Vinther Nielsen^{2,3,4}

¹REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Odense University Hospital, Nyborg, Denmark; Department of Clinical Research, University of Southern Denmark, Odense, Denmark, , Denmark, ²DEFACTUM, Central Denmark Region, Aarhus., Denmark, ³Department of Public Health, Aarhus University, Aarhus, Denmark, ⁴Department of Clinical Social Medicine and Rehabilitation, Gødstrup Hospital, Herning, Denmark, , Denmark, ⁵Cardiovascular Research Unit, Department of Cardiology, Gødstrup Hospital, Herning, Denmark, , Denmark

Background: Cardiac rehabilitation is a comprehensive intervention program including; exercise, education and behaviour modification to patients diagnosed with heart disease. The content of cardiac rehabilitation is well-described in the literature. However, there is sparse knowledge about health professionals' performance consisting of pedagogical strategies and dose-delivery in rehabilitation. In order to study these domains, we need to identify pedagogical strategies and dose-delivered. This knowledge is significant in quality improvement and to improve patients' outcome.

In recent decades, The World Health Organization (WHO) refers to a shift from specialized hospital to primary health services. In line with WHO, a structural reform reorganised the entire public sector in Denmark in 2007. Today, several health services provide non-pharmacological phase II cardiac rehabilitation; this phase encompasses the immediate post discharged period. In Central Denmark Region, this unique reform became effective on 1 January, 2017.

Aim: To identify health professionals' performance (pedagogical strategies and dose-delivery) in cardiac rehabilitation using TIDieR checklist in primary healthcare services.

Method: All 19 primary health services addressing cardiac rehabilitation in Central Denmark Region were invited, hence ten participated. Data was collected by interviewing health professionals in cardiac rehabilitation in each primary health services. Interviews were performed in autumn 2018. TIDieR checklist was used to structure the interviews and information were used to fill out a TIDieR checklist.

Results: The TIDieR descriptions identified similar framework across rehabilitation programs and use of motivational interview; an evidence-based conversation technique. In addition, TIDieR showed different evidence-based pedagogical approaches in health education; Learning and Coping strategies and empowerment, motivation and medical adherence (EMMA) including The Balancing Person and Health Education Juggler.

Conclusion: The TIDieR checklist is useable to systematic identify health professionals' performance in the rehabilitation programs. This identification is significant in quality improvement and to improve patients' outcomes.

Abstract No. 109

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

Identifying Elderly Patients at Risk of Readmission

Associate Professor, PhD Louise Møldrup Nielsen^{1,2}, Associate professor, PhD Thomas Maribo^{3,4}, Professor, PhD Hans Kirkegaard⁵, Associate professor, PhD Lisa Oestergaard^{1,4}

¹Department of Physiotherapy and Occupational Therapy, Aarhus University hospital, Aarhus, Denmark, ²VIA University College, Aarhus, Denmark, ³Department of Public Health, Aarhus University, Aarhus, Denmark, ⁴DEFACTUM, Central Denmark Region, Aarhus, Denmark, ⁵Research Center for Emergency Medicine, Aarhus University hospital, Aarhus, Denmark

Background: Readmission is a serious and adverse event for elderly patients and it has consequences for both the individual and the society. Despite efforts, identifying patients in risk of readmission remains imprecise.

Purpose: To examine if performance-based tests of daily activities can identify elderly patients at risk of readmission within 26 weeks after discharge from the emergency department.

Method and content: Data from 144 elderly patients included in a quasi-experimental trial were used. The patients were assessed for limitations in performing daily activities using three performance-based tests with predetermined cut-off values: The Assessment of Motor and Process Skills, Timed Up and Go and the 30s-Chair Stand Test. Outcome was risk of readmission within 26 weeks after discharge.

Perspectives: Limitations in performing daily activities were associated with risk of readmission as measured by the Assessment of Motor and Process Skills motor scale (Crude OR = 4.38 [1.36; 14.12]), (Adjusted OR = 4.17 [1.18; 14.75]) and the 30s-Chair Stand Test (Adjusted OR = 3.36 [1.42; 7.93]). No significant associations were found in regards to other measures.

Identifying patients with increased risk is considered to be an important component of targeting rehabilitation services to those patients likely to benefit the most in order to prevent readmission.

Abstract No. 111

Policy and Service - Oral Presentations (90) - Illuminating Gaps in Policies and Praxis, September 8, 2021, 14:30 - 16:00

Spinal Cord Injury and Indian Health System

Doctor Asish Kumar Mukherjee¹

¹*Indian Spinal Injuries Centre, Sector - C Vasant Kunj New Delhi, India*

Care and Health Issues

Integration of Public and Civil Service

Trauma

With rapid Socioeconomic changes in many developing countries Trauma is on the increase. Global burden of diseases and injury study '13 reported that 10.8% DALY come from injury in the world '13 and in India DALY between 1990-2013 after road injury has shown insignificant change due to life style and environmental changes.

Spinal Cord Injury (SCI) thus is increasing in India, with high GDP Growth in the world. In developed world the effective early care and rehab programme SCI patients can lead a productive, happy life and can be a part of an inclusive society.

In the past existing available Indian health system has been ineffective in matching the challenges for SCI management. In Private Sector health care cost and available limited facilities mainly in urban areas force SCI patients to go without early intervention + rehabilitation.

Govt. of India recent Health Policy '17 has made an attempt to meet the challenges through integration of Public Health System for SCI management from Primary Care to Tertiary and Rehab Care. Indian Spinal Injuries Centre (ISIC) is the largest SCI care and rehab programme in the country and acts as a nodal centre for the Government of India.

The Indian model of SCI Care and Rehab a cost effective method may also be suitable for many developing Nations.

The author will make a Powerpoint Presentation about the details of SCI problems and Health system infrastructure in India and method of integration the SCI programmes in the Public Health System.

Materials are from the study of ISIC/Govt. reports/published literature.

Abstract No. 113

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Seeing and Hearing, September 8, 2021, 09:00 - 10:00

The Blinfo App: From Visible Information to Audible Access

Consultant, IT and Welfare Technology Heidi Stener Larsen¹, Development Consultant Maria Kümmel Nielsen¹,
Head of Blindecenter Bredegaard Frank Hedegaard¹, Consultant, ADL and Visual Impairment Anne Krag¹

¹*Blindecenter Bredegaard, Fredensborg, Denmark*

Many societies are highly based on visual and digital information, which challenges blind and visually impaired persons. In this presentation, you can learn how blind and visually impaired persons can improve their access into modern day society with assistive technology.

The Blinfo App converts visual information regarding the users surroundings and accessibility into speaking signs using beacon technology and accessibility functions on mobile devices.

Making society more accessible by expanding the use of assistive technology, will provide the blind and visually impaired with more safety, security and independence.

In 2016 The Blinfo App was customized and put in operation by users and staff members at Bredegaard - Center for Visual Impairment. From 2019 Bredegaard took over the development, operation and expansion of The Blinfo App. Bredegaard cooperates, amongst others, with the Danish Municipalities of Fredensborg and Hjørring expanding the use of The Blinfo App.

The key points of the history of developing The Blinfo App, the functions and user comments of the outcome will be presented.

Bredegaard - Center for Visual Impairment is a highly specialized sheltered residence and employment workshop center for visually impaired adults with permanent multiple disabilities.

Abstract No. 115

Research in Rehabilitation - Oral Presentations (90) - Cardiac Rehabilitation, September 8, 2021, 16:00 - 17:30

Patient Education in Cardiac Rehabilitation: Does Mode of Delivery Matter?

PhD, MHsc Charlotte Gjørup Pedersen^{1,2,3}, Professor, MD Claus Vinther Nielsen^{2,3}, PhD, MHsc Vibeke Lynggaard⁴, Professor, MD Ann-Dorthe Zwisler¹, Professor, MHsc Thomas Maribo^{2,3}

¹REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Odense University Hospital, Nyborg, Denmark; Department of Clinical Research, University of Southern Denmark, Odense, Denmark, , Denmark, ²DEFACTUM, Central Denmark Region, Aarhus., Denmark, ³Department of Public Health, Aarhus University, Aarhus, Denmark, ⁴Cardiovascular Research Unit, Department of Cardiology, Gødstrup Hospital, Herning, Denmark, , Denmark

Background: Cardiac rehabilitation improves functioning, clinical status, health-related quality of life and prognosis in patients with ischemic heart disease and is a Class I recommendation in cardiac rehabilitation guidelines. Health behaviour change and education to develop self-management skills remains fundamental to all other components of cardiac rehabilitation. So far, there is sparse knowledge about which pedagogical intervention produces the best benefit for patients with ischemic heart disease.

Different pedagogical interventions are used in primary healthcare centres including Learning and Coping and empowerment, motivation and medical adherence (EMMA). Learning and Coping builds on inductive teaching with high involvement of the participants. Experienced former cardiac patients acts as co-educators telling narratives in the education sessions. EMMA is a consultation program based on dialog tools in patients with type 2 diabetes. To facilitate patient participation during consultations, dialogue tools are used to explore specific challenges for medication adherence, perform medical review and facilitate interactive learning and goal-setting and action-planning processes.

In a hospital setting, Learning and Coping has shown an increase adherence to cardiac rehabilitation, especially for those with low socioeconomic status. So far, it is unclear whether using Learning and Coping in primary healthcare centres perform similar results, which is crucial knowledge as too few patients utilise cardiac rehabilitation, despite its benefits.

Patient education in cardiac patients increase knowledge and promote health behaviour change. It is crucial to use a pedagogical intervention that empower and prepare patients to manage their health and health care.

Aims

The aims of this study were to examine the differences between Learning and Coping and adherence (primary outcome) and attendance at physical exercise and patient education and self-management (secondary outcomes) in cardiac rehabilitation compared to EMMA.

Method

This is a non-randomised cluster-controlled trial of two pedagogical interventions in cardiac rehabilitation.

Study in progress

Abstract No. 117

Research in Rehabilitation - Oral Presentations (60) - Low Back Pain, September 9, 2021, 09:00 - 10:00

Stratified Care for Citizens with Low Back Pain

PT Mohammed Hubeishy¹, PT Lisbeth Lyngkær Nielsen¹, PT Anja Ellegaard Kjeldsen¹, PT, MHSc, PhD Nanna Rolving²

¹Orthopedic rehabilitation Center, Aarhus, Denmark, ²Center for Rehabilitation Research, Defactum, Aarhus, Denmark

Background

At the Orthopaedic Rehabilitation Center (OGC) in Aarhus, we aim to work evidence-based with low back pain (LBP) citizens, basing our practice on the National Clinical Guidelines and LBP Disease Management Programme.

Citizens with LBP are a heterogeneous group in terms of disability, pain levels and coping abilities. Research recommends that citizens with LBP receive stratified care in order to target the rehabilitation process to the needs of the individual citizen with LBP.

Purpose

To describe our clinical experience with stratifying and offering targeted LBP rehabilitation.

Methods

Since 2018 we have worked systematically, using the PDSA (plan-do-study-act) circle, with the development and implementation of a screening and stratification algorithm and further, with the provision of different kinds of LBP rehabilitation courses.

The stratification algorithm stratifies patients based on their scores on the STarT Back Screening Tool and the Roland Morris Disability Questionnaire, assessing the presence of yellow flags (anxiety, fear-avoidance and depression) and their disability level, respectively. Throughout the process, we have worked systematically with documentation and evaluation as well as held meetings with a researcher and the head of OGC. In addition, a group of physiotherapy bachelor students completed a small interview study with four patients, in order to describe their experiences of the rehabilitation at OGC.

Results

By June 2020 we will have analyzed both quantitative and qualitative data regarding the changed clinical practice – this will be presented at the RIWC2020 conference. This includes experiences with the use of screening tools, monitoring of data on changes in functional ability and dropout and citizens' and therapists' perspectives on stratified rehabilitation at OGC.

Perspectives

Implementing evidence-based clinical practice is a challenge. We expect to be able to illuminate our experiences so others can benefit if they are working on a similar implementation process.

Abstract No. 119

Community-based Rehabilitation - Oral Presentations (60) - Community-based Rehabilitation and Gender Perspectives, September 9, 2021, 11:00 - 12:00

Expand Horizons: Listen to the Voices of Women with Disabilities

Ms. Mila Guedes¹

¹BRASA - Brasil Saúde e Ação, São Paulo, Brazil

According to UN Women, gender equality is a basic human right and the socioeconomic status of women affects a country's growth and development. The same is true regarding persons with disabilities. So, when a country cares and creates opportunities for them it is in fact stimulating its own economy. The simultaneous presence of disability and female condition ends up reinforcing the process of discrimination and prejudice. Violence situations are very common in the lives of Brazilian women with disabilities and women caregivers of family members with disabilities, causing a phenomenon of social invisibility, especially in low-income families.

On the other hand, since there is contradiction in every human fact, the female condition in persons with disabilities may indicate a way of giving new significance to their life experiences. Thus, I am going to present the Women Voices Project whose objective is to activate the process of emancipation and empowerment of women with disabilities and women caregivers of persons with disabilities, through informative and formative paths, encouraging the emergence of networks of trust and dialogue among them.

During the project, 7 face-to-face meetings were held and 14 modules of a Distance Learning course were made available, as well as testimonials from women that can surely inspire other partners with similar life stories. Throughout these encounters there were very favourable exchanges and experience sharing that will certainly have positive consequences for the public and private life of those involved.

We believe in women's power to improve their own lives, their communities and the world and, through this project, we intend to promote knowledge and awareness of individual and collective human rights.

Abstract No. 120

Research in Rehabilitation - Oral Presentations (60) - Needs for Rehabilitation, September 8, 2021, 12:30 - 13:30

A Sanctuary from Everyday Life: In-patient Rehabilitation for Rheumatology Patients

RN, Cand. Cur. Maria Stauner¹, Professor Jette Primdahl^{2,3,4}

¹University of Southern Denmark, Odense, Denmark, ²Department of Regional Health Research, University of Southern Denmark, Odense, Denmark, ³Danish Hospital for Rheumatic Diseases, University Hospital of Southern Jutland, Sønderborg, Denmark, ⁴Hospital of Southern Jutland, University Hospital of Southern Denmark, Aabenraa, Denmark

Background

In Denmark, patients with rheumatic diseases can receive inpatient multidisciplinary rehabilitation at a hospital for rheumatic diseases or at rehabilitation centers. Few studies have explored patients' experience of in-patient multidisciplinary rheumatology rehabilitation.

Purpose

To explore the personal impact of an inpatient rehabilitation stay.

Methods

An exploratory qualitative phenomenological-hermeneutic study was planned. Adult rheumatic patients admitted for a two-week inpatient rehabilitation stay were invited to participate. Individual semi-structured interviews were conducted at the ward or in the participants' home shortly after discharge. Interviews were audio recorded and transcribed verbatim. The analysis was inspired by Paul Ricour's interpretative philosophy

Perspectives

Fifteen interviews were conducted, 11(73%) were female, age 28-89. The analysis derived a core theme, "A sanctuary", reflecting that the participants experienced to have sufficient time and mental resources to provide self-care. In addition, the analysis derived five subthemes: 1) "Being seen, heard and acknowledged as an equal and whole person", which was vital for the participant's experience of quality and benefit. 2) "Professional care and compassion", which were the most fundamental contextual factors to facilitate self-care. 3) "Social relations and interactions between patients", reflecting to feel recognized by other patients and to experience a common understanding. 4) "An individually planned rehabilitation stay, but challenges regarding shared decision making". The rehabilitation was individually planned, but with room for improvement in relation to shared decision-making. 5) "Rehabilitation as a personal process but problems with transferability to everyday life".

Patients with rheumatic diseases experience in-patient rehabilitation as a sanctuary, with rehabilitation at three levels; through multidisciplinary rehabilitation interventions at the hospital; through recognition from the multidisciplinary staff and through recognition, social relationships and interactions with fellow patients. There is a need for improved coordination of rehabilitation across primary and secondary health care, in order to ease transfer to the patients' everyday life.

Abstract No. 124

Work and Employment - Oral Presentations (90) - Multidisciplinary Interventions, September 9, 2021, 14:30 - 16:00

Invitation to Innovation in Vocational Rehabilitation - The Integrative Unit Model

Mrs. Hagar Aloush¹, Mr. Tal Neuberger¹

¹*Shekulo Tov, Lod, Israel*

The Integrative Unit Model (IUM) by Shekulo Tov is a new innovative vocational rehabilitation method for people with psychosocial disabilities. IUM was developed over 15 years. Similar to a start up, many versions, upgrades, and revisions were developed until it became a solid methodology in 2015.

The IUM provides rehabilitation to 3,800 service users. It is based on a vision of empowering people with psychiatric disabilities to live independent and active lives in the community, to pursue their personal journeys, and reach their professional goals.

Our work is being delivered through 120+ training units within the heart of mainstream society and outside the mental health system. Often referred to as Sheltered workshop 2.0, our units are seen and operate as normal businesses; these training units are part of different business lines such as second-hand bookshops, women's clothing shops, coffee shops, dog walking companies, and dozens of sales booths in shopping malls.

The IUM has effectuated the successful placements of over 30% of service users in the first labor market. Many people who were originally referred to sheltered employment now are employed, earning at least minimum wage.

In addition to our rehabilitation and business methodologies, the IUM is based on organizational entrepreneurship and innovation, which will be shared during the presentations.

What are the means to support internal organizational innovation? How can we empower professional staff and service users and motivate them to innovate?

At the end of the presentation, we will present some of our technological solutions, implemented before COVID-19 but scaled and accelerated during the pandemic to reach more service users and offer them new means of vocational rehabilitation.

Some of our methodologies have been scaled across our partners in Europe and we hope your participation in our workshop will yield more exciting partnerships.

Abstract No. 125

Approaches, Concepts and Theories in Rehabilitation - Seminar (90) - New Directions - a Sociological Perspective, September 8, 2021, 14:30 - 16:00

How Public Management and Governance Influence Rehabilitation Praxis

Senior Associate Lecturer Inge Bonfils¹

¹*Department of Social Work, University College Copenhagen, Copenhagen, Denmark*

This abstract is part of the seminar: New directions in the study and practice of rehabilitation – a turn towards sociology.

Professionals working in the field of rehabilitation are embedded in organisational contexts that shape the way services are provided. In Denmark, the public sector has the main responsibility for delivering rehabilitation services. Consequently, public management and governance influence organisations and professionals in the field.

This presentation discusses the way public management and governance influence the implementation of an evidence-based supported employment program known as 'Individual placement and support' (IPS). IPS support employment for people with mental illness. In Denmark, IPS has been implemented in cross-sectoral collaboration between public employment services (PES) and mental health service (MES). IPS specialists were employed by PES and cooperated with MES. The implementation was influenced by management programs dominating the organisations involved.

MES were generally dominated by NPM programs, introduced to increase the cost-effectiveness of services. These programs involved the management of time and questions were raised about what kind of IPS activities were 'time-saving' and which were 'waste-of-time'.

PES was dominated by a bureaucratic logic and top-down management program, initiated by The Danish Agency for Labour Market and Recruitment (STAR). These programs favored the use of internships, wage subsidies, and a 'train-then-place' logic. IPS and the 'place-then-train' logic was a whole new way of working and was consequently challenged by existing rules, regulations and professionals' norms.

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Abstract No. 126

Poster Presentations (60) - Individual / Family Perspectives and Processes, Palliative Care, Psychosocial, September 8, 2021, 10:00 - 11:00

Promoting Patient Participation in Rehabilitation - Caring for the Patient's Perspective

Phd Student, Clinical Nurse Specialist Randi Steensgaard¹, Associate professor, PhD, RN Raymond Kolbæk², Associate professor, PhD, RN Sanne Angel³

¹Spinal Cord Injury Centre of Western Denmark, Department of Neurology, Center for Research In Clinical Nursing, Central Region Hospital Viborg, Viborg, Denmark, ²Center for Research In Clinical Nursing, Department of Nursing, Central Region Hospital, Denmark, Campus Viborg – VIA University College, Denmark, Viborg, Denmark, ³Research Unit for Nursing and Healthcare, Institute of Public Health, Aarhus University, Denmark, Aarhus, Denmark

Background/Introduction

Patient participation is decisive when a life-changing event such as a spinal cord injury (SCI) occurs. The patient may have to adjust the way of life, learn new skills and change routines to their current situation and future possibilities. During rehabilitation nurses can support the patient in this process but rely on the participation of the patient. However, there is insufficient knowledge about how nurses promote the patient's participation.

Purpose

The aim was to explore how nurses could promote patients' participation in rehabilitation in the process towards a meaningful life after SCI.

Method and content

Building on the philosophy, that the health professionals have a strong position in developing their own practice, 4 nurses and 4 nursing assistants participated actively in a two-year action research study. In a four stage process (problem-identification, planning, action and evaluation) practice was changed.

Data were analysed using Ricoeur's phenomenological-hermeneutic approach.

Results

Four developed nursing initiatives supported the nurses in promoting the patients' participation in rehabilitation. This implied a change in the nurses' approach to the patient and to rehabilitation. By caring for the patients' perspective, the nurses engaged in the patients' process and the patients reacted by participating in the rehabilitation process in a meaningful way.

Conclusion

Participation was important to adjust nursing to the patients' perspectives and varying needs. When nurses changed their approach and cared for the patient in a person-to-person centred relationship, they became involved in a collaborative process and together with changed views on rehabilitation and participation, the four nursing initiatives paved the way for attentive, engaged and caring nursing, tailored to the life of the individual person with SCI.

Perspectives

This study suggests a new approach in rehabilitation nursing and may not only be relevant to SCI rehabilitation but to other rehabilitation settings as well.

Abstract No. 127

Health and Function - Oral Presentations (60) - Stroke 1, September 7, 2021, 11:00 - 12:00

First-hand Experience of Severe Dysphagia Following Brainstem Stroke: Two Cases

Phd Annette Kjaersgaard¹, Phd Hanne Pallesen¹

¹*Hammel Neurorehabilitation Centre and University Research Clinic, Aarhus University, Hammel, Denmark*

Background: Dysphagia has profound effects on individuals, and living with dysphagia is a complex phenomenon that touches essential areas of life. Dysphagia following a brainstem stroke is often more severe and the chances of spontaneous recovery are less likely as compared with dysphagia following a hemispheric stroke.

Purpose: To explore how two individuals with brainstem stroke experienced severe dysphagia during their inpatient neurorehabilitation and how they had recovered approximately one month following discharge.

Method and content: An explorative study was conducted to evaluate the first-hand perspective on severe eating difficulties. A qualitative case study was chosen to collect data during two face-to-face semi-structured interviews. Phenomenological perspectives shaped the interview-process and the processing of data.

Perspectives: Analysis of the empirical data generated the following main themes regarding experiences of: i) the mouth and throat; ii) shared dining; and iii) recovery and regression related to swallowing-eating-drinking. Participants expressed altered sensations of the mouth and throat, which affected their oral intake and social participation in meals. Good support for managing and adapting their problems of swallowing, eating, and drinking in daily activities is essential. Knowledge and capabilities of professionals in relation to dysphagia is a significant requirement for recovery progress.

Abstract No. 129

Individual/Family Perspectives and Processes - Oral Presentations (60) - Narratives and Writing to Hold on to Memories, September 8, 2021, 09:00 - 10:00

Human Library: "Win-Win-Win" for Readers, Living Books and Librarians

Clinical Supervisor Wai Ip Louis So¹

¹*Fu Hong Society, Hong Kong*

Human Library (HL) aims to challenge stereotype and eliminate prejudice about the minority groups through equal dialogue. It is often used as a public education approach to promotes social inclusion of persons in mental recovery (PIRs).

A pilot HL program was launched by Fu Hong Society, where 5 PIRs (4 males and 1 female), with an average of 9 years of illness experience and diversified diagnoses, were invited to act as "living-books" to share their recovery stories to a total of 107 teenagers in Hong Kong at various occasions. The 5 PIRs possessed insights of their mental wellness and were willing to share their recovery experiences publicly.

This is a three-win program to the PIRs (living-books), the social worker (librarian) and the audience (teenagers). The living books reflected that the program has inspired their hope of recovery; enhance their self-image, improve their public speaking skills and capacity in developing social connection with others. Meanwhile, they even developed a sense of "mission" in promoting mental wellness to the public.

The librarian became the second winner where his professional skills and awareness in provision of emotional support to the PIRs were enhanced. He unleashed the talent of PIRs to act as living-books. The sense of ownership to the program was therefore enhanced. Eventually, the mutual trust between the librarian and living books were strengthened.

The audiences also won from the program. As shared by the audiences on-site, they gained insight from the PIRs' recovery stories and increase acceptance to them. They would recommend their peers to attend the HL sessions.

Doubtlessly, the HL program is a three-win practice while serving as an effective public promotion approach. The impacts and details will be further discussed during Conference presentation. An enriched and enlarged program is recommended by riding on this successful pilot experience.

Abstract No. 130

Poster Presentations (60) - Innovative and Assistive Technologies in Rehabilitation, September 8, 2021, 09:00 - 10:00

Physical Risk of Assistive Technologies in Rehabilitation.

Assistant Professor, Occupational Therapist Naoto Kiguchi¹, Occupational Therapist Takashi Inamoto^{2,4}, Assistant Professor, Occupational Therapist Yuka Takasaki¹, Assistant Professor, Occupational Therapist Riho Hirose³

¹Ibaraki Prefectural University of Health Sciences, Ami, Japan, ²Osaka prefecture University(Doctoral Program), Sakai, Japan, ³Mejiro University, Saitama, Japan, ⁴Home-visit nursing station kanaeru heart, Sakai, Japan

Introduction

Ageing society is advancing in the world, the introduction of assistive technologies is recommended in Japan. However, there have been reports of accidents involving assistive technologies. In this study, we investigate the current status and issues of physical risk for assistive technologies in occupational therapists during rehabilitation.

Method

The subject were 50 occupational therapists. A questionnaire survey was conducted on the frequency of minor incidents experienced by occupational therapists in 32 scenes of use of assistive technologies, which were extracted from cases of accident reports on domestic assistive technologies issued by the Association for Technical Aids.

Result

Occupational therapists experienced minor incidents more than five times a year: "Picking up objects dropped on a wheelchair." (35.2%), "Sitting in a desk in a wheelchair" (29.4%), "Standing up without braking on a wheelchair" (23.5%). On the other hand, the cases where the number of minor incidents was 0 were "Scene when using a bathtub railing" (100%), "Scene when leaning forward on a bathing chair" (100%), and "Using suction railing"(94.1%).

Consideration

We have concluded that that occupational therapists experienced a minor incident when using an assistive technology, which was more likely to occur when the client used a wheelchair, and lower when bathing. The perception that bathing is high-risk have widespread, suggesting that therapists' self-awareness, such as their awareness and preparation for the physical risk, was affecting the physical risk occurrence.

Abstract No. 131

Community-based Rehabilitation - Oral Presentations (90) - The Role of Peers in Community-based Rehabilitation, September 7, 2021, 16:00 - 17:30

Best Buddies Hong Kong: The Transformation from Participant to Practitioner

Service Manager Sin Chun Cheung¹, Social Worker Fiona, Pei Chung Chan¹

¹*Fu Hong Society,, Hong Kong*

Best Buddies is a Movement originated from US emphasizing the development of one-to-one friendship, meaningful connection, equal and reciprocity relation between the buddies without intellectual disability (Bw/oID) and PIDs, which contradicts the “give” and “take” ideology in Chinese Culture where PIDs are usually considered as vulnerable and require mercy from the others. Localization the “friendship” concept in Chinese Community is a challenge.

In 2004, Fu Hong Society was invited as sole organizer to launch the Best Buddies Hong Kong (BBHK) Movement, has accumulated more than 1000 Bw/oID enrolled, and many of them maintain long-lasting friendship. It is the first NGO promoting the Best Buddies Movement among Chinese communities. Throughout the years, BBHK has fought hard to promote “Friendship was nothing about Intellectual Ability, but Sincerity”.

“One takes on the color of one’s company” is a Chinese idiom suggested one should be selective when making friends. Thus, Chinese will not recommend making friends with limited intelligent creates obstacle for the targeted teenagers to accept a friend with imbalanced intelligent. Furthermore, Chinese is rather implicative in nature and thus a time-consuming warm-up process is required. Interactions without highlighting the imbalanced intelligent are purposefully designed during the warm-up stage while allowing the teenagers to appreciate the beauty and strengths of PIDs, like pure, thankful, genuine and attentive. Same as general friendship, practitioner matches Bw/oID with PID sharing common interest.

In this paper, a Bw/oID who has maintained friendship with a PID for 5 years, and later being inspired to commit herself as a practitioner of the Movement, will share her lived-experience including the interactions with her ID buddies, difficulties encountered, the key success factors, practice tactics and the transformation path in the Movement.

BBHK is a transformative Movement that changes people’s perspectives through meaningful connections with PIDs in Chinese community hence promotes social inclusion.

Abstract No. 132

Poster Presentations (60) - Innovative and Assistive Technologies in Rehabilitation, September 8, 2021, 09:00 - 10:00

Bedside Monitoring System with Machine Learning to Independent Living People

Professor Yasutaka Uchida¹, Associate professor Tomoko Funayama², professor emeritus Yoshiaki Kogure¹
¹Teikyo University of Science, 2-2-1 Senjyu, Sakuragi, Japan, ²Teikyo Univ. of Science, 2525 Yatsusawa, Uenohara-shi, Japan

It is important for people with disabilities to be aware of a worsening medical condition early as possible when living independently. Human motion monitoring and analysis can be used to detect unusual conditions in people with disabilities. Thus, we have developed motion-monitoring equipment that does not interfere with daily life. It has been integrated into floor mats and bed sheets by attaching flexible force-sensing resistors (FFSRs).

In this presentation, we show 4-class classification results for 2 men, who were in their 60s and 70s, respectively, under 3 measurement conditions: normal range of motion, simulated limited right knee motion, and simulated limited right shoulder joint motion.

The system consists of eight FFSRs, a data acquisition device, and a personal computer. One sensor (s1) was placed on the pillow, 3 sensors (s2–s4) were placed apart at the bed edge, and 4 sensors (s5–s8) were placed on the floor beside the bed. 4 quantities were selected from 28 combinations obtained from the 8 sensors.

Feature quantities were defined using time difference between the output signals from s1, which specified the initiation of the measurement, and those from s2 and s7. The library used for machine learning was scikit-learn and the classification module was the support vector machine module. The kernel functions used in the classification were linear and radial basis functions. The measurement data were divided into seven sets for learning and three sets for testing.

After optimizing parameters, classification accuracy rate over 90% was obtained without overfitting. This result indicates that our system is highly promising as an inexpensive and easy-to-use physical condition management system.

This work was supported by JAPS KAKENHI Grant Number JP17K01590.

Physical Risk Consideration for Assistive Technologies on Occupational Therapists.

Assistant Professor, Occupational Therapist Naoto Kiguchi¹, Occupational Therapist Takashi Inamoto^{2,4}, Assistant Professor, Occupational Therapist Yuka Takasaki¹, Assistant Professor, Occupational Therapist Riho Hirose³

¹Ibaraki Prefectural University of Health Sciences, Ami, Japan, ²Osaka prefecture University(Doctoral Program), Sakai, Japan, ³Mejiro University, Saitama, Japan, ⁴Home-visit nursing station kanaeru heart, Sakai, Japan

Introduction

The aging of societies an ongoing world problem, the need for assistive technologies is increasing due to factors such as an aging society, and the practice of occupational therapy frequently uses assistive technology related to daily living. However, there have been no studies into accidents involving assistive technologies in Japan.

Objectives

We investigate the extent to how occupational therapists (OT) take into account the physical risks involved in using assistive technologies.

Method: Research subjects were 50 OTs. Using an Online questionnaire, we investigated the degree of taking into account when OTs using assistive technologies each scene at 1 to 5 points for 32 scenes.

Results

Responses were received from 17 OTs. Scenes with high scores include “Standing up without braking on a wheelchair”, “picking up items dropped from a wheelchair”, and “standing up without applying the footrest”. On the other hand, those with a low degree of consideration are “Using bathtub handrails”, “Using bathtub chairs”, and “Using suction type handrails”.

Conclusion

OTs' risk consideration tended to be higher when the client was using a wheelchair than using a bathing device. However, in the scenes where we selected for this study, there was a tendency to consider physical risks regardless of the type of assistive technologies or how it is used. We think that the scenes picked up in this study were biased. Based on the results, we would like to increase the range of types and scenes of using assistive technologies.

Abstract No. 137

Data and Monitoring in Rehabilitation - Oral Presentations (60) - Heart, September 7, 2021, 10:00 - 11:00

Implementation of Patient-Reported-Outcomes in Cardiac Rehabilitation: a Danish National Programme

MScPH, Postdoc Cecilie Lindström Egholm¹, Professor, cardiologist, head of centre Ann-Dorthe Zwisler¹, RN, Msc, Postdoc Rikke Elmose Mols²

¹REHPA - The Danish Knowledge Centre For Rehabilitation And Palliative Care, Nyborg , Denmark, ²Heart disease - Research, Aarhus University Hospital, Aarhus, Denmark

Background: Patient reported outcomes (PRO) are increasingly applied to take patients' voices into account when shaping healthcare. As part of this movement, a politically initiated national programme was launched in Denmark in 2017 aiming to implement systematic use of PRO in clinical practice and for quality improvement in all sectors of the healthcare system. Cardiac rehabilitation was chosen as one of the first clinical focus areas.

Purpose: To conduct a research based evaluation of the national PRO programme for cardiac rehabilitation to understand how PRO may provide value to patients and healthcare professionals, and to assess the barriers and facilitators for implementation.

Method and content: A 76-item composite PRO-questionnaire aimed to aid patient-professional communication was developed by clinicians and patient representatives in a co-creative process. The implementation of this questionnaire was pilot-tested in 2020 in two hospital departments and four municipalities, using electronic distribution channels to collect patient responses prior to cardiac rehabilitation consultations. Healthcare professionals were provided with red-amber-green marked scores, and results were discussed during the consultation. Patients' and professionals' experiences were evaluated by questionnaires and interviews. Professionals and managers were interviewed about their perceptions of implementation barriers and facilitators.

Perspectives: Among patients, experiences varied, but a majority found PRO to support them in preparing for and feeling involved in the consultation. Among healthcare professionals, PRO data were valuable e.g. in structuring the consultation, touching upon sensitive subjects, and focusing on problem areas. However, the value depended on e.g. IT, training and the content of the questionnaire, which supported or hindered use of the standardized PRO questionnaire in hospital and municipality practice and across the two sectors. These insights will inform the future scale up of the intervention in Denmark, and it may also be important learning for similar programmes both nationally and internationally.

Abstract No. 143

Work and Employment - Oral Presentations (90) - Evaluation and Effect of Return to Work Interventions, September 8, 2021, 14:30 - 16:00

Female Cancer Survivors' Experiences of the Return to Work Process.

Phd Kirsten S: Petersen¹, Phd student Loise Sofia Madsen², Professor Claus Vinther Nielsen^{2,3,4}, Phd Merete Labriola⁵, **phd Christina Stapelfeldt^{2,3}**

¹University of Aalborg, Aalborg, Denmark, ²Aarhus University, Aarhus C, Denmark, ³DEFACTUM, Aarhus C, Denmark,

⁴Regional Hospital West Jutland, Herning, Denmark, ⁵Norwegian Research Centre (NORCE), Bergen, Norway

Purpose: This study explored retrospectively how working female cancer survivors experienced the process of becoming ready to return to work (RTW) during and beyond participation in a RTW intervention and thereby expand the understanding of the readiness for return to work (RRTW) construct.

Methods: A qualitative research design was employed. Thirteen female cancer survivors were included for semi-structured interviews 1 to 2 years after they had completed active treatment and returned to work. A theoretical framework based on the RRTW construct guided data generation and analysis. Content analysis was performed in four analytical steps that combined a concept-driven and a data-driven analytic strategy.

Results: Three themes were identified; "To have and then lose the safety net", "Realise a changed life situation", "Strive to balance work and everyday life". The themes were interdependent of each other and represented a gradual evolving process from receiving active cancer treatment, to being enrolled in a RTW intervention and gradually returning to work, until 1 to 2 years post-intervention, with special attention on their attempts to sustain work participation and the challenges that entailed.

Conclusions: To successfully reintegrate cancer survivors with long-term RTW challenges into their work place and preserve their work functioning, two elements can be highlighted based on the study findings: firstly, to facilitate an individual's RRTW by continuous professional support and, secondly, to begin focusing on increasing the preparedness of the work place for the cancer survivor's RTW.

Abstract No. 146

Work and Employment - Oral Presentations (60) – Activation Policy, September 9, 2021, 13:30 - 14:30

Granting of Disability-Pension among Incident Cancer-Patients before-and-after a Structural Pension-Reform

Phd Christina Stapelfeldt^{1,2}, Phd student Maria Aagesen³, Phd Lars Tang^{3,4}, Phd Niels Henrik Bruun⁵, Professor Ann-Dorthe Zwisler³

¹Aarhus University, Aarhus C, Denmark, ²DEFACTUM, Aarhus C, Denmark, ³Knowledge Centre for Rehabilitation and Palliative Care, Nyborg, Denmark, ⁴Metropolitan University College, Copenhagen, Denmark, ⁵Aalborg University, Aalborg, Denmark

Objective This study aimed to examine the risk of being granted a disability pension (DP) among incident cancer patients up to five years after diagnosis compared to a match control group, before and after the structural reform of the Danish Disability Pension Act in 2013.

Methods All 20–60-year-old incident cancer-diagnosed individuals from 2000 to 2015 were identified in the Danish Cancer Registry. A control group, not previously diagnosed with cancer, was identified in Statistics Denmark matched by gender, age, education, and household income. Risk differences (RD) in cumulative incidence proportions of being granted a DP between cancer patients and controls were analyzed before and after the reform.

Results In total, 111 773 incident cancer patients and 506 904 controls were included in the study. Before reform 10 561 cancer patients and 11 231 controls were granted DP; and 2570 cancer patients and 2646 controls were granted DP after the reform. The adjusted RD of being granted DP was significantly higher for cancer patients versus controls at all time points before the reform. The RD increased the most during the first (RD 3.6, 95% CI 3.5–3.7) and second (RD 7.2, 95% CI 7.0–7.4) follow-up year and levelled off the remaining three years. After the reform, the adjusted RD were lower for all 1–5 follow-up years compared to before the reform (RD range 2.8–7.7, 95% CI 2.6–8.1).

Conclusion The 2013 reform of the Disability Pension Act reduced the risk of cancer patients being granted DP. The impact on a personal level should be further explored.

Abstract No. 147

Work and Employment - Oral Presentations (90) - Multidisciplinary Interventions, September 9, 2021, 14:30 - 16:00

An Update on Effects of Norwegian Work-Focused Healthcare Interventions

Senior researcher Chris Jensen¹

¹*National Advisory Unit On Occupational Rehabilitation, Norway, Rauland, Norway*

Background and purpose

Only few health care services are designed to focus on work participation of patients on sick leave. However, work and health has received more attention in recent years in Norway. Therefore, the aim of this presentation is to discuss the results from published randomised controlled trials of work-focused rehabilitation in the Norwegian specialist health-care system.

Methods

Results from a total of 6 interventions with a randomized study design and comparison with care as usual or another intervention will be summarized and discussed. The interventions consisted both of simple and more complex interventions and target groups were mainly employees on sick leave due to musculoskeletal problems and common mental disorders. Duration of sick leave varied from 2 months to more than 12 months when interventions were initiated.

Results

Two of the interventions reduced sick leave more than was found in the control group, while 3 interventions did not find statistically significant effects. In one study a significant effect of the intervention was only found in a subgroup of patients.

Perspectives

The results supported general recommendations that simple interventions may be effective in the early phase of sick leave, while more complex interventions should be targeted patients with a longer duration of sick leave. The interventions, which were not effective, appeared to introduce a weak work focus with little contrast to the control intervention and were targeted patients with a relatively long duration of sick leave (5-12 months). There is a need to develop more effective interventions, especially for patients with 3-6 months of sick leave.

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Abstract No. 148

Poster Presentations (60) - Individual / Family Perspectives and Processes, Palliative Care, Psychosocial, September 8, 2021, 10:00 - 11:00

Rehabilitation and Palliation for Socially Vulnerable People with Advanced Cancer

Occupational Therapist, MSc, PhD Marc Sampedro Pilegaard^{1,2}, MSc Henriette Knold Rossau¹, Student Esben Lejsgaard³, Physioterapist, MSc Jens-Jakob Kjer¹, Doctor, PhD Lene Jarlbæk¹, Occupational therapist, MSc, PhD Karen la Cour²

¹Rehpa, The Danish Knowledge Centre For Rehabilitation And Palliative Care, Odense University Hospital, , Nyborg, Denmark, ²Occupational Science & Occupational Therapy, User Perspectives and Community-based Interventions, Department of Public Health, University of Southern Denmark, Odense, Denmark, ³Department of Sociology and Social Work, Aalborg University, Aalborg, Denmark

Introduction

Rehabilitation and palliative care may play an important role addressing the problem and needs perceived by socioeconomically disadvantaged patients with advanced cancer. Socioeconomic disadvantage is defined by socioeconomic position (income, educational level and occupational status). However, research shows that this group of people are more likely to report unmet needs and rarely receive rehabilitation and palliative care. In order to develop a rehabilitation and palliative care intervention that meets these persons' needs and problems, it is vital to assemble existing knowledge in the field.

Purpose

The study aimed to map existing research of rehabilitation and palliative care for patients with advanced cancer who are socioeconomically disadvantaged.

Method

A scoping review was conducted in accordance with the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). A systematic literature search was performed in CINAHL, PubMed and EMBASE. Two reviewers independently assessed abstracts and full-text articles for eligibility and performed data extraction. Both qualitative and quantitative studies published between 2010-2019 were included if they addressed rehabilitation or palliative care for socioeconomically disadvantaged (adults ≥ 18 years) patients with advanced cancer.

Results

In total, 11 studies were included in this scoping review (138,152 patients and 45 healthcare providers) of which 10 were quantitative studies and 1 was a qualitative study. All included studies investigated the use of and preferences for palliative care, and none focused on rehabilitation. Two studies explored health professionals' perspectives on delivery of palliative care.

Conclusion

Existing research within this research field is sparse. Future research should focus more on how best to reach and support socioeconomically disadvantaged people with advanced cancer in community-based rehabilitation and palliative care.

Abstract No. 149

Approaches, Concepts and Theories in Rehabilitation - Seminar (90) - New Directions - a Sociological Perspective, September 8, 2021, 14:30 - 16:00

Who Are Relatives? – (De)activating of Relatives during Rehabilitation

Ph.d. Student Mette Ryssel Bystrup²

¹Aalborg University, København SV, Denmark, ²Hammel Neurocentre, 2450 Hammel, Denmark

This abstract is part of the seminar: New directions in the study and practice of rehabilitation – a turn towards sociology

Relatives of patients have lately attracted an increased political attention. However, an unclearness exists of how social relations are appointed and which consequences this has on the long run. When suffering a severe brain injury leading to an extensive dependence on others, this is problematic. We present a sociological, longitudinal and qualitative study exploring the social networks of ten families with a young member acquiring a severe brain injury in the period of admission from a specialized rehabilitation hospital to 1½ year after hospitalization. This is viewed from three different perspectives: The professionals, the closest relatives and the adolescents. The research methodology is based on the praxeological approach of Bourdieu merging theory and practice and capturing both the lived experiences of the agents as well the objective structures (spaces of positions) defining the external constraints and structuring the actions of the agents from inside. In addition, the methodology of Social Network Analysis (SNA) is used to capture, visualize and analyze the adolescents' perceptions of their social relations. A novel theoretical approach combining Bourdieu's theories on (social) capital and reproductive structures with a micro-sociological perspective concerning personal communities and PRISM's (Personal Relations in the Social Mind) is applied. We found that the perception of which social relations (both the number and status) are to be (de)activated during rehabilitation diverges among professionals, primary relatives and adolescents reflecting their social positioning. This (de)activation seems to impact the size and strength of the personal community hence incite social isolation of the adolescent. We conclude that there is a need to examine and expand the conceptualization of "relative".

Abstract No. 151

Poster Presentations (60) - Community-based Rehabilitation, Outdoor, Leisure, Recreation and Physical Activities / Work and Employment, September 7, 2021, 11:00 - 12:00

Advocacy and Enablement to Build Capacity in Global Communities

Associate Director & Associate Professor Mark Kovic¹

¹Midwestern University, Downers Grove, United States

The United Nations Universal Declaration of Human Rights guarantees universal rights for freedom of expression and outlines the promises to all in a life free of “want and fear”.

Persons with differing abilities may be at risk for loss of this freedom because they may not be able to explore personal interests and environments.

Persons may be intentionally or otherwise segregated through denial or restriction of participation in activities. This distinction ultimately influences engagement and ultimately limits the potential of these persons within the context of the community. Access to knowledge and resources may be a key to the promotion of performance capacity in an environment of choice.

The complex dynamic of individual needs of citizens at the micro- (community-based) level juxtaposed to the collective needs at the macro- (national) level create a dynamic for the health care professional to link these together at more of a meso-level.

The COPM (Canadian Occupational Performance Measure) to identify person-centered occupations of interest and the use of the HAQ (Health Assessment Questionnaire) to measure self-reported difficulty with basic activities of daily living, mobility, pain, fatigue, and overall health were utilized for outcomes.

This approach yielded the successful integration of local community individuals and organizations to engage with the residents of these communities. This evidence supports an approach for replicable and sustainable actions by the community and for the community.

This overall collaborative approach has the potential for replication and success when collaborative engagement is aligned with individuals and communities in need of capacity-building to transform occupational engagement within a social determinant of health perspective.

It is the belief that intentional attention to an individual’s meaning of participation through actions and engagement in daily activities of choice & constructed from experiential narratives provides an opportunity to link a person to a community and nation.

Abstract No. 155

Psychosocial Rehabilitation - Oral Presentations (60) - Recovery, September 8, 2021, 11:00 - 12:00

Effect of Horticultural Program on Communication of Persons in Recovery

Ms Hor Mui Sung¹, Ms Mei Kei Kong¹

¹Fu Hong Society, , Hong Kong

The development of a supportive social network is a crucial step in the recovery path of persons in mental recovery (PIRs). However, the negative self-image of PIRs frequently obstruct their willingness in day-to-day social interactions, as well as their expression of feelings.

A pilot Horticultural Program was designed to build up self-confidence and enhance the communication capacity of 7 PIRs residing in a halfway house for PIRs in Hong Kong. The program details comprised of both indoor and outdoor activities, planting vegetables and flowering pot plants. Structured tasks were embedded to provide a well-rounded introduction to planting as a leisure activity. There were eight 1- hour sessions every week. Participants had to take care of their plants in the roof garden in-between the sessions and brought their potted plants in each session for specified discussions.

The effect of the program was evaluated by “case study” of participants through interviews and feedbacks collected from the horticultural therapist and house staff. Results indicated that horticultural program is effective for improvement of the self-perceived confidence of the participants. Participants found themselves more willing to initiate dialogue or express their feelings with friends, staff and residents of the house. House staff also observed the enhancement of participants’ verbal expression and social interactions during the sessions as well as their daily communication in the house. The improvement of the communication capacity allows staff to understand PIRs’ feelings and needs and facilitate the discussion of the recovery plan with them.

This pilot program indicates that PIRs can benefit from the horticultural program. Program effects and details will be further illustrated in the Conference presentation. Further study with larger sample size is recommended to explore the effect of horticultural program on the communication capacity beyond Halfway House and the long-term outcome in the recovery of PIRs.

Abstract No. 157

Health and Function - Seminar (90) - Sexual Health Rehabilitation 1, September 7, 2021, 14:30 - 16:00

Sexlife during the First Ten Years after Spinal Cord Injury

Associate Professor/ Professor Sanne Angel²

¹Public Health, Aarhus University, Aarhus, Denmark, ²/ Faculty of Health Sciences and Social Care, Molde University College., Molde, Norway

The influence of a spinal cord injury on sexuality must be seen in the light of sexuality being a central aspect of being human according to WHO. The term is broad and covers many aspects of being. The focus in this presentation is the lived experiences of sexlife with a spinal cord injury understood as sex being a part of life. The aim of the study was to explore the experiences of sexlife from the onset of a spinal cord injury to ten years after. The fact that sexlife after a spinal cord injury cannot be separated from what it means to have a 'damaged spine' and how this impact on a person's life was illuminated in interviews collected among ten participants during ten years after the injury. The themes of re-establishing a sexlife consisted of overcoming hindrances related to the body, the self, and the partner 1. Handling physical impairment, 2. Feeling attractive despite physical changes, 3. Establishing and sustaining a sexual relationship, 4. Regaining a sexlife by finding new ways, 5. Losing sexlife and maybe also intimacy. This was an elongated process with many challenges related to returning to an everyday life. The findings indicated a need for professional support. The consequences for the relationship and hence the sexlife as well as the loss thereof with all that it implies point out that couples therapy could be beneficial.

Abstract No. 158

Individual/Family Perspectives and Processes - Oral Presentations (60) - Patient Perspectives and Needs - The Good Life after Rehabilitation, September 7, 2021, 10:00 - 11:00

Living a Good Life Five Years after Spinal Cord Injury

Associate Professor/ Professor Sanne Angel²

¹Public Health, Aarhus University, Aarhus, Denmark, ²/ Faculty of Health Sciences and Social Care, Molde University College, Molde, Norway

The changed body function after spinal cord injury challenges all parts of life and includes a comprehensive recovery and rehabilitation process. With a Ricoeurian approach, peoples' experiences of life and what issues they had to deal with five years after spinal cord injury was explored in a longitudinal study. Interviews with 11 people were analysed in the light of narratives the first and the second year after the injury.

Living life with qualities despite limitations entailed bodily limitations and strains; many had become a routine. Though bothersome, life was experienced as good and possibilities appreciated. This implied a deliberate choice of not letting limitations take focus. Striving to live out dreams, some found their way. To be socially included demanded a successful negotiation with authorities.

In overcoming spinal cord injury, the individual dealt with all aspects of life. Coming to terms with the limitations, the decisive factor was that it did not include a loss where value could not be found in something else.

Abstract No. 159

Poster Presentations (60) - Individual / Family Perspectives and Processes, Palliative Care, Psychosocial, September 8, 2021, 10:00 - 11:00

A Narrative Approach - Understand Patients and Support Patients' Understanding

Associate Professor/ Professor Sanne Angel²

¹Public Health, Aarhus University, Aarhus, Denmark, ²Faculty of Health Sciences and Social Care, Molde University College, Molde, Norway

It is known that human storytelling is crucial to achieve understanding of oneself, the situation and life. This is especially importance when humans are challenged by health issues. Nevertheless, the use of a narrative approach can be further developed within the field of healthcare. Awareness of the importance of communicating with the patient is crucial for if the health professional is to be of support. Attention to the patient's voice in form of patient participation during the past decades has made it clear that the patient must have the necessary influence on the health care provided to benefit thereof adequately involved in the healthcare provided to benefit. This has become a special focus area. Yet, the possibilities in the patient's narrative has more potentials in clinical practice. This is supported by weighty theories and research. Based on these, an illustration is given to contribute to a practice in which the health professional listens to the patient's narrative to promote the patient's understanding of self, the situation and life.

Moving Forward: a Lifestyle-Oriented Occupational Therapy Intervention for Chronic Pain

MSc in Health (OT), Ph.D.-student Svetlana Solgaard Nielsen^{1,2}, Professor, Ph.D. Søren Thorgaard Skou^{2,3}, Ph.D. Anette Enemark Larsen⁴, Professor, Ph.D. Jens Søndergaard⁷, MSc in Health (OT) Vicki Oldenschläger Mogensen⁵, PhD Charlotte Simonj⁶, Ph.D., Associate Professor Jeanette Reffstrup Christensen¹

¹Research Unit of User Perspectives and Community-based Interventions, Department of Public Health, University of Southern Denmark, Odense, Denmark, ²The Research Unit PROgrez, Department of Physiotherapy and Occupational Therapy, Naestved, Slagelse & Ringsted Hospitals, Slagelse, Denmark, ³Research Unit for Musculoskeletal Function and Physiotherapy, Department of Sports Science and Clinical Biomechanics, University of Southern Denmark, Odense, Denmark, ⁴Department of Occupational Therapy, Institute of Therapy and Midwifery Studies, Faculty of Health Sciences, University College Copenhagen, Copenhagen, Denmark, ⁵Master Programme for Occupational Therapy and Occupational Science, University of Southern Denmark, Odense, Denmark, ⁶Institute of Regional Health, University of Southern Denmark, Odense, Denmark, ⁷Research Unit of General Practice, Department of Public Health, University of Southern Denmark, Odense, Denmark

Background: A lifestyle-oriented occupational therapy intervention REVEAL(OT) [Redesign your EVERYday Activities and Lifestyle with Occupational Therapy] was developed and tested for feasibility as an add-on treatment modality to usual care for adults living with chronic pain.

Purpose: To provide a deeper insight into the user perspectives on the delivery process and outputs of the REVEAL(OT) at a Danish pain center, to complete the evaluation process and adapt the intervention in preparation for a randomized controlled trial.

Methods: Focus group interviews with the patients and clinicians involved in REVEAL(OT) were conducted from November 2019 to January 2020.

Results: The patients were satisfied with the REVEAL(OT) and reported a better acceptance of living with chronic pain through increased understanding of pain mechanisms, more effective daily planning and improved social interaction. The patients felt empowered for changing habits, e.g., restarting habitual interests, prioritizing joyful occupations for better occupational balance, and lifestyle modifications.

Contacts with occupational therapists and peer support were important empowering factors. The clinicians found the REVEAL(OT) beneficial as an add-on to the usual care, pointing out the need for adjustments, such as a reduction of the information load and treatment intensity, and improved multidisciplinary cooperation. **Conclusion:** The patients and clinicians found the lifestyle-oriented occupational therapy program relevant as an add-on treatment option within the multidisciplinary chronic pain management course. Reduced information and treatment load, more effective monitoring of lifestyle goals, better management of group dynamics, and a higher degree of communication and cooperation among the clinicians involved in the intervention were needed, which would support adding the lifestyle-oriented occupational therapy program to usual care.

Perspectives: The new knowledge will support the planning and conduct of the future randomized controlled trial, to investigate the effectiveness of the lifestyle-oriented occupational therapy intervention REVEAL(OT) added usual care for adults living with chronic pain.

Abstract No. 161

Community-based Rehabilitation - Oral Presentations (90) - The Role of Peers in Community-based Rehabilitation, September 7, 2021, 16:00 - 17:30

From Passive to Proactive

Service Director Hing Wa Siu¹

¹*Fu Hong Society, Hong Kong, China*

Three years ago, 20 residents of Yau Chong Home (YCH), a supported hostel for adults with mild grade intellectual disabilities, operated by a non-governmental organization (NGO) were informed by the Hong Kong Government (Government) to move out of their home, where they have been living since 1994 for redevelopment purposes.

In the past two decades, these residents had well established a strong connection with community members in the vicinity, like general citizens do. Though these residents are with limited intelligence, they had been actively participating in community volunteer activities, such as street-cleaning and elderly-visiting. They made good demonstration of community presence. The seeds of social inclusion had been embedded through natural involvement and relationship building with the community.

When the Development Bureau of the Government informed these residents that they had to be relocated, there were two distinct views. One was to move out to give way for the redevelopment plan. The other one was to safeguard their home by upholding the right to choose accommodation under the United Convention Right of Persons with Disability. The embedded social inclusion seeds blossomed timely that most of the local citizens encouraged these residents to appeal and signed on a petition to support them. These actions alerted the policymakers and they involved the residents concerned and local citizens to re-discuss the redevelopment plan jointly. With tremendous effort and support from local stakeholders, Secretary of the Transport and Housing decided to modify the plan. Eventually, YCH remained in-situ. This true story has demonstrated the importance of community connection and user participation in the course of policy changes. The whole incident not only sheds light on user-led service planning, NGOs providing rehabilitation services for persons with disabilities have to re-examine the model of service delivery under the current trend of the principles of community rehabilitation.

Abstract No. 163

Poster Presentations (60) - Community-based Rehabilitation, Outdoor, Leisure, Recreation and Physical Activities / Work and Employment, September 7, 2021, 11:00 - 12:00

Boccia is a Magic of Empowerment

Physiotherapist Edmond, Ying Kit Ho¹, Social Worker Joseph, Chun Yin Chau¹

¹Fu Hong Society, , Hong Kong

“Boccia is a magic ball. It does not only provide common language among persons with and without disabilities but also enables me to make achievement outside Hong Kong (HK).” Quoted from one of the persons with disabilities (PWDs) in an award presentation ceremony.

Mobility and intelligence impairment generally prevent a PWD to participate in sports activities which are mainly designed for persons without disabilities (Pw/oDs), so leading to a sense of disempowerment among PWDs. As one of the leading rehabilitation non-governmental organizations in HK, Fu Hong Society (FHS) has started to promote a sports activity - Boccia, since 2013 aiming to enable equal participation of Pw/oDs and PWDs. The Physiotherapists of FHS provided trainings to staff and PWDs and established a culture to organize annual Boccia competitions from 2014 to 2019. Throughout the years, the competitions successfully attracted over 600 participants including PWDs, Pw/oDs, staff, parents and volunteers. FHS treated Boccia as a means to enhance physical coordination and strategic thinking of PWDs, while also inducing regular interactions among themselves through the development of exercise habits. Upon persistent practice, Boccia eventually became a magic ball to empower PWDs for self-breakthrough and strengths development.

This magic of empowerment successfully demonstrated within Hong Kong, then extended and performed in Taiwan. Some empowered PWDs initiated to form a Boccia team for joining the International Boccia Competition held in Taiwan, 2019. The team actively participated in fund-raising, registration, logo-design and trip planning etc. Their determination was not only appreciated by the journalists and the competitors from worldwide, but also spiritually drove them to win the Champion, first runner-up and second runner-up awards in different competitions.

This presentation illustrates that Boccia is not simply a sport for fun, but also what changes PWDs are experiencing and how PWDs are empowered through Boccia training and competitions.

Abstract No. 165

Poster Presentations (60) - Innovative and Assistive Technologies in Rehabilitation, September 8, 2021, 09:00 - 10:00

Monitoring of Daily Health-Condition with Wearable Device and Network

Associate Professor Tomoko Funayama¹, Professor Yasutaka Uchida², professor emeritus Yoshiaki Kogure²
¹Teikyo University of Science, 2525 Yatsusawa, Uenohara, Japan, ²Teikyo University of Science, 2-2-1 Senju, Sakuragi, Adachi,, Japan

Managing health conditions is essential to maintain a good quality of life (QOL). If people with health problems are not able to do daily activities due to their changing condition, their health will be affected in a negative way. To maintain a good QOL, both the assessment of health conditions and daily activities are required. For even better support, a good balance of healthcare and daily activities is proposed. However, it is difficult to assess how daily life and activities can upset health conditions. In particular, subjective information is more difficult to assess than objective information. Wearable technology has enabled the monitoring of long-term health and it provides objective data.

This presentation provides examples of systems with wrist-wearable devices and Cloud recordings to facilitate the rehabilitation of daily life. We examined the accessibility of the system and the relationship between activity and biological information. For this purpose, 4 human subjects aged between 40s and 70s participated in a pilot study. Data analyses included the use of pulse rate (maximum, minimum, and average), degree of subjective health condition, fatigue, stress, and activities.

The results indicated the following 4 things: (1) When the health condition was good, the minimum and maximum pulse rate was low. (2) When the health condition was poor, both the minimum and maximum pulse rates were higher than when the health condition was good. (3) At the time of the activity, the results differed depending on the type of activity. (4) Device operation is still complicated.

A method for assessing the relationship between activity and health condition has been proposed. This survey cannot be generalized, because the number of subjects is small. However, the same tendency was observed in almost all subjects. We are also trying to include biological information other than pulse and machine learning.

Abstract No. 167

Health and Function - Oral Presentations (90) - Cognitive Impairment, September 8, 2021, 16:00 - 17:30

Intensive Interaction Improves QoL of Adults with Moderate/Severe Intellectual Disabilities

Welfare Worker Kam Hang Tai¹, Research and Statistics Officer Hoi Hong Chan¹

¹*Fu Hong Society, Hong Kong*

Persons with moderate/severe Intellectual Disabilities (PIDs) in Day Activity Centers are usually being idled because of their limited cognitive and communication capability. Others cannot fully understand their needs because of communication barrier. Consequently, PIDs become freeze to social interaction or turn to self-stimulating behaviors. Communication is essential for emotional well-being and rehabilitation professionals are eager for ice-breaking.

Intensive Interaction (II), developed in the UK since 1980s, has been proved to be effective in enhancing social engagement of children and adults with learning disabilities in Western culture. However, there were few Asia evidence. In Hong Kong, Fu Hong Society (FHS) conducted trials on application of II in rehabilitation settings since 2009, preliminary results showed that communication of PIDs was improved.

To examine the effect of II on enhancement of PID's fundamental communication, FHS developed a two-year program from 2017 to 2019, involving 11 PIDs. An one-on-one program was tailored to each PIDs for at least 6 months, 15-minute per-session and 3-5 sessions per-week. PIDs have individualized objectives, the quantity of eye contacts, responses, initiating, were video-recorded in the first and last sessions for analysis. Two focus-groups were conducted to collect feedbacks from social workers and trainers.

Eventually, 86% of the objectives were achieved and the communication behavior of all PIDs were enhanced. Relationship, trust and mutual understanding between the PIDs and trainers were strengthened. The intermediate outcome showed that emotion of most PIDs were enhanced and about 40% of them exhibited extended communication by interacting with others, and could enjoy give-and-take in daily-living. Family members were impressive on their advanced interactive behavior.

Current figures support that II is applicable for Asian adults with intellectual disability, fundamental communication of PIDs were enhanced. Further studies involving more PIDS are recommended. A demonstration shall be presented to highlight how II enhanced a PID's livelihood.

Abstract No. 168

Research in Rehabilitation - Oral Presentations (90) - Tools, September 7, 2021, 14:30 - 16:00

Cognitive Stimulation Therapy for Dementia Patients in China

Associate Professor Zhaorui Liu¹, Associate Chief Physician Mengqian Li², Professor Yueqin Huang¹, Senior assistant professor Hongguang Chen¹

¹*Institute of Mental Health, Peking University, Beijing, China,* ²*The First Affiliated Hospital of Nanchang University, Nanchang, China*

Background: In China, compared with pharmacological strategies, the use of non-pharmacological interventions is limited. Behavioural, or psychological intervention packages are not well developed due to the lack of evidence-based information.

Purpose: This workshop is mainly focused on the development process of Chinese version of Cognitive Stimulation Therapy (CST), a non-pharmacological intervention to mild or moderate dementia patients. Evaluation to the effect of CST both from qualitative and quantitative aspects will also be addressed.

Method and content: The English manual of CST was translated into Chinese, and was made adaptations based on Chinese culture. A panel of bilingual experts reviewed and revised the Chinese version. A single blind randomized clinical trial of CST among dementia patients was carried out in Beijing China from 2014 to 2016. Patients were divided into the intervention group and control group. The intervention group received CST, while the control group received treatment as usual (TAU). Outcome evaluations mainly including the cognitive assessment and quality of life of patients and caregiver burden. Qualitative interviews were also conducted with a sample of patients and their caregivers to gather feedback on their experience of CST.

Perspectives: Preliminary findings suggest evidence of delayed deterioration of cognitive function during CST. Caregiver strain also decreased in carers of those receiving CST. However, at the three month follow-up, these improvements were not detected. In the qualitative study, many carers reported they thought CST could be used to prevent cognitive impairment, and taking part in similar stimulating activities might be beneficial for their own memory problems. They learned ways to communicate more effectively with the patients. The findings of the trial suggest the current Chinese version CST is effective during the treatment period, and it is feasible and acceptable.

Abstract No. 169

Policy and Service - Oral Presentations (90) - Illuminating Gaps in Policies and Praxis, September 8, 2021, 14:30 - 16:00

Inclusion of Persons with Disabilities through Rehabilitation: A Sentiment Analysis

PROF. SHALINI GARG¹, MRS. Snehlata Sangwan¹, MRS. Aarti Sehgal¹

¹GGSIPU, NEW DELHI, NEW DELHI, India

Introduction: Inclusion of Persons with Disabilities (PWDs) has been the most debated topic across the globe in the recent past. Although the Indian government introduced many welfare schemes for PWDs, still disabled people are striving hard to gain acceptance in society.

Purpose: The purpose of this study is to spread awareness and suggest measures to the policymakers in order to scale up the condition of disabled people in all aspects of their personal and professional life.

Keeping this in mind, this study aims to analyze the opinions of disabled people towards different rehabilitation practices being followed by various institutions.

Methodology: Sentiment analysis focuses on opinion towards a product or company. For our purpose, the responses of PWDs are assumed to reflect their opinion towards rehabilitation practices which will further help us to identify the best practices for rehabilitation.

Findings: The study finds out that a lot has to be done for the welfare of PWDs as they are not considered in the mainstream. Several incidents have been reported where disabled people feel that they were neglected because of their disability. On the other hand, it was observed that various institutions are working hard for the betterment of PWDs, this alludes that more concerted efforts are required.

Conclusion: Finally, the study concludes that there is a need to develop rehabilitation provisions to fulfill Sustainable Development Goals (SDGs) of the United Nations. Rehabilitation practices designed for PWDs in India should be targeted towards social and livelihood development.

Abstract No. 171

Health and Function - Oral Presentations (60) - Dementia, September 7, 2021, 12:30 - 13:30

Mental Disability Attributed to Dementia among 55+ People in China

Associate Professor Zhaorui Liu¹, Professor Yueqin Huang¹, Senior assistant professor Hongguang Chen¹, Senior assistant professor Tingting Zhang¹, Assistant professor Chao Ma¹

¹*Institute of Mental Health, Peking University, Beijing, China*

Background: Dementia is becoming a leading public mental health problem and one of the most important drivers to disability among older generation. There is no evidence of the prevalence of mental disability attributed to dementia based on a large sample epidemiological survey in China.

Purpose: To describe the prevalence and characteristics of mental disability attributed to dementia in the people aged 55 years and over in China.

Method and content: It is a secondary data analysis using data from the Second National Sample Survey on Disability, which was carried out among 2526145 persons from 771797 households in 31 provinces of China in 2006. World Health Organization Disability Assessment Schedule II, WHO-DAS II was used to evaluate disability. ICD-10 Checklist was applied to make the diagnose of dementia. Prevalence ratios (PR) were estimated from Poisson regression with robust variance for the independent effects of related factors on the prevalence of mental disability attributed to dementia.

Perspectives: The mental disability attributed to early-onset dementia was 0.89‰, and the mental disability attributed to dementia in the people aged 65 years and over was 4.65‰. Persons with older age, high school education or above and unmarried had higher prevalence of mental disability attributed to early-onset dementia, while persons living in western area had lower prevalence. In the people aged 65 years and over, female, persons with older age, high school education or above and with non-agriculture household registration had higher prevalence of mental disability attributed to dementia, while persons living in central and western areas had lower prevalence. Attention should be paid to disability prevention and rehabilitation in the people aged 65 years and over. Women, elder persons, people with higher education level, unstable marriage status, non-agriculture household registration, and living in eastern area should be the key population.

Abstract No. 173

Poster Presentations (60) - Individual / Family Perspectives and Processes, Palliative Care, Psychosocial, September 8, 2021, 10:00 - 11:00

Rehabilitation for Young Adults with Cancer

RN, MSA, Project coordinator Dorthe Søsted Jørgensen¹, RN, Cand.Cur., Head of research clinic Annette Rasmussen¹, MScPH Caroline Matilde Elnegaard, Professor, Ph.D., MSc., OT. Research group leader Karen La Cour, MSc Physiotherapy and PhD student Maria Aagesen

¹Rehpa, Videncenter for Rehabilitering og Palliation, Nyborg, Denmark

BACKGROUND/INTRODUCTION: Young adults (aged 18–39 years) face numerous challenges that strongly contribute to shaping their future, such as choosing a career and family life. Young adult cancer survivors (YACS) therefore may have special rehabilitation needs both during and after cancer treatment. However, knowledge about these needs in a Danish context is limited. **PURPOSE:** The purpose of the present project was a) to gain knowledge on the rehabilitation needs of YACS and b) to investigate how YACS experienced participation in a residential rehabilitation stay. **METHOD/CONTENT:** To identify the rehabilitation needs of YACS a literature search was conducted, and 32 YACS completed self-report questionnaires both before and 12 weeks after their participation in a rehabilitation stay (5+2 days) at REHPA, the Danish Knowledge Centre for Rehabilitation and Palliative Care, in 2016. In the development of the rehabilitation stay patient and public involvement was used. Focus groups were conducted to illuminate how YACS experienced the importance and meaning of the rehabilitation stay.

PERSPECTIVES: The literature search found four themes: “thoughts about identity”, “family life, sexuality and fertility”, “normality and autonomy” and “contact with peers”. The questionnaires showed that all participants had rehabilitation needs in one or more areas, including physical, mental, work and school problems, both before and 12 weeks after the rehabilitation stay. At follow-up fewer participants needed help for their needs compared to baseline.

In the focus groups participants valued being part of an accepting community. Together with the knowledge that they acquired at REHPA, this legitimized their emotions and reactions. This led to increased opportunities for action and specific changes in their everyday life.

The results draw attention to the specific needs of YACS. To address these needs organizational changes in rehabilitation are required. REHPA will support this process continuously e.g. by establishing a network for professionals in rehabilitation.

Abstract No. 174

Health and Function - Oral Presentations (90) - Cognitive Impairment, September 8, 2021, 16:00 - 17:30

Transdisciplinary Team Accommodates Pre-Work Training for Intellectual Disabilities in Macau

Ms Chin Ieng, Charlie U¹, Ms Ngou Cheng, Ruby Chui¹

¹*Fuhong Society of Macau, , Macao*

According to the statistics in September 2019 in Macau, there are around 13, 731 people with disabilities, which is around 2% of the total population. Among this, 8% is diagnosed with intellectual disabilities. Pou Lei Centre of Fuhong Society of Macau, one of the local vocational training centre, is determined to provide diverse opportunities to persons with intellectual disabilities (services users) through work and vocational training, develop their capabilities, improve job motivation and performance, help them to live independently in their communities and actively integrate into the society.

Our centre uses transdisciplinary team consists of Social Workers (SW), Occupational Therapists (OT) and Specialized Tutors (tutors) to accommodate pre-work training for service users. These tutors have their own specialty background such as arts and handicrafts, transdisciplinary team creates opportunities to construct focused training plan to accommodate into pre-work training. Even though these tutors have no health science knowledge, these specialties allow them to take the dominant role, with social workers and occupational therapists performing a supportive role to the tutors to increase respect and recognition, job satisfaction and value to service users in order to improve their quality of life.

Interviews were conducted with tutors to examine (1) the changes in perspectives after working in this position, (2) the efficiency of the support of Social Workers and Occupational Therapists and (3) the productivity of transdisciplinary team in empowering tutors with skills to apply their professional to create pre-work training. Results showed that majority tutors reported approaches/ assistance provided by Social Workers and Occupational Therapists has significantly improved work performance of service users, and showed positive attitude towards transdisciplinary team approach and believed further development can be investigated. In addition, services users had shown favorable improvement in their job motivation and performance which contribute into the continuous progress in their career life.

Abstract No. 175

Work and Employment - Oral Presentations (60) - Individual Placement and Support, September 8, 2021, 11:00 - 12:00

Review of Individual Placement and Support, Employment and Recovery

Doctor, researcher Iben Gammelgård Wallstrøm^{3,4}, **Researcher Pernille Pedersen^{1,2}**, Researcher Thomas Nordahl Christensen⁵, Researcher Lone Hellstrom⁵, Statistician Anders Bo Bojesen⁵, Professor, doctor Elsebeth Stenager⁶, Researcher Sarah White⁷, Professor Ulrika Bejerholm⁸, Researcher Jooske van Busschbach⁹, Doctor, researcher Lene Falgaard Eplov⁵

¹Defactum, Central Denmark Region, Aarhus, Denmark, ²Department of public health, Aarhus University, Aarhus, Denmark, ³Mental Health Services in the Region of Southern Denmark, Svendborg, Denmark, ⁴University of Southern Denmark, Odense, Denmark, ⁵Mental Health Center Copenhagen, Copenhagen, Denmark, ⁶Research Unit of Mental Health, Institute of Region Health, University of Southern Denmark, Aabenraa, Denmark, ⁷Population Health Research Institute, St. George's University of London, London, England, ⁸Department of Health Science, Lund University, Lund, Sweden, ⁹University Medical Center Groningen, Groningen, Netherlands

Background/Introduction

The evidence-based service Individual Placement and Support (IPS) aims to help persons with severe mental disorders to achieve competitive employment and is in this regard superior to other vocational rehabilitation programs. IPS is labelled a recovery-oriented intervention, but studies on the effect of IPS on personal and clinical recovery is limited.

Purpose

The purpose of the review was to assess associations between IPS, employment and personal and clinical recovery among persons with severe mental illness at 18 months follow-up.

Method and content

Besides applying a systematic literature search and meta-analyses, pooled original data were analysed to answer the aim.

The literature search included randomized controlled trials (RCTs) comparing IPS to service as usual (SAU). Primary outcome was self-esteem, and secondary outcomes were empowerment, quality of life, symptoms of depression, negative or psychotic symptoms, anxiety and level of functioning.

Meta-analyses were based on standardized mean differences (SMD) and standard deviations (SD).

Outcomes from pooled original were analysed using linear regression, however, depressive symptoms were divided into three categories and log scale estimates were reported.

Perspectives

In the systematic review eight RCTs were included. Meta-analyses and analyses of pooled original data showed that IPS did not improve the primary outcome or any of the secondary outcomes. For participants employed less or more than median weeks improvements in negative symptoms and level of functioning were found compared to participants not working. Participants employed more than median weeks improved quality of life compared to those not working.

IPS was not associated with improvements in personal or clinical recovery. Employment was associated with improvements in negative symptoms, quality of life and level of functioning.

Abstract No. 176

Policy and Service - Oral Presentations (90) - Illuminating Gaps in Policies and Praxis, September 8, 2021, 14:30 - 16:00

Implement of CRPD and SDGs in Macau (2010 - 2017)

Ms Ngou Cheng, Ruby Chui¹, Ms Hio Tong, Jessica Wong¹

¹*Fuhong Society of Macau, , Macao*

Inclusiveness has highly attracted extensive attention worldwide. Discrimination in race, religion, nationality, culture, age, sexual orientation and identity is intolerable. Inclusive is by means of making various groups of people feel included and valued in their community, while being excluded or feel on the margins of the society causes direct impact on one's health. People with disabilities, being the minority of the community are more likely to encounter unfairness in the society. Thus, equality and inclusion within health and social care are vital to ensure they are being valued.

Pursuant to the periodic report in relation to the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) that the Macau Special Administrative Region of the People's Republic of China (MSAR) has submitted to the United Nations Committee on the Rights of Persons with Disabilities, which reported the accomplishment in between 2010 and 2017. The MSAR has achieved considerable progress at different levels in the protection of human rights and implementation of specific rights such as equality, education, awareness, dissemination, personal mobility, accessibility, freedom from punishment and violence, freedom of expression, inclusiveness, habilitation and rehabilitation, work employment and etc.

Moreover, the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) are disability-inclusive in their efforts to promote and create a resilient and sustainable environment for all persons. By recognizing persons with disabilities as key stakeholders in a country's development and encourage governments to include them in relevant policymaking to create an accessible community. In Macao, one of the effective way of promoting the development of SDGs is the theme of the campaign, "One Belt One Road" initiative, and the development of Macao. Eventually, having a continuous awareness of inclusion, the MSAR Government will continue to allocate resources to ensure the full implementation of the Convention.

Abstract No. 177

Work and Employment - Oral Presentations (60) - Individual Placement and Support, September 8, 2021, 11:00 - 12:00

Vocational Outcomes of Individual Placement and Support across Diagnoses

Researcher Lone Hellstrom¹, Researcher Pernille Pedersen^{2,3}, Researcher Thomas Nordahl Christensen¹, Doctor, researcher Iben Gammelgaard⁴, Statistician Anders Bo Bojesen¹, Professor, doctor Elsebeth Stenager⁵, Researcher Sarah White⁶, Professor Kim Mueser⁷, Professor Ulrika Bejerholm⁸, Researcher Harry Michon⁹, Researcher Jooske Van Busschbach¹⁰, Doctor, researcher Lene Falgaard Epløv¹

¹Research Unit, Mental Health Centre Copenhagen, Copenhagen, Denmark, ²DEFACTUM, Central Denmark Region, Aarhus, Denmark, ³Department of public health, Aarhus University, Aarhus, Denmark, ⁴Research Unit of Mental Health, Institute of Clinical Research, University of Southern Denmark, Odense, Denmark, ⁵Research Unit of Mental Health, Institute of Region Health, University of Southern Denmark, Aabenraa, Denmark, ⁶Population Health Research Institute, St. George's University of London, London, England, ⁷Center for Psychiatric Rehabilitation, Boston University, Boston, USA, ⁸Department of Health Science, Lund University, Lund, Sweden, ⁹Trimbos Institute, Utrecht, Netherlands, ¹⁰University Medical Center Groningen, Groningen, Netherlands

Background/Introduction

People with diagnoses within the schizophrenia spectrum comprise the majority of participants in studies of IPS, whereas people diagnosed with bipolar disorder, major depression, and other psychiatric diagnoses are included to a lesser extent. Given the very different courses of the diagnoses, the effect of IPS may differ according to that; however, there has been a lack of attention to diagnostic differences in outcomes of IPS studies.

Purpose

To investigate the effectiveness of IPS on return to competitive employment compared to services as usual (SAU) across three different subgroups of severe mental illness; schizophrenia, bipolar disorder, and major depression.

Method and content

A total of 12 studies were included in the systematic review of which five studies provided original data. Effectiveness was measured at 18 months follow-up as hours and weeks worked, being competitively employed, and time to return to work (RTW). Number of hours and weeks worked were analyzed using linear regression. Competitive employment and time to RTW were analyzed using logistic regression and proportional hazard regression, respectively.

Perspectives

Participants with schizophrenia receiving IPS worked more hours and weeks compared to SAU, while no difference between interventions was found for participants with bipolar disorder or depression. Participants with schizophrenia and bipolar disorder were more often competitively employed and returned to work faster compared to the SAU group. No difference was found for participants with depression.

Overall, IPS was more effective than SAU regarding hours and weeks worked, obtaining competitive employment, and time to RTW. This applied particularly for participants with schizophrenia, whereas the effect was not as evident for participants with bipolar disorder, and no significant effect was found for participants with depression.

Abstract no. 178

Education and Professionalization in Rehabilitation - Oral Presentations (60) - Education in Praxis, September 8, 2021, 10:00 - 11:00

How do Monthly Topics Perform as an Interprofessional Learning Method?

Physical Therapist Vibeke Wagner¹, Occupational Therapist Daniela Jakobsen¹

¹Department of Brain Injury Rehabilitation, Rigshospitalet Neuro Center, Copenhagen, Denmark

Background/Introduction: Patients with severe brain damage have complex challenges with their vital, sensorimotor, perceptive and cognitive functions. Therefore, interprofessional interventions need to be consistent and of high quality. In a setting of highly specialized interprofessional rehabilitation, challenges have been observed in terms of achieving, developing and maintaining staff skills within complex rehabilitative interventions. Based on theories of situated learning and implementation of skills in daily work, "Focus of the month" was developed.

Purpose: The purpose was to evaluate methods for interprofessional learning by defining a monthly topic and select learning methods for achieving, developing and maintaining skills among staff. Furthermore, we aimed to identify gaps in interprofessional management and treatment.

Method and content: The project ran four months from August 2019 and involved interprofessional staff. The monthly topics were: "Safe and functional sitting position", "Oral hygiene" and "Patients with tracheal tube". Learning methods varied depending on the topics and included: short presentations during safety briefing, bedside supervision by clinical specialists, learning labs and lectures. Furthermore, the clinical specialists identified gaps and improved working processes and documentation systems.

Evaluation focused on facilitators and barriers for each topic. The main facilitator was sufficient resources to prepare and execute the planned methods, in this project supported by leaders. Barriers were staff who were not informed about the intervention (e.g. evening shift), patients who deteriorated acutely, or staff on sick-leave. Effects of the monthly topic were noticed in daily practice e.g. staff now feel an interprofessional responsibility towards oral hygiene, but were not evaluated systematically.

Overall, the method was found appropriate and useful in our clinical setting.

Perspectives: To maintain skills, topics of the month could appear regularly. Future "topics" could be completed as educational projects, with specific goal-setting and systematic evaluation of staff's skills before and after.

Abstract No. 180

Work and Employment - Oral Presentations (90) - Evaluation and Effect of Return to Work Interventions, September 8, 2021, 14:30 - 16:00

Register Study on Employment Status among Colorectal Cancer Survivors

Researcher Pernille Pedersen^{1,2}, Researcher Thomas Maribo^{1,2}, Professor Claus Vinther Nielsen^{1,2}, Professor Søren Laurberg^{3,4}, Researcher Therese Juul^{3,4}

¹DEFACTUM, Central Denmark Region, Aarhus, Denmark, ²Department of Public Health, Aarhus University, Aarhus, Denmark, ³Department of Surgery, Aarhus University Hospital, Aarhus, Denmark, ⁴Department of Clinical Medicine, Aarhus University, Aarhus, Denmark

Background

With an increasing incidence of colorectal cancer (CRC) and improvements in survival rates, the group of CRC survivors is growing, and work-related issues become increasingly relevant. CRC survivors have reduced employment rates and increased risk of early retirement. In order to be able to support survivors' return to work (RTW) it is important to gain more knowledge, as employment is associated with higher quality of life, and survivors often regard returning to work as a sign of recovery. However, little is known about work outcomes in this group, especially during the long-term follow-up.

Purpose

The study aims to investigate employment status up to 10 years after an incident CRC diagnosis compared with a matched cancer-free population, and to assess to what degree socio-demographic, clinical and employment characteristics influence these outcomes. Moreover, the study aims to evaluate the impact of cancer type, treatment regimen and bowel dysfunction on employment status up to 10 years after an incident CRC diagnosis.

Method and content

All patients between 20 and 60 years of age diagnosed with CRC in the period 2000-2015 are identified in the Danish Cancer Registry, while a matched control group of non-cancer patients is identified in Statistics Denmark. Relevant variables are drawn from several Danish population-based registries: The Danish Cancer Registry, Statistics Denmark, Danish National Patient Register, The Danish Register for Evaluation of Marginalization (DREAM) and from the Danish Colorectal Cancer Group database. Moreover, patient reported outcomes on bowel dysfunction for a subgroup of the patients are included. Employment status based on DREAM data is defined as number of weeks working, and time to RTW.

Perspectives

The study is ongoing, but results will be ready for presentation at the conference. The study will provide evidence of which factors are associated with CRC survivors RTW.

Abstract No. 181

Individual/Family Perspectives and Processes - Oral Presentations (60) - Co-production and Involvement of Relations in Rehabilitation, September 9, 2021, 10:00 - 11:00

Discrepancies Between user Perspectives and Rehabilitation Practice

Adjunkt Birgitte Stamp¹

¹*Københavns Professionshøjskole, Ergoterapeutuddannelsen, København N, Denmark*

Introduction: Rehabilitation literature distinguish between an external workflow and an internal psychological process of the user. When rehabilitation practice is conducted much attention can be given to the external process, regardless that the internal process according to several authors is the most significant enabling users to resume a meaningful life.

Purpose: The investigation is exploring users' perspective on their rehabilitation process and how they live through the internal process. The purpose is to strengthen users' voice in the rehabilitation discourse and healthcare planning.

Method and content: A qualitative phenomenological study based on narrative interviews. Informers are diagnosed with stroke and one in addition with aphasia. The setting is a region of Denmark in 2019. All 6 informants had completed the offered health care interventions. In order to cultivate users' perspectives' the empiric material was analyzed according to Giorgi and the themes was co-created with a user.

Perspectives: The results describe users' travels towards everyday life and their internal process. Users experience a new identity and a new life. In the meeting with public health care they have met a system interested in helping with physical dysfunctions, activities and partial in getting back to work and everyday life – but also a system not interested in the internal psychological processes and narratives. Public Health Care interventions has somewhat contributed to but has also counteracted in the users endeavor fulfilling the internal processes. Users have experienced negotiations with health care professionals regarding identity, independence and positions. The results indicate that rehabilitation cannot succeed for the individual just by following institutional procedures. And that there may be need of constant reflection amongst community service providers, professionals and health care planners in rehabilitation practice. The results might help narrowing the gap between user perspectives and rehabilitation practice.

Abstract No. 182

Community-based Rehabilitation - Oral Presentations (90) - The Role of Peers in Community-based Rehabilitation, September 7, 2021, 16:00 - 17:30

Disability and Integration: The Gambia Experience

Mr Yahya Muhammed Bah¹

¹*Tourism For All The Gambia Charter, Serekunda, Gambia*

ABSTRACT

More than 10% of Gambians are persons with disabilities either as a result of mental, sensory or physical impairments. It has been documented throughout Africa that persons with disabilities have been stigmatized. This stigma can create barriers to integration that hinder the ability of persons with disabilities to live and interact with others. This, in turn, can affect their opportunities to earn a living.

The purpose of this study was therefore to investigate factors that hinder the integration of persons with disabilities into mainstream society. Specifically, the researchers investigated how people's perceptions and attitudes about disabilities affect the integration of persons with disabilities into communities; what respondents believed was needed in order to achieve community-based rehabilitation; and the perceptions of the community regarding the importance of the societal integration of persons with disabilities in relation to their fundamental needs. To answer these questions, surveys and focus groups were conducted in and around the capital city of Banjul.

The findings of the study revealed that negative attitudes that many people have about disabilities are attributable to the poor integration of disabled persons in society. Community based rehabilitation stood out as the most appropriate approach to the integration of persons with disabilities. The study further revealed that disability and integration should primarily be community-based because there are more suitable problem-solving prospects within communities. Full integration surfaced as a fundamental solution to the problems of persons with disabilities because it ushers acceptance, respect and subsequently promoting equal rights and equal opportunities for disabled persons.

Key Words: persons with disabilities, integration, The Gambia.

Abstract No. 183

Health and Function - Oral Presentations (90) - The China Mental Health Survey - Various Perspectives, September 8, 2021, 14:30 - 16:00

Mental Disability Attributed to Psychosis in China

PhD Candidate Rui Peng¹, Associate Professor Zhaorui Liu¹, Professor Yueqin Huang¹, Senior Assistant Professor Hongguang Chen¹, Assistant Professor Chao Ma¹, Senior Assistant Professor Tingting Zhang¹
¹Peking University Sixth Hospital (Institute of Mental Health), Key Laboratory of Mental Health, Ministry of Health (Peking University), Beijing 100191, China, Beijing, China

Background: Psychosis is a group of severe mental disorders which leads to persistent disability among patients. There is no evidence of the prevalence of mental disability attributed to psychosis based on a large sample epidemiological survey in China.

Purpose: To describe the prevalence and characteristics of mental disability attributed to psychosis among persons aged 15 years and over in China.

Method and content: This study is a secondary data analysis using data from the Second National Sample Survey on Disability, which was carried out among 2526145 persons from 771797 households in 31 provinces of China in 2006. World Health Organization Disability Assessment Schedule II was used to evaluate disability. ICD-10 Checklist was applied to make the diagnose of psychosis. Prevalence ratios (PR) were estimated from Poisson regression with robust variance for the independent effects of related factors on the prevalence of mental disability attributed to psychosis.

Perspectives: The mental disability attributed to psychosis was 4.16‰. Among all types of psychosis, mental disability attributed to schizophrenia was the highest (3.75‰). And the severity of mental disability attributed to psychosis was higher than that of non-psychosis disorders. Female (PR=1.50), persons with older age (PR for persons aged 30-49 years, 50-64 years, and 65 years and over were 12.78, 13.90 and 6.56 respectively), persons never married (PR=11.74), or divorced or widowed (PR=3.22), and people living in western areas (PR=1.09) had higher prevalence of mental disability attributed to psychosis, while persons from minority ethnic groups (PR=0.74), finished junior high school (PR=0.82), and population with non-agriculture household registrations (PR=0.81) had lower prevalence. Attention should be paid to disability prevention and rehabilitation in Chinese adults with mental disability attributed to psychosis. Women, older persons, unstable marriage status, living in western area, Han ethnic group, and people with agriculture household registrations should be the key population.

Abstract No. 185

Community-based Rehabilitation - Oral Presentations (60) - Craftsmanship and Art in Community-based Rehabilitation, September 9, 2021, 09:00 - 10:00

Autistic Adult's Art Skills Potential Development –A Narrative Case Report

Ms Chin Ieng, Charlie U¹

¹*Fuhong Society of Macau, , Macao*

Autism Spectrum Disorders (ASDs) can affect learning by impairments in social interaction, communication, distractions and behavioral functioning that can affect the development and quality-of-life of the affected individual. This narrative case report shares the experience of a serve Autistic young adult who was also diagnosed with mild intellectual disability and was assigned to receive vocational training in a local center. His potential to sketch was occasionally recognized, and thus personal rehabilitation development plan and vocational training programme were adjusted to harvest his art potential. Through recreational art sessions, studying other artists' works for inspiration and obtaining direct advice of drawing, he has adopted incredible fine art skills. With a 0.38 mm fine line pen, he has drawn over hundreds of artworks based on buildings, world heritages and monuments. He has launched over 50 Cultural and Creative products and established some extraordinary production lines with the cooperation of other service users with intellectual disabilities from the center, to promote the employment of people with disabilities and enhance social awareness regarding ASDs. He also held thus far ten art exhibitions and three joint art exhibitions, in different cities over the world. Government and enterprises identified his work and invited him to cooperate in different art projects. He is the first Autistic Adult to be honorably awarded by the Macau SAR government for his outstanding performance in personal achievement and social contribution to the Macau SAR.

People with Autism have special gifts and special needs. We positively believe that with sufficient coaching and supporting, they can develop their potentials into skills and be contributing members of their communities. Thus we anticipate by sharing this narrative will inspire others on cultivating Autistic Adult's greatest abilities within their circumstances and promote the importance of Autistic Adults' potential development.

Abstract No. 187

Data and Monitoring in Rehabilitation - Oral Presentations (90) - Monitoring and Evaluation, September 9, 2021, 16:00 - 17:30

Developing a Stroke Rehabilitation Exercise Adherence Measure: StREAM

Dr Jess Bollen¹, Professor Richard Siegert², Associate Professor Vicki Goodwin¹, Professor Sarah Dean¹

¹University Of Exeter, Exeter, United Kingdom, ²Auckland University of Technology, Auckland, New Zealand

Introduction: There is a lack of valid and reliable self-report measures for assessing adherence to home based rehabilitation exercise programmes. The measurement of adherence is problematic; however it is necessary to establish the effectiveness of any exercise based rehabilitation programme including those targeted at stroke survivors. We aimed to develop a psychometrically valid and reliable measure which we have called StREAM.

Method: interviews were conducted with stroke survivors (n=16), exercise professionals (n=2) and physiotherapists (n=3) to generate items. Items were then considered by two focus groups of stroke survivors. The initial StREAM was formulated and piloted involving stroke survivors (n=90). The measure was refined and re-piloted and completed twice for test-retest reliability, two weeks apart (n=54 and n=40) when they also completed adjunct measures which accompanied StREAM.

Results: Initially StREAM comprised 70 items. 40 items were removed due to problems with response and 8 due to poor fit to the Rasch model. The Likert response scale was collapsed and a fit to the Rasch model (χ^2 p=0.57) was achieved with a Cronbach alpha of 0.95. The refined 22 item version of StREAM correlated with The Physical Exercise Self-Efficacy Scale (rs=.374, p=.005) and had an ICC agreement of 0.929. However, it no longer fitted the Rasch model. Further items (n=10) were removed and a fit to the Rasch model (χ^2 p=0.098) was achieved with a Cronbach alpha of 0.921; ICC agreement 0.94. The final 12 item version of StREAM fitted the Rasch model, was unidimensional with good content validity and internal consistency. There was also the potential of good reproducibility. However the measure lacked construct validity and had floor and ceiling effects.

Conclusion: Despite some limitations, StREAM has undergone extensive development and contributes to addressing the shortage of validated self-report tools assessing exercise adherence.

Abstract No. 188

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

Multidisciplinary Weaning Protocol Developed as Best Practice

Miss Katje Bjerrum¹, Occupational Therapist Linda-Maria Delgado Grove¹

¹Hammel Neurorehabilitation Centre and University Research Clinic, Hammel, Denmark

Multidisciplinary weaning protocol developed as best practice

L.M.D. Grove, K. Bjerrum. Hammel Neurorehabilitation Centre and University Research Clinic, Denmark.

Introduction: Patients with severe dysphagia are in great risk of aspiration and therefore often in need of a cuffed tracheostomy tube. Preliminary research results indicate that a multidisciplinary team effort results in faster weaning within complex neurorehabilitation settings. However, the multidisciplinary approach is not well recognized. Purpose: The main goal is a safe and fast weaning from the tracheostomy tube through hospital-based rehabilitation. Rehabilitating a patient with a cuffed tracheostomy tube is a very complex task. Health professionals must evaluate daily to make sure that the patient is challenged in accordance with his/her functional level. Shared professional competencies are very important in the weaning process. The nursing staff needs to know how to handle and care for patients with tracheostomy tubes, and the therapeutic approach with graduated stimulation is of equal importance. There is a limited amount of evidence and literature on neurological patients with a tracheostomy tube, and there is no standardized evidence-based multidisciplinary protocol for weaning from a tracheostomy tube. There is a consensus in research results that the need for systematic and individually adjusted weaning protocol is needed.

Content: We have developed a weaning manual, an action-oriented document. This constitutes a foundation for weaning at Hammel Neurorehabilitation Centre and University Research Clinic. The weaning manual is based on research results and best practice, which builds on many years of multidisciplinary experience on neurorehabilitating patients with cuffed tracheostomy tubes.

Perspective/Conclusion: The weaning manual shows a flowchart of the safe weaning process from a cuffed tracheostomy tube in a multidisciplinary setting. The flowchart in the manual guides the staff to ensure a safe weaning from the tube and prevent reintubation.

Key Words: Care and Health Issues, Hospital-based Rehabilitation, Trauma

Abstract No. 189

Individual/Family Perspectives and Processes - Oral Presentations (60) - Co-production and Involvement of Relations in Rehabilitation, September 9, 2021, 10:00 - 11:00

Involvement in Neurorehabilitation: A Systematic Review of Relatives' Experiences

Physiotherapist, MSc in Health Science Linda Kræmer Sundekilde^{1,2}, Physiotherapist, MSc in Physiotherapy Vibeke Wagner¹, MScN, PhD, Associate Professor Birgitte Nørgaard²
¹Research Unit on Brain Injury Rehabilitation Copenhagen (RUBRIC), Department of Neurorehabilitation, Traumatic Brain Injury Unit, Rigshospitalet, Copenhagen University Hospital, Hvidovre, Denmark, ²Department of Public Health, University of Southern Denmark, Odense, Denmark

Background: There is an increased focus on patient- and family-centered care in the Danish health care service. It can be challenging to involve patients with acquired brain injury (ABI) due to cognitive disorders and a low level of consciousness. Therefore, it is apt to involve relatives in the patient's neurorehabilitation.

Objective: To identify and synthesize evidence regarding relatives' experiences of involvement in neurorehabilitation of patients with ABI.

Inclusion criteria: Qualitative studies and grey literature that explored relatives' (>18 years) experiences of involvement in ABI patients' rehabilitation in any neurorehabilitation setting.

Methods: MEDLINE, CINAHL, Embase, PsycINFO, Scopus, PEDro, and OTseeker were searched from inception to 2020. Studies in English, Danish, Swedish, Norwegian and German language were included. Grey literature was searched on 8 Danish websites. References were screened independently by 2 reviewers. Selection, critical appraisal, and data extraction were performed by 1 reviewer. The Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Qualitative Research was applied. Data were synthesized using the JBI approach to meta-aggregation.

Results: The review included 5 studies. Critical appraisal showed low to moderate methodological quality. A total of 51 findings were extracted and aggregated into 11 categories and 3 synthesized findings: 1) Organizational factors generate frameworks and conditions for the involvement of relatives; 2) Health professionals' perceptions of the role of relatives in the patient's rehabilitation have an impact on the degree of involvement; 3) Relatives of patients with ABI have different needs, knowledge, and resources when involved in the patient's rehabilitation.

Conclusions: Organizational factors, health professionals' perceptions and skills, and the relatives' individual needs and resources can be facilitators or barriers for the involvement of relatives in the neurorehabilitation of patients with ABI. We recommend cautious confidence in the synthesized findings due to the studies' methodological quality.

Abstract No. 190

Policy and Service - Seminar (90) - Right to Health for disabled Persons, Contributions, Governance Structure, Economic Incentives, September 8, 2021, 16:00 - 17:30

Economic Incentives of a Non-handicapping Built Environment

Mr Yahya Muhammed Bah¹

¹*Tourism For All The Gambia Charter, Serekunda, Gambia*

ABSTRACT

More than 10% of the world population comprises persons with disabilities. Nevertheless, they are legally entitled to the same rights and obligations as all other human beings. However, too often their lives are handicapped by physical and social barriers that hamper their active and full participation. Because of this, thousands of them in all parts of the globe often face a life that is segregated and debased. In spite of this, it doesn't deprive individuals of contributing their quota to national development. In a bid to look at disabilities and related matters from the social perspective – (the traditional approach), the study was undertaken to examine the economic benefits of making the built environment accessible to persons with disabilities by focusing on the tourist industry. It concentrated on sites within Stockholm and its environs.

Major tasks were to:

1. Examine how the business community views persons with disabilities,
2. Investigate awareness among decision-makers of the market potential of persons with disabilities,
3. Examine the strategies of integrating them into the overall market mix and why,
4. Identify some profit indicators and constraints posing as major hindrances.

Results:

There is a high level of awareness of the potential market of persons with disabilities and those who have decided to seize the opportunities are reaping the financial rewards as manifested by an increase in accessible rooms, high-rate occupancy, and the reasonable impact the accessible rooms have on the overall occupancy rate. The major constraints are lack of experts and awareness.

Key Words: persons with disabilities non-handicapping, built environment, accessibility, disability, universal design, and conventional design.

Abstract No. 191

Psychosocial Rehabilitation - Oral Presentations (60) - Psychosocial, September 9, 2021, 12:30 - 13:30

Comorbidity and Factors of Mental Disability in Physically Disabled Persons

Senior Assistant Professor Hongguang Chen¹, Professor Yueqin Huang¹, Associate Professor Zhaorui Liu¹, Senior Assistant Professor Tingting Zhang¹, Assistant Professor Chao Ma¹

¹*Peking University Sixth Hospital (Institute of Mental Health), Beijing, China*

Background: Due to the long-term effects of loss or limitation of movement, people with physical disability may suffer from mental problems, which further affect their quality of life and increase personal and family burdens.

Purpose: To explore comorbidity and factors associated with mental disability in physical disability among persons aged 15 years and over in China, so as to provide scientific evidences for prevention to multiple disabilities.

Method and content: Using unconditional logistic regression analysis, the data of the Second National Sample Survey on Disability was analyzed to explore risk factors associated with mental disability comorbidity in physical disability. Non-parametric Mann-Whitney U rank-sum test was used to compare impact of disability comorbidity on both mental disability and physical disability.

Perspectives: The prevalence of mental disability attributed to any mental disorder in physical disability was 9.4‰. The comorbidity of individuals with severe disability and functional impairment were higher in physical disability comorbid with mental disability than those in people with physical disability only and mental disability only ($P < 0.05$). The risk factors associated with mental disability comorbidity in persons with physical disability included female (OR=1.60, 95%CI:1.31-1.96), 30-44 (OR=1.98, 95%CI:1.26-3.10) and 45-59 years of age (OR=1.69, 95%CI:1.06-2.68), being unmarried (OR=2.52, 95%CI:1.85-3.44), being widowed or divorced (OR=1.53, 95%CI:1.20-1.95), urban (OR=1.26, 95%CI: 1.02-1.54) and persons with severe disability (Grade I, OR=2.30, 95%CI:1.63-3.26; Grade II, OR=1.76, 95%CI:1.34-2.30; Grade III, OR=1.43, 95% CI: 1.14 -1.79). The comorbidity of mental disability in physical disability is higher than that in general population. Disability comorbidity aggravates degrees of disability and functional impairment of physical disability and mental disability respectively.

Abstract No. 192

Policy and Service - Oral Presentations (90) - Definitions, September 9, 2021, 16:00 - 17:30

Adopting ICF: Change in Rehabilitation Agency Culture and Service Values

Research And Statistics Officer Hoi Hong CHAN¹

¹*Fu Hong Society, , Hong Kong*

The current assessment tool adopted in the Intellectual Disability services of Hong Kong cannot fully reflect the profile of persons with Intellectual Disability (PIDs). Professionals are seeking for a better tool which can fulfill the following criteria: person-centered rationale; demonstrating PIDs' needs; facilitating trans-disciplinary collaboration. The International Classification of Functioning, Disability and Health (ICF) framework matches the above-said criteria, hence Fu Hong Society (FHS) attempted trial run with 31 cases in 2019.

Adopting ICF involves paradigm shift in service values and delivery methods, thus staff training were provided aiming to enhance staff's ICF knowledge which hopefully inducing advancement of PIDs' Quality of Life and trans-disciplinary collaboration. 20 concept-sharing sessions were conducted in 2017, followed by 5 training sessions. 6 focus groups were conducted afterwards to collect staff feedback after trial.

Staff equipped basic concepts, values and know-how of ICF after attending the training sessions. Out of 240 staff, 89.6% indicated that they had better knowledge, while 91.2% had higher confidence in implementation of ICF. The average scores of the above two questions were 4.6 out of 6. Professionals reflected that they alerted more PIDs' perspectives regardless PIDs' cognitive and expressive limitations. About 25% of PIDs' individual plans with diversified needs and personal preferences could be incorporated into service planning. Common language and documentation of ICF facilitated trans-disciplinary collaboration, synergy was established in the joint professional case conferences.

PIDs receiving services of FHS could benefit from ICF's systematic and concrete person-centered service framework. Tailor-made plans for PIDs reflecting right-based value were facilitated. The trial successfully enhanced staff's knowledge in ICF, awareness of PIDs' perspectives and trans-disciplinary collaboration, a full implementation of ICF is recommended. The lessons learned from the ICF trial run will be further discussed during Conference presentation.

Abstract No. 194

Work and Employment - Oral Presentations (90) - Spine and Back Pain, September 8, 2021, 16:00 - 17:30

Meeting the System: People with Back Pain Returning to Work

PT, MA in Educational Psychology Anne Grøndahl Poulsen¹, PT, MHSc, PhD Nanna Rolving¹, PT, MHSc Maja Husted Hubeishy², MA in Anthropology, MPH Lisbeth Ørtenblad¹
¹Defactum, Region Midt, Aarhus, Denmark, ²Interdisciplinary Research Unit, Elective Surgery Centre, Silkeborg Regional Hospital, Silkeborg, Denmark

Background

Return to work (RTW) after sick leave often involves both workplace, healthcare system and job centre. Evidence shows that interventions integrating health and employment services seem important for the RTW process.

Consequently, a large Danish municipality initiated a 1-year project employing two physiotherapists in the job centre focusing on the RTW-process for citizens on sick leave due to back pain.

Purpose

The study had two aims regarding RTW-processes:

1) explore first-person experiences with the RTW-process and 2) investigate the value of physiotherapists in the job centre.

Methods

16 semi-structured interviews were conducted with participants recruited from the job centre between November 2019 and April 2020.

Transcripts were analysed using thematic analysis and an analogy to the field of sports to present the results.

Results

Aim 1) The main theme "Two courses of sick leave" indicate that courses of sick listed citizens overall can be characterized as either smooth or complicated. Three subthemes unfold the main theme: "Meeting the system – teammate or opponent?", "The citizen –an injured player" and "The workplace –a well-known arena".

Meetings in the job centre are described as a waste of resources and citizens request more collaboration between job centre and health care system.

Aim 2) Due to poor implementation only three citizens received one or more interventions from the physiotherapists. All three citizens expressed satisfaction with the interventions.

Conclusions

Aim 1) RTW-processes can be described as an injured player playing a game with unfamiliar rules and insecurity about who is teammate and opponent. In contrast the workplace feels like playing home field.

Aim 2) No conclusions were drawn.

Perspectives

Results are relevant in planning future RTW-processes indicating that citizens would benefit from more collaboration between healthcare system and job centre and that citizens with smooth courses need less comprehensive interventions from the job centre.

Abstract No. 198

**Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Virtual Reality 1,
September 7, 2021, 11:00 - 12:00**

Cybersickness - Possible Adverse Effects from Virtual Reality

Associate professor Uffe Laessoe^{1,2}

¹Research program "Technology closely related to citizens health", University College of Northern Jutland UCN, Aalborg, Denmark, ²Physiotherapy department, University College of Northern Jutland UCN, Aalborg, Denmark

Introduction:

The use of virtual reality (VR) has been quite popular within the gaming industry and increasing interest has also evolved within other settings. In the health sector the use of VR may be promising for different purposes such as behavior therapy and rehabilitation.

The fast development of the VR-equipment (hardware and software) is ongoing, and the relevance for rehabilitation purpose has not yet been established. One concern with respect to VR may be related to possible adverse effects of some VR applications.

Purpose:

The presentation will draw attention to basic challenges in the sensory integration during the use of VR.

Content:

Some VR-users will experience symptoms comparable to motion sickness (seasickness / transport sickness) including dizziness, stomach awareness, etc. In this context the concept "cybersickness" has been established.

The explanation for cybersickness is likely to be found in the artificial sensory integration that occurs in some VR applications. The sensory integration of visual, vestibular and proprioceptive information is the prerequisite for balance and postural control. In VR the visual information may inform the senses about some sort of locomotion which gives an illusion of movement. This illusion is not necessarily matched by the other senses. A sensory conflict may therefore occur when a person is immersed in the VR-experience. The discomfort by the sensory mismatch may apparently be suppressed over time, but little is known about the consequences of this strategy

Perspectives

The use of VR is popular and could have some advantages for rehabilitation purposes, as it can challenge the user in a safe environment. Some applications challenge a sensory disintegration which may not be suitable for all people, however. The use of VR in the health sector calls for careful consideration.

Abstract No. 200

Poster Presentations (60) - Innovative and Assistive Technologies in Rehabilitation, September 8, 2021, 09:00 - 10:00

eHealth Literacy in a Municipality-Based Cancer Rehabilitation Setting

Sine Rossen¹, Mathias Ried-Larsen², Jesper Frank Christensen², Jette Vibe-Petersen¹, Lars Kayser³
¹Copenhagen Centre for Cancer and Health, Municipality of Copenhagen, Copenhagen, Denmark, ²The Centre of Inflammation and Metabolism and the Centre for Physical Activity Research, Copenhagen University Hospital, Copenhagen, Denmark, ³Department of Public Health, University of Copenhagen, Copenhagen, Denmark

Background

Globally, there is an increased focus on how digital technology can support and increase access to health care systems via e.g. mobile devices, internet based services and self-tracking devices. Increased digitalization of health care services requires that users have the skills and knowledge (eHealth literacy) to realize the benefits of digital technologies. The eHealth literacy level of the individual may influence technology acceptance. Also, the eHealth literacy of professionals may be an important factor as health professionals can play a role in mediating attitudes towards eHealth to patients.

Purpose

Based on the idea of supplementing physical activity rehabilitation with digital health technology such as apps, websites or wearables, the present study was performed to describe the eHealth literacy of citizens and health professionals in a cancer rehabilitation setting.

Methods

The study was performed at the Copenhagen Centre for Cancer and Health during October 2016-October 2017. 305 cancer survivors referred to cancer rehabilitation and 20 health professionals answered the eHealth Literacy Questionnaire (eHLQ) or the p-eHLQ for health professionals. Descriptive statistics were performed for questionnaire data. Qualitative data were collected via individual interviews (11 cancer survivors) and a group discussion (6 health professionals).

Perspectives

Results presented on cancer survivors is a synthesis of previously published data. The study showed that eHealth literacy varied among cancer survivors. Some have the skills but are still not receptive to utilize digital technology, while others may lack skills but are receptive to utilize digital technology. Health professionals scored low on p-eHLQ dimensions relating to work related use of technology but were open to digital technologies that supports their professionalism. It is important to both consider and address the eHealth literacy of cancer survivors, but also to address the health professionals' attitudes towards a system when introducing and implementing new digital health technologies.

Abstract No. 204

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

Men's Health

Senior Lecturer Charlotte Aagaard Nielsen¹

¹University College South Denmark, , Denmark

Men's Health

Background

Men in Europe have a lower life expectancy compared to women, and the quality of life for men all over Europe is below the women in the last years of their lives. In addition, the men during a lifetime, are not using the institutions for health care in the same extent as women. This situation is enhanced if the man lives alone and does not have an education or is shortly educated. For decades many kinds of interventions have been carried out to prevent this situation and despite we still do not have methods that can prevent this situation effectively.

Purpose

In this study, we ask how it is possible to influence on behavior in health among young men to prevent this situation later in their lives.

Method and content

The study has two groups of intervention and a group of control. All three groups are asked twice with selected dimensions of European Health Interview Survey (EHIS). In addition, group 1 and 2 are presented for several playful ways of measuring physical performance. Group 1 furthermore was taught 6 lessons about the respiration, heart and blood, muscles and training. The group of control (group 3) only answered the survey. The intension is to get 400 answers or more in the study equally distributed between the three groups.

Perspectives

The study is work in progress and the results will currently be carried out. In addition to the survey we are preparing interviews with informants from the three groups. We will furthermore compare the results from EHIS with answers from other countries in Europe.

Abstract No. 206

Ageing and Rehabilitation - Oral Presentations (90) - Community-based Rehabilitation and Elderly Citizens, September 7, 2021, 16:00 - 17:30

Early Home-Based Every Intervention for the Frail Elderly Citizen

M.Sc. O.T. Anette Lauritsen¹

¹*Furesø municipality, Farum, Denmark*

Introduction

It is well known, that the elderly population in Denmark is increasing. Studies show that home-based everyday rehabilitation has a positive effect on functional ability and quality of life among the elderly population. However, the frailest group among the elderly in the community are still difficult to target in a rehabilitation setting. We also experience this in Furesø municipality.

Purpose

Therefore we decided to investigate the effects of a multidisciplinary home-based everyday rehabilitation programme in the frail elderly citizen.

Method and content

We defined the frail elderly citizen as being ≥ 65 years of age, living at home or at a care centre, with multimorbidity, physical and/or cognitive impairment(s), limited self-care capacity, in need of polypharmacy and already receive municipal support. The rehabilitation programme starts within 5 days after identified functional decline and contains of a systematically interview (ADL taxonomy) with an occupational therapist and caretaker about everyday life, disabilities and goals related to their life. The O.T. assesses the citizens ADL-ability using the Assessment of Motor and Process Skills (AMPS) pre and post intervention. The intervention is based on results of the AMPS and goalsetting and carried out in collaboration between caretakers, O.T.s and the citizen. The project is funded by the Danish health authority and takes place from November 2018 to May 2020.

Perspectives

The preliminary results show that the majority of the group improves their functionality and experiences increased quality of life when using AMPS, goalsetting, and motivation during the rehabilitation process. A group of citizens was not able to participate in the rehabilitation programme due to physical and/or cognitive impairment. The quality of the multidisciplinary collaboration is a condition for success and is ongoing improving during the project due to dedicated co-workers. A long term follow up on functionality and quality of life is needed.

Abstract No. 207

Work and Employment - Oral Presentations (60) - Mental Disorders, September 8, 2021, 11:00 - 12:00

Facilitators and Barriers to the Coordination of Return to Work

Dr Lisa Holmlund¹, Dr Therese Hellman^{1,2}, Associate Professor Lydia Kwak¹, Professor Lars Sandman³, Dr Elisabeth Björk Brämberg^{1,4}

¹*Institute of Environmental Medicine, Unit of Intervention and Implementation Research for Worker Health, Karolinska Institutet, Solna/Stockholm, Sweden,* ²*Occupational and Environmental Medicine, Department of Medical Sciences, Uppsala University, Uppsala, Sweden,* ³*National Centre for Priorities in Health, Department of Health, Medicine and Caring Sciences, Linköping University, Linköping, Sweden,* ⁴*Department of Public Health and Community Medicine, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden*

Introduction

Common mental disorders (CMD) are the main cause of sick leave in Sweden. To integrate services for return to work (RTW) and support the employee, coordination based in primary health care (PHC) is gradually implemented in Sweden. Yet, the evidence for such services is still uncertain. To be able to further develop and evaluate interventions for RTW it is important to explore facilitators and barriers to coordination aimed at RTW and coordination between the employee and the employer.

Purpose

To identify facilitators and barriers to coordination of RTW from the perspective of coordinators and employees on sick leave due to CMD.

Method and content

Participants were coordinators based in PHC (n=18) and employees on sick leave due to CMD (n=9) that had participated in a three-party meeting with at least one employee, employer, and coordinator present. Data collection consisted of semi-structured interviews performed between June 2018 and May 2019. Inductive thematic approach was used to analyze the data.

Findings

Identified facilitators were, positive attitudes towards coordination; development of intervention components and adaptation to local needs; open dialogue between stakeholders; leadership engagement and consensus within PHC. Barriers to coordination were, lack of detailed work description for coordination; lack of formal links between health care and employers; workplace conflicts; lack of team-support; and lack willingness to participate by the employee or the employer. Altogether there was a variation in how coordination was implemented, for example amount of contact with employer and third-party meetings.

Conclusion

Coordination was facilitated within PHC, by active collaboration and consensus, and across systems, by an open dialogue and design of a RTW-plan. There is a need to continue developing policy frameworks and formalized work descriptions for coordination to avoid large variations in implementation of coordination in PHC, and to facilitate evaluation of evidence for coordination.

Abstract No. 208

Poster Presentations (60) - Health and Function 3, September 9, 2021, 10:00 - 11:00

Group Therapy in Subacute Stage after Acquired Brain Injury

Physiotherapist, Phd Gunhild Mo Hansen¹, Physiotherapist, MSc Dorte Møller Chéret¹

¹Regionshospitalet Hammel Neurocenter, Hammel, Denmark

Background

After acquired brain injury, many patients are admitted to in-patient rehabilitation in order to improve their function. There seems to be a large potential to increase intensity in order to improve training results, but limited resources counteract this potential. Group or circuit class training could be a viable and effective means of increasing intensity during in-patient rehabilitation.

Purpose

We aimed at increasing intensity in training during subacute stage in hospital after acquired brain injury.

Method and content

An organized group training called "Activity bloc", was implemented in an in-patient neurorehabilitation ward where patients with complex impairments after acquired brain injury are admitted for subacute rehabilitation. "Activity bloc" consists of two hours of training five days a week and the content varies in order to individualize the actions to fit each participant's neurorehabilitation focus. Patients attend different activities, in groups or supervised training sessions, with an overall focus of involving the patient to take responsibility in his/her participation. All personnel in the team around the patient; physiotherapists, occupational therapists, nurses and other caregivers, are working together in order to achieve mutual inspiration and learn across professions.

Perspectives

In the subacute stage after acquired brain injury, we would like to

- gain a better understanding of improvements in the overall function during group therapy in the subacute stage
- evaluate what can be gained from group training
- evaluate if larger improvements can be obtained by group therapy as well as in supervised sessions
- optimize the contents of the "Activity bloc" in order to match the goals of the participants

Further activities/investigations

A qualitative article is now conducted in order to evaluate the implementation process and to explore how both patients and health personnel experienced the change from individual to group treatment.

Abstract No.209

Research in Rehabilitation - Oral Presentations (90) - Cardiac Rehabilitation, September 8, 2021, 16:00 - 17:30

Systematic Referral to Physical Rehabilitation in Specialized Outpatient Clinic

Physiotherapist Loui Hannibal¹, Physiotherapist Jannie Rhod Bloch-Nielsen¹

¹*Diagnostic Center, Silkeborg Regional Hospital, Silkeborg, Denmark*

Introduction: 62.000 Danes live with chronic heart failure and the disease has an incidence of 12.000. Physical rehabilitation can increase their quality of life, VO₂-max and decrease risk of hospitalization. In spite of this they are not systematically referred from outpatient clinics.

Purpose: This pilot investigated the opportunity to deploy a physiotherapist in the outpatient clinic for patients with heart failure with the purpose to clarify the patients usual physical performance and experiences with physical activity to motivate them to participation in a rehabilitation programme.

Method and content: Through observations in the outpatient clinic and meetings with the nurses, an intervention was developed. To evaluate the effect we looked at the data reported to the Danish Heart Failure Registry. Furthermore we evaluated the intervention on a meeting with participation of the chief physician who is responsible for the outpatient clinic, the nurses employed in the outpatient clinic and the physiotherapists performing the intervention.

Perspectives: From the data in the Danish Heart Failure Registry we saw that in 2017 and 2018 61% of the patients were referred to physical rehabilitation. With a standard of >30% those are already high numbers and in the high end of the national average. In 2019 80% of the patients were referred to physical rehabilitation which is the highest number.

The multidisciplinary evaluation of the intervention showed a wide positivity towards the intervention.

We believe that this pilot has a huge potential. We have shown that with a low cost rethinking and reconstruction of the way we do things, it is possible to make good even better. We see that there is a potential of scaling this pilot into other outpatient clinics e.g for patients with pulmonary diseases, diabetes etc.

Abstract No. 210

Poster Presentations (60) - Community-based Rehabilitation, Outdoor, Leisure, Recreation and Physical Activities / Work and Employment, September 7, 2021, 11:00 - 12:00

Review of Job Loss Interventions for Persons with Inflammatory Arthritis

Phd Student Christina Merete Tvede Madsen^{1,3}, OT, MSc Sara Kjær², Professor in Rheumatology rehabilitation, RN, PhD Jette Primdahl^{1,3,4}, OT, MSc, PhD, Associate Professor Jeanette Reffstrup Christensen^{2,5}, OT, MSc, PhD Cecilie von Bülow^{2,6}

¹Danish Hospital For Rheumatic Diseases, Soenderborg, Denmark, ²Research group for Occupational Science & Therapy, Research unit of User Perspectives and Community-based Interventions, Department of Public Health, University of Southern Denmark mark, Odense, Denmark, ³Department of Regional Health Research, University of Southern Denmark, Odense, Denmark, ⁴Hospital of Southern Jutland, University Hospital of Southern Denmark, Aabenraa, Denmark, ⁵Research unit for General Practice, Department of Public Health, University of Southern Denmark, Odense, Denmark, ⁶The Parker Institute, Copenhagen University Hospital, Bispebjerg and Frederiksberg, Denmark

Background: Persons with inflammatory arthritis (IA) have higher levels of absenteeism from work than those without IA and 20-30% become permanently work-disabled during the first years after being diagnosed. Despite developments of new pharmacological- and surgical treatments, people with IA report reduced work ability. Effective interventions designed to prevent job loss and improve work ability (i.e. job loss prevention interventions) are therefore needed to support people with IA to stay connected to the labour market.

Objective: To present the evidence of the effect of job loss prevention interventions for improving work ability, decrease absenteeism and/or job loss in persons with IA.

Method: A systematic literature search was conducted in PubMed, EMBASE, CINAHL, PsycINFO and the Cochrane Library. A search strategy in a review from 2014 was used and updated with additional keywords prior to search with no time restrictions. Quality assessment was done with Cochrane Risk of Bias Tool-1 and the overall study quality was determined using predetermined cut-off criteria, categorizing studies to be of good-, acceptable- or low quality. Results were summarized narratively.

Results: Six RCTs reported in seven articles were included. One study was of good quality and five of acceptable quality. One study identified significant improvements in work ability, while three found no group difference. One study identified significant difference in absenteeism, while two studies identified no group difference. Two studies identified significant reduction in job loss, while two studies identified no group difference. The inconsistent study results may be due to heterogeneity across interventions (i.e. dose, duration and setting) and outcome measures. The results should therefore be interpreted with caution.

Conclusion: Job loss prevention interventions may have an effect on work ability, absenteeism and in particular job loss among persons with IA. Further high quality job loss prevention interventions studies for people with IA are recommended.

Abstract No. 211

Poster Presentations (60) - Health and Function 3, September 9, 2021, 10:00 - 11:00

Optimisation of Prosthetic Availability for Leg-Amputated Persons in Aarhus Municipality

Physiotherapist Bjarne Sommer Sørensen¹, Physiotherapist Jesper Severins Eliassen¹, Physiotherapist Henriette Gam Rasmussen¹, Occupational therapist Lene Kongsgaard Lund¹, Physiotherapist Simon Nissen¹, Physiotherapist Naja Karen Terp Laursen¹

¹Orthopedic Rehabilitation Center (ogc), Aarhus, Denmark

Background

Approximately 30-40 primary prosthetics are supplied each year for leg-amputated persons in Aarhus municipality each year.

These leg-amputees have a great loss of function and often have several comorbidities with a need for an orchestrated and well coordinated effort.

The main focus is the individual amputee and their needs after incurring a loss of locomotive function and reduced quality of life such as lowered possibilities of social interaction.

Aims:

To show how a holistic approach can be established for this group of people and to describe the concrete actions which have been taken and continually developed to improve the quality of the municipality's offers for this group of people.

Methods:

We are a specialised group located at the Orthopedic Rehabilitation Center, who are working with an evidence-based approach to achieve an optimised process for each individual, based on a societal and a health professional perspective:

- Systematic registration of each leg-amputated person that are discharged from the municipality's system
- An assessment of the persons suitability for a prosthesis in collaboration with the local physiotherapist.
- Establishment of rehabilitation based on peer-feedback and compression therapy for suitable individuals.
- Arrangement of prosthesis meetings between the individual and the prosthetist.

Collaboration with:

- The economically granting authorities in the municipality.
 - The prosthetists throughout the period of rehabilitation.
 - Involvement of the individual and family members
 - Internal exchange of knowledge and development, including internal meetings with regular conferences and systematic use of validation testing.
- Interdisciplinary networking with Aarhus University Hospital (AUH).

The optimised process should have an aim to enhance rapid supply of prosthetics and thereby a reduced loss of function.

Persons should feel that they are involved in the procedure and have a possibility to meet people in the same situation with a possibility for exchange of experiences.

From the health professional perspective, there ought to be flexibility in the administrative procedures, least possible treatment time for the benefit of the patient and patient-centered communication.

Wider perspectives:

In collaboration with AUH, all leg amputated persons will in future (from 2020) be tested via a defined battery of tests and a database will be established. This will provide a foundation for research in this area and enable a continual evaluation of a day-to-day basis and in the long-term strengthen the evidence-base.

Abstract No. 212

Poster Presentations (60) - Community-based Rehabilitation, Outdoor, Leisure, Recreation and Physical Activities / Work and Employment, September 7, 2021, 11:00 - 12:00

Self-Reported Changes in Work Situation among Patients with Stress-Related Exhaustion

PhD-student/physician Anja Beno¹, Professor Ingibjörg Jonsdottir¹

¹*Institutet För Stressmedicin, Göteborg, Sweden*

Background:

Patients with clinical burnout, fulfilling the diagnostic criteria for Exhaustion Disorder (ED) often report long-lasting symptoms including extreme fatigue and cognitive problems, likely to affect rehabilitation and return to work (RTW). Since the work-environment often is a contributing factor to the exhaustion, an interesting question is how large proportion of these patients are forced to make changes in their work situation.

Aim:

The aim of this study was to investigate if patients with ED have made any changes regarding work place, work tasks or working hours due to their disease.

Methods:

Patients admitted to the Institute of Stress Medicine in Sweden between 2004-2012, who were diagnosed with ED were invited to participate in a longitudinal cohort study during and after finishing an 18 months treatment at the clinic. Several follow-ups were conducted and during the 7 years follow-up, questions regarding work situation (changes in work-place, changes in work tasks and/or changes in working hours) were included.

Results:

Eligible for this study were 334 patients and 217 patients (65%) responded. The majority of the patients or 63% (n=98) reported that they had done some kind of change at work with regard to work situation. Almost half of the patients reported that they had changed work place, 42% had changed work tasks and 23% had reduced their working hours. Women were more likely to reduce their working hours (p=0.001) and men were more likely to change work tasks (p=0.03).

Conclusion:

The majority of patients with previous ED report that they, due to their exhaustion, had to make some kind of change regarding their work situation. The observed sex difference is plausible a gender issue related to work-family life balance. Work-place adjustments is an important issue and increased awareness among employers is essential in order to better support the RTW process.

Abstract No. 213

Individual/Family Perspectives and Processes - Seminar (60) - Goal Setting and Rehabilitation, September 7, 2021, 12:30 - 13:30

Development Project: Goal Setting in Municipal Neurorehabilitation

Physiotherapist Marianne Jensen¹, Physiotherapist Ulla Bach Byriel Walls¹

¹Rehabiliteringsenheden Randers Kommune, Randers, Denmark

Background

Goal setting is seen as a key element in rehabilitation (1). This can be a challenge, which is backed up by literature describing barriers such as a lack of time, the fact that the patients are not ready for goal setting, that the staff do not have the right tools and that patients experience a lack of dialogue with the health staff about their goals (2,3).

In our practice with patients, we also experience challenges, and we have therefore launched a development project to increase the quality of goal setting with the patients.

Purpose:

To find and implement a method of goal setting where a) patients experience that they are an active part of the goal setting, b) the therapists become more structured and consequently more targeted at goal setting with the patients.

Method:

The target group is patients with acquired brain damage, discharged from hospital to municipal rehabilitation. All patients are attached to the labour market.

The starting point was G-AP (Goal setting and Action Planning), which is a theoretical approach in municipal neurorehabilitation (4)

The procedure of the goal setting process was described, and the method was adapted to our context. A document to be used in the meeting with the patients was developed.

Therapists meet every second month to follow up on the implementation of the method.

Conclusion and perspective:

G-AP as a starting point is useful for goal setting in our context. The implementation meetings have been important in order to keep the process going.

The therapists experience that the goal setting with the patients has become structured and has become a continuous process. The goals are regularly adjusted, which gives direction to the patients process.

The goal setting document can be used as a pedagogical tool, just as it becomes part of the documentation; also it may be passed on as information to collaborators.

In 2020 the patients will be interviewed in order to throw light on their experiences of goal setting.

1. Wade D. Rehabilitation – a new approach. Part three: the implications of the theories Clinical Rehabilitation 2016, Vol. 30(1) 3–10

2. Siegert RJ, Levack WMM. Rehabilitation Goal Setting. Theory, Practice and Evidence. Press/Taylor & Francis Group

3. <https://sundhedsdatastyrelsen.dk>

4. <https://www.g-apframework.scot.nhs.ukx>

Abstract No. 215

Leisure, Recreation and Physical Activities - Seminar (60) - Sport and Physical Activity, September 8, 2021, 13:30 - 14:30

Part of the Session on “Sports and Physical Activities”.

Phd Isabel Stolz, Phd Vera Tillmann¹, PhD Volker Anneken¹

¹*Research Institute for Inclusion by Physical Activity and sport (FIBS), Frechen, Germany*

Title: People with Disability – (Social) participation in life by physical activities

Background/Introduction:

Physical activity and sports does have multifaceted effects on a physical, psychological and social level and on quality of life. Yet, besides the individual effects, physical activity has an impact on employment, leisure time or living environment as well. Communication skills developed in team sport, increasing once self-efficacy or gaining competences in solving problems are not only relevant in sports related settings, but also at work, in self-advocacy and making decisions or participating in leisure-time activities.

Purpose:

The purpose is to present and discuss results from different studies about the impact physical activity/sports can have on participation of people with disability in various areas of life.

Method and content:

Vreuls et al. (2019, 884) have shown how indoor-climbing positively affected the employability of people with intellectual disability (ID) by increasing the psycho-sociological health, the communication skills or their willingness to take responsibility. Women’s’ self-efficacy could be increased as well. Through mobility training and sport for people using a wheelchair in their daily life, Anneken et al. (2010) have shown a positive impact on quality of life. Heydenreich et al. (2017) found out the high impact sport has on vocational rehabilitation for people with visual impairment.

Perspectives:

Even though a variety of studies has highlighted the impact of physical activity/sports on different areas of life, further research is still necessary to gain more knowledge about the multifaceted effects physical activity/sports can have to increase the overall participation of people with disabilities.

Abstract No. 216

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

Peer Mentoring in Primary In-Patient Rehabilitation

PT, MR Dorte Dahl Hoffmann¹, MD, PhD Helge Kasch^{1,2}

¹Spinal Cord Injury Centre of Western Denmark, Viborg, Denmark, ²Department of Clinical Medicine, Aarhus University, Denmark

Background/Introduction

Sustaining a spinal cord injury (SCI) is a dramatic and pivotal life event. Uncertainties about future expectation and prognosis are key terms for SCI patients undergoing primary rehabilitation. Could peer mentoring be helpful? In a nation-wide project the role of peer mentoring as supplement to highly specialized professional rehabilitation efforts was examined.

Purpose

To investigate if: a) systematic peer mentoring for in-patients with sub-acute SCI is feasible and achievable, b) SCI peer coordinators could be integrated in highly specialized hospitals.

Methods and content

SCI incidence is 130/year, prevalence is 3000 (Denmark). During a one-year period (2016) a feasibility study was conducted, establishing a nation-wide corps of volunteer peer mentors (n=57), and local project personnel was assigned. In-patients (mentees) were offered up to 3 sessions (a few more if needed) with a volunteer peer mentor, and completed self-report questionnaires prior to and after mentor sessions. Empirical data on the effect of having employed peers were gathered.

Perspectives

A total of 52 eligible in-patients participated, of whom 50 completed the final questionnaire. Eleven (22%) participated in one meeting, 13 (26%) two meetings and 26 (52%) reported three or more (maximum of 5) meetings. Thirty-two participants (64%) found the number-of-meetings appropriate, 17 (34%) were not satisfied and one (2%) did not know. Ninety-four percent recommended others to meet with a peer mentor. Peer mentoring has afterwards been established as a standard offer during primary rehabilitation with employed peer coordinators and an expanding contingent of volunteer mentors. Establishing a mentor program at a highly specialized neuro-rehabilitation unit is feasible and acceptable. Having persons with personal experience in living with a SCI as employees at SCI units is highly recommendable. More research is needed to investigate effects, the timing and length of peer mentoring in rehabilitation.

Abstract No. 219

Leisure, Recreation and Physical Activities - Oral Presentations (60) - Participation in Physical Activities, September 8, 2021, 09:00 - 10:00

Activity Perspectives on Mobility Device Use – A Narrative Review

Phd, Docent Tina Helle¹, Phd, Associate professor Åse Brandt², Phd, Senior Lecturer Stina Meyer Larsen³
¹University College Northern Denmark, Aalborg, Denmark, ²University of Southern Denmark, Odense, Denmark,
³University College Lillebælt, Odense, Denmark

Background

Mobility devices, such as rollators, walkers and wheelchairs, are provided to compensate for functional loss and to improve activity and participation. However, some studies have demonstrated that mobility devices become part of everyday activities; for instance, a rollator may function as a tray for transportation of objects or a bench to rest on during activity. Hence, mobility devices seem to serve in more ways than only as compensation, it seems like it becomes an integrated part of an individual's daily activities. In spite of this, there has only been little focus on the activity perspective of mobility devices.

Objective

To reveal what is known about the activity perspective of mobility device use during activity performance.

Methods

A narrative literature review was performed in PubMed, CINAHL, PsycINFO, Sociological Abstracts and SocINDEX. The databases were searched using two sets of search terms (i) mobility device, wheelchair, walker and synonyms and (ii) activity, occupation, everyday life and synonyms. The search strategy, including both keywords and subject headings, was developed and adapted to the searched databases in collaboration with an experienced information scientist.

Results

At the day of the conference, we will be able to present what is known about activity perspectives of mobility device use during the performance of everyday activities. With this knowledge at hand, we will learn even more about the mobility device delivery including the complexity of selecting the most appropriate mobility device to each person. This knowledge is critical for moving interdisciplinary rehabilitation societies towards maximizing individuals' potentials and opportunities to live the life they want.

Conclusions

When striving to improve human resources and move societies beyond what is already known, it is crucial to understand the activity perspectives of mobility device use during the performance of daily activities for people living with disabilities.

Abstract No. 220

Leisure, Recreation and Physical Activities - Oral Presentations (60) - Inclusion and Accessibility in Sports and Physical Activity, September 7, 2021, 11:00 - 12:00

The New Developments in Accessibility and Golf in Finland

PhD. Veijo Notkola², MSc Pii Tarnanen¹, PhD. Jarmo Perttunen¹

¹Tampere University of Applied Sciences, Tampere, Finland, ²University of Helsinki, Helsinki, Finland

Golf is a low-intensity sport and suitable for all. However, some players may have e.g. neuromusculoskeletal problems or intellectual impairment, but they still would like to play. At present, we definitely need the accessible golf environments and new golf playing tools. Furthermore, we should improve attitude environment among golfers, that handicapped persons are accepted. The purpose of the study was to support accessibility and inclusion in golf and to improve possibilities to play golf. First aim was to evaluate accessibility among golf courses and to develop new tools to evaluate it. Second aim was to analyse the suitability and usefulness of Paragolfer. The next step in 2020 is to find out, how patient organizations and golf associations could co-operate in local level to encourage handicapped persons to play golf. During the study we have developed special checking form to analyse accessibility. Based on this form we have analysed, what kind of accessibility problems handicapped players have in golf environment. In most cases, we are concentrating, how neuromusculoskeletal problems are causing problems in golf environment. In the next step, we studied how suitable Paragolfer, which allows the player to move across the golf fairway safely, was for the handicapped persons. Therefore, we have had the spinal cord injury group. Over 100 items per golf course were analysed and in most cases golf courses were appropriate for handicapped players. The most serious problem was, that outside toilets could not be used by handicapped players. Usually golf courses were pleased to get information, what kind of problems they had. During the year 2019 The Finnish Golf Association started to use the developed checking form in their normal work. Furthermore, almost 100 handicapped persons have tested Paragolfer and the results are promising. Some golf courses are even planning to buy their own Paragolfer.

Abstract No. 221

Individual/Family Perspectives and Processes - Seminar (90) - Self Management, Stroke and Rehabilitation 2, September 8, 2021, 14:30 - 16:00

Self-Management Support for Elderly People Post-Stroke - A Danish Perspective

Associated Professor, Head Of Clinical Physiotherapy Research Hanne Pallesen¹, Post doc Erhard Trillingsgaard Næss-Schmidt, PhD student Simon Svanborg Kjeldsen, Research assistant Sedsel Kristine Stage Pedersen, Research assistant Susanne Lillelund Sørensen, associated professor Iris Brunner, professor Jørgen Feldbæk Nielsen

¹Hammel Neurorehabilitation And Research Centre, University Of Aarhus, Hammel, Denmark, Hammel, Denmark

Background: Post-stroke sequelae frequently lead to a more isolated and inactive life. The introduction of a novel self-management intervention in combination with traditional physical and occupational therapy, may enhance self-efficacy of self-management after stroke. This may thereby also increase quality of life and lessen the burden on relatives.

Purpose: To investigate the effect of a novel self-management intervention to support elderly people after stroke.

Methods and content: Randomized controlled trial. Sixty-nine individuals with stroke aged > 65 years have been randomized either to a group receiving conventional neurorehabilitation (control) or to an additional novel self-management intervention. In the intervention group, patients with stroke were offered eight self-management sessions of 45–60 min duration by a physiotherapist or an occupational therapist during a period of nine months after discharge.

Study outcome measurements: Stroke Self-efficacy Questionnaire, a short version of Stroke Specific Quality of Life Scale, Impact of Participation and Autonomy Questionnaire, and Caregiver Burden Scale.

Furthermore, physical activity will be assessed using accelerometers. All outcomes except “impact on participation” and “autonomy” will be assessed at baseline, three months, and nine months after discharge. Impact of participation and autonomy will be assessed at three and nine months after discharge.

Patient, informal caregiver, and therapist satisfaction were examined by way of questionnaires and interviews.

The inclusion is complete. The final results will be available in summer 2021 and will be presented and discussed at the congress.

Perspectives: Self-management interventions are promising strategies for rehabilitation, potentially increasing self-efficacy, quality of life, as well as participation and autonomy. The current trial “Stroke - 65 Plus. Continued Active Life,” will provide further evidence of self-management strategies to clinicians, patients, and health economists.

Abstract No. 223

Individual/Family Perspectives and Processes - Seminar (60) - Self Management, Stroke and Rehabilitation 1, September 8, 2021, 13:30 - 14:30

Three Key Dimensions of Self-Management – A British Perspective

Professor of Rehabilitation Fiona Jones¹

¹*Faculty of Health Social Care and Education, St George's University of London and Kingston University., London, United Kingdom*

Background: The self-management concept made its first entry into the arena of stroke care and rehabilitation a decade ago, when the United Kingdom national guideline for stroke included the term 'self-management' in a passage on self-efficacy training. Since then, stroke self-management approaches have increased and include models integrated into rehabilitation or provided in addition to usual care. A considerable number of clinical studies have been published, including a Cochrane review in 2016, generating a growing evidence base. Systematic reviews and influential opinion pieces in the medical and rehabilitation literature now actively promote the inclusion of self-management into stroke care pathways but the best methods are yet to be fully established. However, the term remains somewhat ambiguous, multi-faceted and contentious; patients can misinterpret and understand it to be 'going alone' and clinicians can be hampered by perceptions that patients, with low motivation or cognitive problems, would not be able to self-manage.

Purpose: To illuminate i) The theoretical foundation of self-management programme in stroke rehabilitation and present ii) The intervention characteristics of self-management in stroke rehabilitation in the UK (BRIDGES) and iii) How inclusive and tailored approaches to self-management can work in practice with the impact of increasing stroke survivors' and caregivers' confidence to self-manage.

Methods and content: The BRIDGES approach to self-management (starting in acute stroke care and integrated into stroke rehabilitation) and other relevant studies of self-management, will be presented and discussed.

Perspectives: The element of engagement, exchange and collaboration between individuals in the self-management arena is thought to enhance relevance and impact through contextualisation to local communities. Its importance is therefore reflected in the more recent research literature, which emphasises methods of co-design, co-production and public involvement. Ultimately, these methods allow for a more inclusive approach to defining self-management and ways to understand underpinning values from different standpoints.

Abstract No. 224

Research in Rehabilitation - Oral Presentations (90) - Heart Rehabilitation, September 9, 2021, 16:00 - 17:30

Heart Rehabilitation for All (HeRTA) - A Feasibility Study

Phd, Postdoc Hanne Birke¹, Bachelor of Science Karin Burns¹, Cand. mag. Ida Foxvig¹, PhD Louise Meinertz Jakobsen¹¹Center For Clinical Research And Prevention, Frederiksberg, Denmark

Background

Today, 40% of people with cardiac disease do not participate in rehabilitation, vulnerable patients are more likely to decline participation. Structural barriers like sector transitions between hospital and municipality make it difficult for patients to navigate in rehabilitation activities. After rehabilitation, many patients struggle to maintain new lifestyle habits. The overall aim of the HeRTA-project is to develop a new, sustainable model for rehabilitation, that support more vulnerable patients to take part in rehabilitation and promotes life-long activity.

Method and content

A feasibility study of a new multi-component intervention combining rehabilitation activities across a hospital (Cardiac Outpatient Clinic at Hvidovre Hospital), a municipality (Health Center Albertslund), a national NGO (the Danish Heart Association), local sports associations, and adult learning centers. An advisory board with cardiac patients participates equally with the other partners in a co-creation process to ensure patient-targeted services adapted to organizational context. The involvement of stakeholders strengthen ownership and ensure the relevance of efforts in practice and increase the likelihood of long-term changes in practice. The project runs from January 2020 to December 2023.

The effect on participation among vulnerable patients will be assessed in a randomized controlled non-blinded study with 114 participants in each group. Vulnerable patients in the intervention group will be offered a multi-faceted approach with proactive advice from the Heart Association, special services in hospital/municipality and referrals to local adult learning schools and sports associations. Patients in the control group receive regular services. A thorough process-evaluation will clarify the implementation and working mechanisms of the new approach.

Perspectives

Collaborations with organizations in civil society can lead to sustainable and affordable life-long physical and interest-based activities for persons with chronic illness. The results can be used to develop collaborations across sectors in other locations and disease areas.

Abstract No. 225

Individual/Family Perspectives and Processes - Seminar (90) - Self Management, Stroke and Rehabilitation 2, September 8, 2021, 14:30 - 16:00

Effect of Self-Management Support for Elderly People Post-Stroke: A Review

Research assistant Sedsel Kristine Stage Pedersen¹, Research assistant Susanne Lillelund Sørensen, Post doc Henriette Holm Stabel, Associated professor Iris Brunner, Associated professor Hanne Pallesen
¹Hammel Neurorehabilitation And Research Centre, University Of Aarhus, Hammel, Denmark, Hammel, Denmark

Background: In a welfare state like Denmark, people retire when they are approximately 65 years old, which means that around 20% of life is lived as an old age pensioner. Research has shown that those who thrive best in the transition from working life to retirement, are those who conduct active lifestyles. In Denmark, around two-thirds of all new incidents of stroke affect people over the age of 65. Elderly people with stroke are an especially vulnerable group, prone to loneliness, social isolation, and lack of social reintegration. Programmes to enhance self-management have shown promising evidence to improve quality of life post-stroke.

Purpose: A systematic review was undertaken to determine the efficacy of self-management interventions for people with stroke over the age of 65 in relation to psychosocial outcomes.

Method and content: A systematic review was undertaken. PubMed, Embase, and PsycInfo were searched for randomized controlled clinical trials. Studies were eligible if the included people with stroke had a mean age < 65 years in both the intervention and control group. Data on psychosocial measurements were extracted. Due to heterogeneity across the studies, the results were synthesized narratively.

Perspectives: Eleven studies were identified. They included different self-management interventions in terms of theoretical rationales, delivery, and content. Seven psychosocial outcomes were identified: i) self-management, ii) self-efficacy, iii) quality of life, iv) depression, v) activities of daily living, vi) active lifestyle, and vii) other measures.

Conclusion: Self-management interventions for people with stroke over the age of 65 may be beneficial for self-management, self-efficacy, quality of life, activity of daily living, and other psychosocial outcomes. However, low study quality and heterogeneity of interventions, as well as variation in time of follow-up and outcome measures, limit the possibility of making robust conclusions.

Abstract No. 226

Community-based Rehabilitation - Oral Presentations (60) - Craftsmanship and Art in Community-based Rehabilitation, September 9, 2021, 09:00 - 10:00

Craftsmanship in Relation to Rehabilitation

Dr. Anne Kirketerp. Ceo Anne Kirketerp¹

¹*Anne Kirketerp, Roende, Denmark*

People who do craft (knit, crochet, make baskets, paint, do woodwork etc.) know how wonderful and fulfilling it is to indulge in their passion. But why is that? What is the science behind this experience? Why do people experience better wellbeing, less stress, calmness and more positive emotions when they work with their passion? And most off all: how can craft be used in relation to rehabilitation?

During the last 4 years I have formed a new branch in psychology – Craft-psychology. Craft-psychology is the scientific argument of why and how craft have a beneficial effect on wellbeing and health.

The craft-psychology model if formed by 200 written answers to “why and when do I do craft. 25 in-depth interviews. A full literature review and 25 years of experience in the area as a professional craftsman, and a doctor degree in psychology.

Abstract No. 227

Individual/Family Perspectives and Processes - Seminar (90) - Self Management, Stroke and Rehabilitation 2, September 8, 2021, 14:30 - 16:00

Synthesis of Active Components in a Novel Self-Management Intervention Post-Stroke

Research assistant Susanne Lillelund Sørensen¹, Research assistant Sedsel Kristine Stage Pedersen, associated professor, Head of Clinical Physiotherapy Research Hanne Pallesen

¹Hammel Neurorehabilitation And Research Centre, University Of Aarhus, Hammel, Denmark, Hammel, Denmark

Background: A good portion of stroke patients in Western countries are over 65 of age. Because of sequelae, they often lead more isolated lives after the stroke. In terms of social reintegration, this group of patients is especially vulnerable. Reintegration into the community post-stroke greatly depends on support from family. However, the stroke individual's closest relatives are at risk of becoming overburdened.

Purpose: To describe and evaluate the active components in a novel self-management intervention post-stroke from the stroke individuals', the informal caregivers' and the mentors' perspectives, before implementation into a randomised controlled trial.

Methods and content: Qualitative interviews were conducted and analysed using a phenomenological approach.

Perspectives: Six social psychological mechanisms were revealed as the mentors' focus areas in their interaction with stroke individuals and informal caregivers: a) Tailored approach – by individual preferences, b) Dialogue-based communication, c) Development of a good relationship, d) Transfer of activities to everyday and social contexts, e) Involvement of relatives and social networks, and f) Supporting tools – to optimise actions and communication. Furthermore, interaction processes between the stroke individual and the informal caregiver and the mentors occurred, and generated processes of change and learning in the stroke individual and the informal caregiver.

Conclusion: The social psychological mechanisms and processes involved in the intervention indicated a positive association to self-management behaviour from the informants' perspectives. The informants evaluated the social psychological mechanisms and processes to be relevant and meaningful in the novel self-management intervention.

Abstract No. 228

Research in Rehabilitation - Oral Presentations (60) - Autism, September 7, 2021, 13:30 - 14:30

Network Transcranial Magnetic Stimulation (nTMS) in Autism, Novel Practical Protocol

MD SOMROT PHONGLAMAI¹

¹*Bangkok Pattaya Hospital, Chonburi, Thailand*

Background:

Autism occurs 1 out of 68 children, and it has a large impact on patient, family and society. Unfortunately, there is no specific treatment. Developmental stimulation, behavioural and speech therapies require a long time to see improvement.

Modern neuroimaging found the underactivation and underconnectivity in multiple brain structures especially Wernicke-Broca-Frontal, temporoparietal junction, mesolimbic and occipitofrontal networks that affected social, speech, and cognitive functions.

Transcranial Magnetic Stimulation (TMS) is non-invasive neuromodulation inducing neuroplasticity and modulating cognition and behaviour. Many TMS researches focused on autism use a butterfly coil, small single target, which is inadequate for the multiple network pathologies. Scattered information regarding the parameters, targets, and schedules resulting in variable and inconsistent results.

Therefore, we developed the network TMS (nTMS) protocol for the best, fastest and safest outcomes.

Method:

Over 20 years of research in modern neuroscience are reviewed, experimented and developed. A larger and deeper parabolic coil is used in affected networks with novel parameters including higher frequency, lower intensity, briefer stimulation time and scanning technique in thirty autisms aged 3-11 years old, twice a week for 6 months.

Assessments were conducted before and after every month by Thai ATEC questionnaire (communication, sociability, sensory/cognitive awareness, physical behaviour), family logbook and approved video record. Co-intervention and co-assessment with the individual occupational therapist, speech therapist and teacher.

Result:

All the assessments have significant improvement in both statistics and clinical outcomes in all domains since the first month. The patient is changing from a rock to an enjoyable child in 2 months. The severity reduced by 50% within 6 months. Three children can cook independently. The longest follow up is 2 years. The adverse events are mild and tolerable.

Conclusion:

The nTMS is safe and effective, maximizes brain plasticity and shines bright to the autism life, family and our society.

Abstract No. 230

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Assistive Technologies, September 8, 2021, 10:00 - 11:00

Key Points in Seating in Neuromuscular Diseases

Occupational Therapist Lone Bech Christensen¹, Physiotherapist Pia Zinck Drivsholm¹

¹*Rehabiliteringscenter For Muskelsvind, Aarhus, Denmark*

There are many types of genetic neuromuscular diseases. We focus on the neuromuscular patients who has lost ambulation during childhood. They are characterized by:

The progressive loss of muscle strength/functional capacity

Proximal muscles being weaker than distal muscles

Poor muscle tone in all muscles (hypotonia)

Seating analyses are often 'here and now'-analyses which don't include knowledge about how seating patterns develop throughout life for a particular disease.

Purpose: Avoiding inappropriate sitting postures. Contribute to ensure preventive measures are taken in childhood when the first movement patterns are formed, i.e. when the child gets his/her first wheelchair.

We have experienced that sitting postures and habits formed during childhood are impossible to change in adulthood. In our experience the general principles for seating adaptation do not always function when applied on neuromuscular diseases.

We will go through some of the most important areas in which neuromuscular diseases differ from other diseases and present:

The consequences of hypotonia in trunk muscles in relation to arm and head movement,

The consequences of insufficient head control,

The consequences of a tight joystick,

The anterior pelvic tilt. Why? What are the consequences?

Lack of stability in the body. First signs? Can we prevent it?

When is the risk of developing scoliosis highest?

How do we ensure that professional recommendations become the patients' own choice?

We argue that knowledge about each disease and its course is key to making sitting adaptations with a lifelong perspective.

To ensure appropriate sitting postures during adulthood for persons with neuromuscular diseases, interventions are required at an early age, and knowledge of diseases progression and specific symptoms is the key to succeed in the long run.

Here-and-now analyses of sitting postures do not suffice in progressive diseases. Disease course and future consequences must therefore be included in the analysis.

Abstract No. 231

Individual/Family Perspectives and Processes - Seminar (90) - Self Management, Stroke and Rehabilitation 2, September 8, 2021, 14:30 - 16:00

Experiences in Municipality Settings with Self-Management for Elderly Stroke Survivors

Occupational therapist Mette Brandt, Physiotherapist Tove Møller Nielsen

¹Neuro Centre, Aarhus Municipality, Aarhus, Denmark

Background: This self-management intervention is characterized as a complex intervention. The term 'self-management' focuses on those actions, individuals and others take to mitigate the effects of a long-term condition and to maintain the best possible quality of life. The long-term effects of an intervention for elderly stroke survivors and relatives, with a focus on maintaining an active lifestyle or to build a good life, has only been investigated sparsely.

Purpose: To present experiences with a novel health professional led, self-management intervention for elderly stroke survivors – professionals perspectives and stroke survivors and or caregivers perspectives.

Methods and content: The frame of purpose of the intervention: (i) to support the participants in self-management of everyday and leisure activities; (ii) to support them in involving their social networks and interactions in social contexts; (iii) to support them in self-assessed activity, self-efficacy, and quality of life; and (iv) to support close relatives in maintaining an active life without burden.

Throughout the entire intervention, the health professionals coach the stroke participants, and their informal caregivers, and encourage them to be active in decision-making.

Perspectives: Settings, approaches and different perspectives from professionals and stroke survivors and caregivers will be presented. Furthermore, we will discuss how to facilitate a permanent change of handling that affects the individual's ability to cope with the new situation after stroke. The introduction of a self-management approach focusing on behavior change and context-specific strategies within existing stroke rehabilitation, seem to be an effective way to meet the needs of elderly stroke individuals, and help them reintegrate into society.

The current study differs from other self-management studies which equate self-management with education, skill training, or aim to increase compliance with recommended treatments. Furthermore, it calls for paradigm shifts in municipal rehabilitation.

Abstract No. 233

Policy and Service - Keynote (60) - Disability Management: A Journey to Rehabilitation, September 8, 2021, 13:30 - 14:30

Disability Management: A Journey to Rehabilitation

Director General Francois Perl¹

¹*National Institute For Health And Disability Insurance, Brussels, Belgium*

In 2014, the Belgian social security system launched its disability management training program. Following the model of the German social insurance, the National Institute for Health and Disability Insurance has integrated disability management training and certification of professionals into a more global approach to transform a predominantly indemnity-based model into a rehabilitation model. This model is now implemented in various countries in the world as universal standard of inclusion of people with disabilities in the labor market.

In this context, rehabilitation is seen as a global concept creating a integrated process starting with the medical assessment of the impairment. It integrates prevention, care, vocational training and return-to-work case management and aims to reintegrate workers with chronic diseases or disabilities into the labor market.

Participation of occupational physicians, social workers, psychologists, occupational therapists, insurance physicians show that the community of disability managers stand out for their wide variety. This variety of profiles is a condition that ensures a standardized quality of processing individual case management at all stages of the process and the creation of a community of professionals committed to same goals and sharing same expertise and same values.

At this stage, disability management is no longer just a concept of training and individual case management but a tool for developing a holistic rehabilitation strategy. This has for a long time been limited to occupational risks insurance schemes (work accidents, occupational diseases) with a view to a return on investment for employers. In the broader context of the rehabilitation policy, disability management also creates a more global added value for the community and the people with disabilities, with direct effects of on the effectiveness of a more inclusive labour market.

Abstract No. 234

Policy and Service - Oral Presentations (60) - Policy and Service, September 9, 2021, 09:00 - 10:00

Quality Assurance in Rehabilitation: Approach of German Federal Pension Insurance

Dr. Susanne Weinbrenner¹, Dr. Alba Fishta¹

¹German Pension Insurance, Berlin, Germany

Quality requirements in rehabilitation services are important across involved social insurance schemes. In Germany, rehabilitation services offered to the working population are mainly under legal responsibility of German Federal Pension Insurance (GFPI). Rehabilitation measures of GFPI aim to ensure employment, participation, return to work and stay at work of patients suffering from disabilities or chronic diseases. In 2018, 1.15 million rehabilitation measures were financed accounting 6.76 billion Euros overall. Since 1995, GFPI has initiated a quality assurance program (QA) for rehabilitation services which is a routine practice for 16 pension insurance schemes today. The program addresses both medical and vocational rehabilitation, including a wide range of instruments. Looking at structure, process and outcome dimensions, it aims to assure rehabilitation quality at similar levels across rehabilitation facilities nationwide. Principal basics of QA include the analysis of routine data as well as additional data collection e.g. patient's perspective is collected via regular surveys. Furthermore, a peer review process of discharge letters was implemented. Standards for comprehensive rehabilitative interventions are monitored by standardized classification codes. Follow-ups on return to work are assessed via routine data up to two years after rehabilitation. Specific prerequisites for structural, procedural and human resources in rehabilitation centers have been defined.

Moreover, integrated quality results are considered during onsite visitations and used for structured quality dialogues. Their application within algorithm based assignments to rehabilitation facilities – including other impact factors– is actually under development.

Overall, GFPI has a comprehensive routine QA program that provides a wide empirical basis and indicates the effectiveness and sustainability of rehabilitation services. However, with changing societies we have to deal with limited budgets, improving and accelerating advancements in medical sciences and an increasing need for more consideration of social perspectives. Further development of rehabilitation and its QA will have to be addressed henceforth.

Abstract No. 235

Policy and Service - Oral Presentations (90) - Strategies, September 7, 2021, 16:00 - 17:30

Development of The Voluntary Certification System «World Accessible for Everyone»

Deputy Chief of Staff Evgeny Bukharov¹

¹*All-Russian Society Of Disabled People, Moscow, Russian Federation*

The implementation experience of the large-scale programs on the accessible environment, as for example “Program on the Creation of the Barrier-free Environment for the Games2014 in Sochi”, state program “Accessible Environment” revealed the lack of experts in accessible environment. Nevertheless, more than 12 million persons with disabilities reside in Russia, about 34 % of them are in their employment age and could actively participate as experts in improving accessibility of hundreds of thousands of social infrastructure objects.

The purpose of ARSDP SVC establishment is the organization of the activities on the voluntary certification of the objects on the compliance with the requirements established in the national standards, Russian construction norms and ARSDP standards as well as the involvement of the ARSDP members – persons with disabilities as qualified experts.

Currently the project evolves as a social franchise in further directions:

- Training of the experts on the ARSDP SVC program;
- Workshops for the staff of the government bodies;
- Establishment of the ARSDP SVC expert centers – regional centers of consulting and expertise in the accessible environment;
- Participation in the state program “Accessible Environment” implementation;
- Voluntary certification of the most advanced in the accessible environment of objects and services.

Throughout the implementation of the project was achieved the following:

- 28 interregional workshops on training of the ARSDP SVC experts (about 900 people from 83 regions of Russia were trained);
- 492 experts from 69 regions of Russia received certificates (254 among them are persons with disabilities);
- 43 Expert Centers in 34 regions of Russia received accreditation;
- 6 regional workshops for the staff of the executive bodies (about 1000 participants) in the regions were held.

The ARSDP SVC project was awarded inside Russia for its activities on employment and education of people with disabilities.

Abstract No. 236

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Apps and Gamification, September 9, 2021, 10:00 - 11:00

Gamified Participation – Preliminary Results

Occupational Therapy Specialist Truls Johansen¹, Occupational therapy specialist Ragnhild Nilsen¹

¹*Sunnaas Rehabilitation Hospital, Nesodden/Oslo, Norway*

Videogames are a widely used activity in today's society, and it can be an arena of both meaningful activity and social interaction. Many factors can hinder social interaction in a person's life, over the course of the last year the Covid-19 pandemic has been such a factor for almost the entire world. For persons living with spinal cord injury (SCI) there are other factors that could be hindering even before the pandemic. Factors such as pressure ulcers, which can lead to restricted mobility, or physical environments that is not wheelchair accessible. When physical social interactions are limited, playing online videogames with friends might be one solution. In addition, we hypothesize that online video games can be used as a method of not only maintaining your social network, but also expand it. There is a lack of knowledge on how online gaming is both used and how it is experienced by persons with SCI.

Former patients have stated that playing videogames can be a normalizing activity, because it is something they used to do before the accident. They have also stated that playing videogames can be a way of socially participating at the same level as they did before without having to think about their injury.

Purpose

To investigate how persons living with SCI experience gaming after injury and how it can contribute to experienced social participation?

Method

In this study we wish to include 8-10 persons with SCI in Norway and conduct a focus group interview. The interview will include topics such as experienced participation, maintaining roles, sense of achievement and how gaming affects their day to day life.

The aim is to increase understanding on how gaming affects the lives of persons living with disabilities.

Abstract No. 238

Approaches, Concepts and Theories in Rehabilitation - Seminar (90) - New Directions - a Sociological Perspective, September 8, 2021, 14:30 - 16:00

The Rehabilitation Research Matrix

Professor Per Koren Solvang¹

¹*Oslo Metropolitan University, , Norway*

This abstract is part of the seminar: New directions in the study and practice of rehabilitation – a turn towards sociology.

EU policy documents and health scholars point out that in order to understand the complexity of modern health systems, as well as to devise appropriate policy responses, considering micro, meso and macro levels is indispensable. The paper aims to develop an analytical framework for how rehabilitation as an interdisciplinary field can be framed in such a three level framework. Sociological theory is applied in order to build an analytical framework for a holistic understanding of rehabilitation. Three groups of agents are identified: individuals with disabilities, professionals, and governmental authorities. The paper systematizes how these agents are positioned and act at micro, meso and macro levels. In the intersection between the three levels of society and the three groups of actors, a nine-cell table emerges. In the cells of the table, key examples of important social processes to study in the field of disability and rehabilitation are identified. At the micro level, individuals experience a daily life relevant to rehabilitation, professionals ask what works in therapy, and policy authorities promote a strong work ethic. At the meso level, individuals with disabilities act as service user groups, professionals develop organizational designs and the policy authorities ask for cost-effective services. At the macro level, organizations representing people with disabilities lobby, professionals negotiate authorization issues, and the policymaking authorities must identify what can count as just distribution of services. The nine cells of the table are elaborated on by presenting relevant current studies exemplifying each cell. The result is a systematizing of societal levels and agents involved that enhances the understanding of rehabilitation as an interdisciplinary field of research.

Abstract No. 239

Education and Professionalization in Rehabilitation - Keynote (60) - The Curricular Construction of Rehabilitation, September 7, 2021, 13:30 - 14:30

The Curricular Construction of Rehabilitation

Professor Per Koren Solvang¹, Professor Marte Feiring

¹*Oslo Metropolitan University, , Norway*

This abstract is part of the seminar: Rehabilitation - professionalization through higher education

Rehabilitation is a contested interdisciplinary field. In some networks of scholars, an influence from social science and disability activism is on the rise. In other networks, a strong commitment to clinical trials for improving functioning holds the leading epistemological position. A few studies address the struggles in defining the field of rehabilitation, but a question not addressed in the literature is how rehabilitation is taught in higher education.

We will present an analysis of the curricula of key rehabilitation programs in higher education in the Scandinavian countries, UK and Germany. This analysis will be framed by a perspective from the sociological study of knowledge that highlights the emergence of interdisciplinarity and user participation in knowledge production. The empirical design include all study programs in rehabilitation at the graduate and postgraduate level in 2018. Curricula, reading lists and type of host department compose the key textual information analyzed. Three clusters of study programs emerge in the analysis. One cluster closely attuned to physiotherapy, a second cluster of programs that aims at interdisciplinarity, and a third cluster of programs that situates rehabilitation within counselling and educational sciences. The physiotherapy programs are mostly found in UK, the interdisciplinary in Scandinavia and the counselling programs in Germany. In the final part of our presentation, we will first discuss how different welfare state models influence the national/regional differences in the curricular construction of rehabilitation. Secondly, we outline how interdisciplinarity is maintained in all programs, however in various frameworks.

Abstract No. 243

Approaches, Concepts and Theories in Rehabilitation - Seminar (90) - New Directions - a Sociological Perspective, September 8, 2021, 14:30 - 16:00

How Can Sociology Contribute to Our Theoretical Understanding of Rehabilitation?

Associate Professor Kirsten Schultz Petersen¹, Docent Inge Storgaard Bonfils², Occupational Therapist Inger Schrøder

¹Department of Health Science and Technology, Aalborg University, Aalborg, Denmark, ²Københavns Professionshøjskole, Copenhagen, Denmark

Background

In sociology a variety of theories are used to investigate individuals, groups of individuals or society. The analysis is traditionally divided into micro-, meso- or macro levels addressing different ways to understand the interaction between the individual and society.

Rehabilitation is widely defined in accordance to the World Health Organisation (WHO) as “a set of interventions needed when a person is experiencing or is likely to experience limitations in everyday functioning due to ageing or a health condition, including chronic diseases or disorders, injuries or traumas”. Hence, the understanding of disability and functioning according to the International Classification of Functioning (ICF) emphasize the role of the environment on functioning. However, very often the individual aspects of rehabilitation are the primary target for the provided interventions.

Purpose

To challenge and discuss our understanding of rehabilitation by involving sociological theory to qualify and discuss the knowledgebase.

Methods

Inspired by the socio-ecological model developed by Dahlgren and Whitehead, 2007 WHO's definition of rehabilitation and disability and function (ICF) is discussed by involving sociological theory. The discussion will outline of different scenarios for using sociology theory in order to expand our understanding of the interaction between the individual and the environment and how this have implications for rehabilitation. The background for this oral presentation is based on Chapter 1 in the book: Sociologi og rehabilitering by Petersen KS, Bonfils IS and Schrøder I published by Munksgaard Danmark in 2019.

Perspectives

The outlined scenarios for using sociological theory in rehabilitation practice and research are further elaborated on in relation to its future implications.

Abstract No. 244

Work and Employment - Seminar (90) - Work and Education, September 8, 2021, 14:30 - 16:00

Educational Programs in Vocational Rehabilitation: Which Topics Are Important?

Associate Professor Asta Snorraddottir¹, Professor Ole Steen Mortensen^{2,3}

¹University Of Iceland, Reykjavik, Iceland, ²University of Copenhagen, Copenhagen, Denmark, ³Holbæk Hospital, Holbæk, Denmark

Vocational rehabilitation has been a growing discipline the past decades in the Nordic countries. Specialists working within vocational rehabilitation have various educational background as comprehensive educational programs within the field have not yet been established in all the Nordic countries. Related to the special needs of the clients of VR and the multidisciplinary background of specialists working in the field, educational programs on how to facilitate successful VR could benefit the field.

In Iceland an educational program at masters level within the University of Iceland and the University of Akureyri has been offered since 2016 and in Denmark there is currently a development of educational program in the field for those working within vocational rehabilitation.

In Iceland the educational program was developed based on a need assessment study where various stakeholders of vocational rehabilitation were approached to obtain information on which pillars such program should be developed. In Denmark a review of academic literature was performed to gather those information. Both the need assessment and the literature review gave similar results on what the pillars of such educational programs should be revolving around for example both social and psychological factors of the health impaired, workability, healthy working life, motivational interviewing and empowerment and attaching individuals to the labor market. In this talk the development of these educational programs in two different countries will be discussed revolving around which topics are important to include in such programs. Furthermore the impact of contextual factors will be discussed based on differences and similarities between Iceland and Denmark.

Abstract No. 246

Work and Employment - Oral Presentations (60) – Research, Development and Quality, September 9, 2021, 10:00 - 11:00

Translation and Cross-Cultural Adaptation of the WORQ into Danish

Master of Rehabilitation Katrine Baltzer Thygesen¹, Senior Researcher Mette Korshøj^{1,2}, Physician Lise Vestergaard¹, Clinical Associate Professor Reuben Escorpizo³, **Professor Ole Steen Mortensen^{1,4}**

¹Department Of Occupational And Social Medicine, Holbæk Hospital, Holbæk, Denmark, ²The National Research Centre for the Working Environment, Copenhagen, Denmark, ³Department of Rehabilitation and Movement Science, College of Nursing and Health Sciences, University of Vermont, Burlington, US, ⁴Section of Social medicine, Department of Public Health University of Copenhagen, Copenhagen, Denmark

Background

Changes in the retirement paradigm, combined with the ageing workforce, states a need for uniform and standardized data on work resources to be used in the planning of interdisciplinary vocational rehabilitation striving to increase- and sustain workability, both at a strategic levels as well as to qualify the individual process of rehabilitation. The International Classification of Functioning, Disability and Health (ICF) offers a conceptual framework for assessing individual functioning, disability and health, and to facilitate the multidisciplinary dialogue and communication by the ICF-based instrument to measure work functioning in individuals participating in vocational rehabilitation, Work Rehabilitation Questionnaire (WORQ). Although the WORQ is translated and cultural adapted to both German and French the applicability to the Danish population and culture is lacking as the majority of the Danish population speaks Danish and the vocational rehabilitation context is unique for Denmark.

Purpose

We aimed to translate and cross-cultural adapt the WORQ into Danish and to examine the internal consistency and test-retest reliability of the WORQ-Danish.

Methods and content

Translation was performed in a dual-panel (a bilingual physician, a psychology student, a layperson, a specialist in social work and rehabilitation and a professor in social medicine) approach. ICF codes were cross-evaluated on level of agreement for specific WORQ items. Content validity was evaluated by clinical physicians at an outpatient clinic in social medicine and case managers at a job center. Internal consistency and test-retest reliability was statistically tested in data collected at the Holbæk municipality, Denmark, across working age citizens.

Perspectives

WORQ-Danish was found to have a high content validity and usability. Thus, by introduction of WORQ into the Danish context of vocational rehabilitation ability would be given to evaluate and objectify changes in work resources related to physical functioning over time, and thus qualify and evaluate the vocational rehabilitation plans.

Abstract No. 247

Work and Employment - Oral Presentations (60) – Research, Development and Quality, September 9, 2021, 10:00 - 11:00

Construct Validity of Physical Capacity Items in the Danish WORQ

Medicine Student Ida Vendelbo Skovborg^{1,2}, Master of Rehabilitation Katrine Baltzer Thygesen², Clinical Associate Professor Reuben Escorpizo³, **Professor Ole Steen Mortensen^{2,4}**, Senior Researcher Mette Korshøj^{2,5}
¹Master's programme, Medicine, University of Copenhagen, Copenhagen, Denmark, ²Department Of Occupational And Social Medicine, Holbæk Hospital, Holbæk, Denmark, ³Department of Rehabilitation and Movement Science, College of Nursing and Health Sciences, University of Vermont, Burlington, US, ⁴Section of Social Medicine, Department of Public Health, University of Copenhagen, Copenhagen, Denmark, ⁵The National Research Centre for the Working Environment, Copenhagen, Denmark

Background

Across developed nations the workforce demographics is changing and rehabilitation is known to increase and sustain workability, pointing towards a need for uniform and systematic assessments of functioning, like the International Classification of Functioning, Disability and Health (ICF). ICF offers a conceptual framework for assessing individual functioning, disability and health. To facilitate the multidisciplinary dialogue and communication the ICF-based instrument to measure work functioning in individuals participating in vocational rehabilitation, Work Rehabilitation Questionnaire (WORQ), was developed. WORQ comprises a screening tool for the mapping of work-related functioning, clinical evaluation and targeted intervention in vocational rehabilitation. Although, WORQ has been well-validated through classic psychometric methods, WORQ items have never been validated against objective measures of physical capacity.

Purpose

This study aimed to examine the construct validity of the physical capacity items in the Danish version of the Work Rehabilitation Questionnaire (WORQ), by comparison of the WORQ and objective, standardized measures of physical capacity.

Methods and content

At the job center in Holbæk municipality, Denmark, 40 clients of working age were recruited. Participants completed the interviewer-administered version of WORQ, selected SF-36 items and underwent objective, physical capacity testing, including a 30-second sit-to-stand-test, a hand-grip-strength test and a six-minute-walk test to estimate cardiorespiratory fitness. Correlations between variables were assessed using Spearman's correlation. Further, cross-tabulations and chi-square testing were conducted and sensitivity, specificity, positive predictive value and negative predictive value were calculated.

Perspectives

Evidence of construct validity of the WORQ-Danish was found. In spite of some methodological limitations, the WORQ-Danish is a potential tool for evaluating a worker's functioning in a vocational rehabilitation setting and we suggest that it is used as a screening tool to appropriately guide vocational rehabilitation strategies and process. Furthermore should WORQ-Danish be considered and tested as an evaluation tool for changes in worker vocational functioning in future studies.

Abstract No. 248

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

National Survey on Hospital-Based Cardiac Rehabilitation and Secondary Prevention, Bangladesh

Physical Therapist Sayed Ibn Alam¹, Senior Chest Physiotherapist Jamal Uddin², Assistant Professor (Cardiology) MD. Fakhrul Islam Khaled³, Professor (Cardiology) Md. Harisul Hoque³, Associate Professor (Cardiology) Dipal Krishna Adhikary³, Associate Professor (Cardiology) Md. Rezaul Karim², Professor (Cardiology) M A Rashid², Professor (Cardiology) Sajal Krishna Banerjee³, Professor of Population Health Research Rod S Taylor⁴, Professor (Cardiology) Ann-Dorthe Olsen Zwisler¹, Professor (Faculty of Health) Sherry L Grace⁵

¹Rehpa- The Danish Knowledge Center For Rehabilitation and Palliative Care, Nyborg, Denmark, ²Ibrahim Cardiac Hospital and Reseach Institute, Dhaka, Bangladesh, ³Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh, ⁴University of Glasgow, Glasgow, United kingdom, ⁵York University, Toronto, Canada

Background

Cardiac rehabilitation (CR) is a proven model for secondary prevention that enhances physical function and quality of life, as well as decreases mortality and morbidity. Bangladesh is experiencing and increasing burden of cardiovascular disease (CVD), however very little is known about current CR practice.

Purpose

This study aimed to establish the availability of CR programs and secondary prevention services in Bangladesh.

Methods

The study was cross-sectional in design. Large government and private medical college and specialized hospitals with cardiology departments in Bangladesh comprised the sample. A survey assessing availability of services was administrated; Centers providing CR were asked to complete a longer questionnaire regarding serviced delivered based on ICCPR's global survey. Data was collected through face-to-face interviews, mobile phone calls or email from August-October 2019.

Result

Eighty-four (79.2%) of the 106 centers were successfully contacted; 65 had cardiology and cardiac surgery departments. Of these, 51 (78.5%) completed the short questionnaire, and the one (1.5%) CR program identified the long. Centers were predominantly located in urban (62.7%) and suburban (35.2 %) areas. Forty-eight (94.1%) centers offered an initial assessment. Despite physical activity counseling being offered in 50 centers (98.0%), only 2 centers (3.9 %) prescribed exercise and a single center offered supervised training. A majority of the centers offered management of CVD risk factors (94.1%), as well as psychological counseling (84.3%). A few of the centers offered smoking cessions classes (5.8 %). No centers communicated with patients' primary healthcare providers.

Conclusion

Despite availability of advanced technology, CR and/or secondary prevention is insufficiently available both in government and private hospitals in Bangladesh. There remains only 1 CR program in the entire country. We must advocate for CR to policy-makers to reduce the CVD burden in Bangladesh.

Abstract No. 251

Health and Function - Oral Presentations (90) - Disaster, Refugees, Ex-prisoners, September 8, 2021, 16:00 - 17:30

Lives with Disabilities in Post-Conflict Phase: From Karen State, Myanmar

Prof. Makoto KONO¹, Mr. Takumi MATSUSHIMA², Ms. Shiho ANZAI², Mr. Saw WIN HTAIN², Ms. Kazumi KUBOTA²

¹International University Of Health And Welfare, Narita, Japan, ²AAR Japan, Meguro, Japan

[Background]

After the cease-fire agreement between Myanmar government and Karen National Union in 2015, Karen state is recovering steadily. However, how do PWDs/CWDs live under the post-conflict situation? And what kinds of supports do they need?

[Purpose]

This study aims to explore lives of PWDs/CWDs in Karen state, and to consider supports needed for them.

[Method and content]

Door-to-door survey was done for questioning about lives and needs of PWDs/CWDs in 10 villages of Karen state from Sep. to Dec., 2016. The collected data was analyzed by cross tabulation.

This study was funded by Japanese NGO Grant Aid in 2016, and Grant-in-Aid for Scientific Research from 2018 to 2020.

The ethic committee of International University of Health & Welfare approved to implement this study.

In the target villages, 227 PWDs/CWDs, 130 males and 97 females, were identified among 1,895 households.

28.5% of males and 48.1% of females had no experience to attend to any types of education. 18.7% of males had experience to attend to monastery school as alternative education, although no female had such experiences. Between 15 to 64 years old, 45.5% of males and 59.4% of females had no jobs. However, only 20.0% of males and 9.6% of females was feeling discrimination in their social life.

[Perspectives]

On both education and livelihood, females with disabilities significantly had more limited social participation than males with disabilities. Moreover, females were also limited to use alternative options such as monastery schools for males. However, less females felt discrimination than males.

It is known that androcentrism is often intensified under conflict situation. In Karen state as well, females might be limited their social participation due to the conflict they lived in.

It is needed to provide supports to reduce discrimination on sex, including self-advocacy for females with disabilities in Karen state.

Abstract No. 252

Community-based Rehabilitation - Oral Presentations (60) - Craftsmanship and Art in Community-based Rehabilitation, September 9, 2021, 09:00 - 10:00

Art Therapy-Early Intervention for Child with Intellectual and Development Disability

Ms Wai Peng, Jacinta Chau¹

¹*Fuhong Society of Macau, , Macao*

According to WHO, the contemporary theoretical conceptualization of child development incorporates the importance of both nature and nurture, the early years of children are the most important stage in the life of an individual, the effectiveness of the early intervention for the children with the Intellectual and Development Disabilities(IDD) parallels to their cognitive and social development, the basic factors in early intervention for the disable children are encouragement to explore the environment, mentoring in basic cognitive and social skills, and stimulation in language and symbolic communication. How the children who have limited vocabularies to connect with the world, nowadays, the studies finding that Music Therapy or Music based intervention and art therapy are increasing used as tool to stimulate in language and symbolic communication, to alleviate symptoms of disable children and to develop safely.

FuHong Society discovered that such services of early intervention in Art Therapy area is important and not enough in Macau, also throughout 13 years 'experience, we observed that disability are full of art talents, therefore, we establish one social enterprise "Happy Art Studio" in 2018, providing different form of Art Therapies to the disable children. Our aim is to make the awareness in the society to concern this group, by this action, we persuaded one commercial enterprise to funding this project, without the government subsidize, we have the ability to keep running the project and offering Art Therapies services in lower fees or free to the users, this convinces and encourages the parents to allow their disable children to have early intervention and to explore the effectiveness of Art Therapy. Moreover, the advice from the therapists can also eliminate the parents' stress. We will share how one NGO hand in hand with the commercial sector and not under the government system to commit the project.

Abstract No. 253

Research in Rehabilitation - Oral Presentations (60) - Autism, September 7, 2021, 13:30 - 14:30

Disability Prevalence Attributable to Autism Spectrum Disorders in China

Phd. Candidate Yuanyuan Hu¹, Professor Yueqin Huang¹, Associate Professor Zhaorui Liu¹, Senior Assistant Professor Hongguang Chen¹, Senior Assistant Professor Tingting Zhang¹, Assistant Professor Chao Ma¹
¹*Division Of Social Psychiatry And Behavioral Medicine, Institute Of Mental Health, Peking University, Beijing, China*

Background: Autism is almost unhealed throughout life, placing a heavy burden on patients and their families.

Purpose: To describe the prevalence and distribution of disability attributable to autism spectrum disorders (ASD) in Chinese children and adolescents, and to provide population-based evidence for disability rehabilitation.

Method and content: The data for this study were derived from the Second China National Sample Survey on Disability. A cross-sectional study of descriptive epidemiology was conducted to describe the prevalence and distribution of disability attributable to ASD in 585 679 Chinese children and adolescents aged 2-17. Of them, there were 88 716 in 2-3 age group, 84 411 in 4-6 age group, and 412 552 in 7-17 age group. There were 124 children and adolescents diagnosed as disability attributable to ASD, in which 17 in 2-3 age group, 46 in 4-6 age group, and 61 in 7-17 age group. The prevalence of disability attributable to ASD in children and adolescents was 2.12 per 10 000 people and the prevalence rates in children aged 2-3, 4-6, and 7-17 were 1.92, 5.45, and 1.48 per 10 000 people, respectively. The prevalence of disability in male was significantly higher than that in female (2.81/10 000 vs. 1.48/10 000, $P < 0.001$), and there was no significant difference between the prevalence rates in rural and urban areas (2.11/10 000 vs. 2.13/10 000, $P > 0.05$). Meanwhile, there was no significant difference in various nationalities of China. The proportion of disability attributable to SAD was 11.8% among mental disabilities aged 2-17. Respectively, 22.1% and 22.4% of mental disabled children aged 2-3 and 4-6 were attributed to ASD.

Perspectives: ASD makes one of the major contributions to mental disability in preschool children in China.

Abstract No. 255

Health and Function - Oral Presentations (90) - The China Mental Health Survey - Various Perspectives, September 8, 2021, 14:30 - 16:00

Prevalence of Mental Disorders in China

Professor Yueqin Huang¹, Associate Professor Zhaorui Liu¹, Senior Assistant Professor Hongguang Chen¹,

Senior Assistant Professor Tingting Zhang¹, Assistant Professor Chao Ma¹

¹*Peking University Sixth Hospital (Institute of Mental Health), Beijing, China*

Background: There have no national data of mental disorders in China. Previous regional studies show less prevalence of mental disorders than those in the western world.

Purpose: The China Mental Health Survey was set up in 2012 to investigate the prevalence of mental disorders and service use, and to analyze their social and psychological risk factors or correlates in China.

Method and Content: We did a cross-sectional epidemiological survey of the prevalence of mental disorders in a multistage clustered-area probability sample of adults from 157 nationwide representative population-based disease surveillance points in 31 provinces across China. Face-to-face interviews were done with a two-stage design by trained lay interviewers and psychiatrists with the Composite International Diagnostic Interview, the Structured Clinical Interview for DSM-IV Axis I disorders, the Community Screening Instrument for Dementia from the 10/66 dementia diagnostic package, and the Geriatric Mental State Examination. Data-quality control procedures included logic check by computers, sequential recording check, and phone-call check by the quality controllers, and re-interview check by the psychiatrists. Data were weighted to adjust for differential probabilities of selection and differential response as well as to post-stratify the sample to match the population distribution.

Perspectives: The weighted prevalence of any disorder (excluding dementia) was 9.3% during the 12 months before the interview and 16.6% during the participants' entire lifetime before the interview. Anxiety disorders were the most common class of disorders both in the 12 months before the interview (weighted prevalence 5.0%) and in lifetime (7.6%). The weighted prevalence of dementia in people aged 65 years or older was 5.6%. The evidence from this survey poses serious challenges related to the high burdens of disease identified, but also offers valuable opportunities for policy makers and health-care professionals to explore and address the factors that affect mental health in China.

Abstract No. 258

Health and Function - Oral Presentations (90) - Cognitive Impairment, September 8, 2021, 16:00 - 17:30

Descriptive Epidemiological Study of Mental Disabilities in China

Professor Yueqin Huang¹, Associate Professor Zhaorui Liu¹, Senior Assistant Professor Hongguang Chen¹, Senior Assistant Professor Tingting Zhang¹, Assistant Professor Chao Ma¹, PhD candidate Yuntao Liu¹
¹*Peking University Sixth Hospital (Institute of Mental Health), Beijing, China*

Background: The Second National Representative Population-based Sample Survey on Disability was performed in 2006 to collect fresh data of prevalence of mental disabilities in China.

Purpose: To describe the prevalence and characteristics of mental disabilities in China, and to provide scientific evidence for preventing mental disabilities and making welfare policy.

Method and content: Using descriptive epidemiological method, the data of the Second National Sample Survey on Disability were analyzed. The prevalence rates of mental disabilities were statistically calculated. Stratification, systematic, probability proportional, multi-stage sampling method of sampling was used to ensure representativeness of data. There were 2526145 respondents sampled in the survey.

Perspectives: Among 2526145 respondents in the survey, 15928 respondents were diagnosed as mental disabilities. The prevalence rate of mental disability was 6.3‰. The prevalence rate of mental disability without multiple disabilities was 4.7‰, accounting for 74.0% of all mental disabilities. Of the mental disability without multiple disabilities, there were 64.58% of disability attributable to schizophrenia, schizotypal and delusional disorders, 6.28% mood disorder, and 6.27% epilepsy disability, following by neurotic, stress-related and somatoform disorder (5.95%), dementia (5.19%), and other disorders disability (less than 11.74%). The disability attributable to schizophrenia, schizotypal and delusional disorders caused severest impairments of functions in daily and social activities, following by disabilities attributable to dementia, non-dementia organic mental disorder and epilepsy disability. Dementia caused the severest grade of disability, constituting 44.89%. It also showed that the disabilities attributable to mood disorder and neurotic, stress-related and somatoform disorder had more impairment among mental disabilities. Schizophrenia caused the most mental disabilities; however, dementia caused the severest disability. As main causes of mental disabilities, neurosis and anxiety disorders should be paid attention, too.

Abstract No. 259

Research in Rehabilitation - Oral Presentations (90) - Cardiac Rehabilitation, September 8, 2021, 16:00 - 17:30

Health-Related Quality of Life Questionnaire Validation among Bangladeshi Cardiac Patients

Senior Chest Physiotherapist Jamal Uddin¹, Physical Therapist Sayed Ibn Alam², Physical Therapist Graziella Zangger³, Associate professor of Cardiology Rezaul Karim⁴, Registrar (Clinical Research) Sheikh Mohammad Mahbus Sobhan⁵, Associate Professor of Cardiology Mir Ishraqzaman⁶, Professor and head of epidemiology Sohel Reza Choudhury⁷, Professor of Cardiology Fazila-Tun-Nesa Malik⁸, Professor of Cardiology M A Rashid⁹, Professor of Cardiology and Rehabilitation Olsen Zwisler Ann-Dorthe¹⁰, Professor of Population Health Research S Taylor Rod¹¹

¹Ibrahim Cardiac Hospital & Research Institute, Dhaka, Bangladesh, ²Rehpa-The Danish Knowledge Center for Rehabilitation and Palliation, Nyborg, Denmark, ³Rehpa-The Danish Knowledge Center for Rehabilitation and Palliation, Nyborg, Denmark, ⁴Ibrahim Cardiac Hospital & Research Institute, Dhaka, Bangladesh, ⁵National Heart Foundation Hospital & Research Institute, Dhaka, Bangladesh, ⁶National Heart Foundation Hospital & Research Institute, Dhaka, Bangladesh, ⁷National Heart Foundation Hospital & Research Institute, Dhaka, Bangladesh, ⁸National Heart Foundation Hospital & Research Institute, Dhaka, Bangladesh, ⁹Ibrahim Cardiac Hospital & Research Institute, Dhaka, Bangladesh, ¹⁰Rehpa-The Danish Knowledge Center for Rehabilitation and Palliation, Nyborg, Denmark, ¹¹University of Glasgow, Glasgow, United Kingdom

Background

Cardiovascular diseases (CVD) are responsible for 85% of death in low and middle-income countries (LMICs). Survival rate has increased by the recent improvement in medical and surgical treatment. Rehabilitation service is necessary to allow people to return to a meaningful everyday life. Health-related quality of life (HeartQoL) is a disease-specific valid, reliable questionnaire.

Purpose

This study was aimed to measure the reliability and validity of the HeartQoL Bangla version questionnaire for Bangladeshi or Bangla speaking CVD patients.

Methodology

The cross-sectional study screened 1075 out of 1313 patients, admitted for Percutaneous Coronary Intervention (PCI) and Coronary Artery Bypass Graft (CABG) from 1st April 2019 to 31st October 2019 at two specialized cardiac hospitals in Dhaka Bangladesh. Forward-backward translation procedures were used to prepare the Bangla version of HeartQoL questionnaire, and an expert panel evaluated the content validity. Exploratory and confirmatory factor analyses were performed to assess construct validity. The internal consistency was assessed by Cronbach's alpha and sensitivity the ceiling and floor effect's values.

Result

Patients with myocardial infarction (MI) number 913 and patients with angina number 128 completed the HeartQoL questioner. No significant difference was found in HeartQoL global and emotional mean score among two groups of patients. Patients with angina has significantly low HeartQoL physical score than MI. Two factor structure of the HeartQoL was supported by the confirmatory factor analysis. Internal consistency was adequate (global score $\alpha = 0.87$, physical score $\alpha = 0.85$ and emotional score $\alpha = 0.83$). No

ceiling and floor effect were observed except a moderate ceiling effect (16.1%) in emotional domain among MI patients.

Conclusion

The Bangla version of HeartQoL health-related quality of life questionnaire is valid, reliable among Bangladeshi or Bangla speaking CVD patients.

Abstract No. 260

Community-based Rehabilitation - Oral Presentations (60) - Craftsmanship and Art in Community-based Rehabilitation, September 9, 2021, 09:00 - 10:00

Integrating Cultural Arts Activities into the Disability Rehabilitation Process

Mr. Tine-Yuang Ho¹

¹*Eden Social Welfare Foundation, Taipei, Taiwan*

Background/ Introduction: Rehabilitation is normally a long and stressful process. However, when cultural arts activities are integrated into the rehabilitation process, the process may facilitate the reablement effect.

Purpose: In the practical work, instead of traditional mechanical rehabilitation model, we would like to explore the relationship between the rehabilitation plan and the reablement result.

Method and content: 12 years ago, we noticed the poor acceptance of traditional rehabilitation by people with disabilities. Based on the service concept of CRPD (Convention on the Rights of Persons with Disabilities), we started the discussion regarding rehabilitation with people with disabilities. We realized that they actually wanted to comfort their broken heart. So we started integrated arts activities into the rehabilitation process, which would not only help them to express their creativity but also maintain or even enhance their fine motor skills.

Perspective: We understand that physical impairment is external but the internal psychological impairment is hard to heal. A series of cultural artworks such as straw art, metal carving, and patchwork. People were amazed by a series of cultural and creative works such as straw art, metal carving, and patchwork, which were displayed in the community because they were made by angels sitting on the wheelchairs.

For rehabilitation workers, it is important to be creative in order to understand the true needs of people with disabilities. Today, 12 years later, we can boldly say that in the world of reablement, everyone has great potential!

Abstract No. 261

Health and Function - Oral Presentations (60) - Dementia, September 7, 2021, 12:30 - 13:30

Mental Disabilities Attributed to Non-Dementia Organic Mental Disorder in China

PhD Candidate Jiana Muhai¹, Professor Yueqin Huang¹, Associate Professor Zhaorui Liu¹, Senior Assistant Professor Hongguang Chen¹, Senior Assistant Professor Tingting Zhang¹, Assistant Professor Chao Ma¹
¹*Institute Of Mental Health, Beijing, China*

Background: Currently, the research on the disability of organic mental disorder is mainly focused on dementia research. However, while non-dementia organic mental disorder is also an important cause of disability, there have not been reported studies about it.

Purpose: To describe the prevalence rates of disabilities attributed to non-dementia organic mental disorder and their demographic and regional distributions in China in support of policies to prevent mental disabilities.

Method and content: Using the data from second China National Survey on Disability, prevalence rates were statistically analyzed.

Perspectives: There were 1200 people with non-dementia organic mental disabilities amongst 2526145 respondents; the point prevalence rate of disabilities attributed to non-dementia organic mental disorder was 0.475‰, ranking third in all mental disabilities. Among the disabled, more male and more people with lower education level, unemployed, divorced, widowed and unmarried were found. The decline of disability prevalence rates in different ethnic groups was found in sequence of Uighur, Tibetan, Hui-Chinese (Muslims), Han-Chinese and Mongolian. The disability prevalence rates in Uighur and Tibetan were double higher than those in Han-Chinese and Hui-Chinese with statistically significance. The disability prevalence rates increased with age increasing. Regarding the region distribution of non-dementia organic mental disabilities, the prevalence rate in western region was higher than that in eastern region. Among the eight economic regions, the prevalence rates in the underdeveloped southwest, south, northwest regions were significantly higher than the others. The proportions of extremely severe, severe, moderate, and mild disability were 36.8%, 17.0%, 14.3%, and 31.9%. The proportion of non-dementia organic mental disabilities is relative high in all mental disabilities, therefore it should be focused for prevention and treatment. The disabled in male, with lower economic and education level, worse marital status, being unemployed should be paid more attention.

Abstract No. 262

Health and Function - Oral Presentations (90) - The China Mental Health Survey - Various Perspectives, September 8, 2021, 14:30 - 16:00

Disability Attributable to Mental and Behavioral Disorders by Psychoactive Substance

Chief Physician Lixia Chen¹, Professor Yueqin Huang², Associate Professor Zhaorui Liu², Senior Assistant Professor Hongguang Chen², Senior Assistant Professor Tingting Zhang², Assistant Professor Chao Ma²
¹Third Hospital of Inner Mongolia Autonomous Region (Mental Health Center), Hohhot, China, ²Peking University Sixth Hospital (Institute of Mental Health), Beijing, China

Background: Most of previous studies focused on mental disorders caused by psychoactive substances. Few studies on disability attributable to mental and behavioral disorders caused by psychoactive substances have been reported.

Purpose: To provide evidence for making strategy and measurement related to disability rehabilitation.

Method and content: Using descriptive epidemiological method, the data of the Second National Sampling Survey on Disability in 2006 were analyzed to show prevalence rate of disability attributable to mental and behavioral disorders due to psychoactive substance and its distribution by population and region, and severity of the disability.

Perspectives: The prevalence rate of disability attributable to mental and behavioral disorders due to psychoactive substance was 0.17‰ (419/2,526,145). The prevalence rate in male was 15.5 times higher than that in female. The prevalence rate in the divorced was 7.1 times higher than that in the married. The prevalence rate in the unemployed was 1.8 times higher than that in the employed. The prevalence rate in the illiterate was 3.7 times higher than that in high school and higher education level. Concerning prevalence of disability attributable to mental and behavioral disorders due to psychoactive substance in different provinces, the top five provinces were Guangdong (0.63‰), Yunnan (0.52‰), Zhejiang (0.37‰), Sichuan (0.34‰) and Guizhou (0.30‰), respectively. Among the disabled attributable to mental and behavioral disorders due to psychoactive substance, proportions of mild, moderate, severe and extremely severe of psychiatric disability accounted for 74.2%, 11.5%, 9.2% and 5.0%, respectively. There were 357 disabled people without multiple disabilities. Among them, 33.3% had severe and extremely severe impairments in function of daily activities. Prevalence rates of disability attributable to mental and behavioral disorders due to psychoactive substance vary greatly in population and regions. The disabled has the severest impairments in daily activities among all kinds of function.

Abstract No. 263

Health and Function - Oral Presentations (90) - The China Mental Health Survey - Various Perspectives, September 8, 2021, 14:30 - 16:00

Disability Attributable to Behavioral Syndromes Associated with Physiological Disturbances

Chief physician Yinxia Bai¹, Professor Yueqin Huang², Associate Professor Zhaorui Liu², Senior Assistant Professor Hongguang Chen², Senior Assistant Professor Tingting Zhang², Assistant Professor Chao Ma²
¹Third Hospital of Inner Mongolia Autonomous Region (Mental Health Center), Hohhot, China, ²Peking University Sixth Hospital (Institute of Mental Health), Beijing, China

Background: Little is known about prevalence of disability attributable to behavioral syndromes associated with physiological disturbances and physical factors.

Purpose: To provide information for making health strategy of prevention and rehabilitation of disability attributable to behavioral syndromes associated with physiological disturbances and physical factors.

Method and content: Using descriptive epidemiological method, the data of the Second National Sampling Survey on Disability in 2006 were analyzed. The disability prevalence of behavioral syndromes associated with physiological disturbances and physical factors and its distribution in different people and regions were statistically calculated

Perspectives: The number of respondents was 2526145. The disability prevalence of behavioral syndromes associated with physiological disturbances and physical factors was 2.3/100000. The prevalence in female was 2.46 times higher than that in male ($P=0.002$). The prevalence in the unemployed was 2.21 times higher than that in the employed ($P=0.003$). Compared with the people with low education level, the people with higher education levels had statistically lower prevalence rates ($P=0.011$). The distribution of the prevalence in different marital status had no statistical significance ($P=0.115$). The prevalence varied in 31 provinces with statistical significance ($P<0.001$). The rate in Guangdong was the highest. Among the disabled attributable to behavioral syndromes associated with physiological disturbances and physical factors, the group of mild psychiatric disability was the majority, accounting for 68%. It was relatively mild to be impaired in physical move and ability of self-care among the behavioral syndromes disabled, while it was severer to be impaired in the ability of understanding and communication, interpersonal relationship, daily activity, and social participation. The distribution of behavioral syndromes disability varies in population and regions. It should be paid attention to the disability with different impairments to daily and social activities.

Abstract No. 265

Psychosocial Rehabilitation - Oral Presentations (60) - Recovery, September 8, 2021, 11:00 - 12:00

From Advocacy to Recovery: Empowerment against Self Stigmatisation

Mr. Kwok Keung Ho¹, Miss. Tsz Ying Lee¹, Miss. Po Chun Polly¹

¹Baptist Oi Kwan Social Service, , Hong Kong

Mental illness (MI) carries significant social stigma in Chinese society. The negative aspects of stigmatisation are internalised by carers of family members suffering MI as self-stigma. However, we note carers engaged in advocacy of mental health issues were able to cope with social stigma better than others. Their experience suggests that advocacy can help them to cope better with self-stigmatisation. From their experience, we identify the following 5 stages along their journey of advocacy–

a. Adjustment: With the onset of MI of a family member, carers are struggle in coping with the behavioural and emotional problems associated with the MI.

b. Enlightenment: With the building up of stress and burdens in caring, the carers come to recognise that they need to seek professional help for themselves to overcome the insurmountable pressures.

c. Exploration: It is the stage where carers recognise the need to learn from peers.

d. Transcendence: At this stage carers has the urge to share their own experience with others

e. Advocacy: Carers take active role in advancing the welfare and rights of carers of MI.

Four focus group discussions were held with 27 participants with different length in caring experience to verify the 5-stage journey. They agreed in general that the framework does describe their experience.

The findings were incorporated in the training of Carer Peer Ambassadors (CPA). Specifically, CPAs were trained on the 5-stage journey, presentation skills, storytelling and handling mass media etc. We adopted a gradual desensitisation approach by gradually increasing the possibility for disclosure in mass media. We witness remarkable changes throughout the process. In their first meeting with legislators behind close door and they wore facemasks to conceal their identity. With more experience, they wore no facemask when speaking in open public hearing in the Legislative Council which were broadcast live on TV.

Abstract No. 271

Work and Employment - Oral Presentations (60) – Research, Development and Quality, September 9, 2021, 10:00 - 11:00

Research, Development & Quality in Work (in)Capacity

Theo Brunois¹, Thomas Otte¹, Kirsten Van Kelst¹, Nikki Taelemans¹, Nathalie Hargot¹, Francois Perl¹, Dr Saskia Decuman¹

¹*National Institute for Health and Disability Insurance, Brussels, Belgium*

Background : Over the last decade, the number of people who are unable to work due to a disease or private accident has been increasing in Europe, generating significant social and financial costs for the individual and the society. To manage this situation, the Belgian National Institute for Health and Disability Insurance (NIHDI) established in 2012 a centre of expertise on work incapacity.

Purpose : This center focuses on scientific research in the field of return to work (RTW) with the aim of developing effective policy recommendations. The key actors are involved in the organization (medical advisors of the insurance companies, employer representatives, trade unions, academics and government representatives). To our knowledge, this organization is unique in Europe. As a governmental institution, the main advantages are wide networking and being able to work with exhaustive data.

Content : In order to increase knowledge and to test new processes on RTW, experts of the NIHDI have set up a collaboration with researchers from universities (mainly), through public procurement. NIHDI also exchanges with other European institutions (experiences, good practices). There are multiples objectives : to monitor, to increase efficiency of the RTW process, to promote the possibilities of RTW and to write effective policy recommendations.

Perspectives : Currently, more than 45 studies have been launched. Studies concern among others implementation of Functional Capacity Evaluation in social security, use of the International Classification of Functioning in the field of return to work or statistics. NIHDI has increased his comprehension of the work incapacity and can delve deeper into some problematic points to find solutions. The next challenge will be to successfully implement the first positive experiences in practice (including quality criteria) while continuing to explore the topic. This will involve dialogue and consultation with the various stakeholders to produce new legal guidelines.

Abstract No. 272

Outdoor Rehabilitation - Oral Presentations (60) - Nature and Outdoor Activities Related to Specific Target Groups, September 9, 2021, 10:00 - 11:00

Experiences with an Outdoor Rehabilitation-Program for Type 2 Diabetes

Development Consultant Line Autrup¹, Professor Charlotte Glümer¹

¹Center For Diabetes, Copenhagen, Copenhagen, Denmark

Introduction:

According to Danish national guidelines citizens diagnosed with type 2 diabetes (DM2) should be offered a rehabilitation- and educational program in which the aim is to increase self-management and empowerment. It is shown that activities in the nature are beneficial for mental health, however there is lacking knowledge on the effect of practicing rehabilitation programs in an outdoor environment in individuals with DM2. We adapted and implemented an existing rehabilitation program into an outdoor-only setting.

Purpose:

To present early experiences with a novel outdoor-only rehabilitation program for citizens with DM2.

Method and Content:

The purpose of the outside rehabilitation program is educating citizens in an interdisciplinary setting with Health Care professionals (HCP) whom are specialized in diabetes. We developed the program together with the HCP and we included citizens with a wide range of sociodemographic background as well as co-existing challenges in health and daily-living. Despite that none HCP had outdoor education or training, it was easy and motivating to create new inspirational classes. By changing from indoor- to outdoor settings, we experienced a change from educating citizens sequentially to teaching all disciplines simultaneously creating a more dynamic class. Also, we experienced that normally inactive and isolated vulnerable individuals became an integrated part of the group. We experienced that citizens had more energy after four hours of outside classes than after two hours of indoor classes. Most importantly, we found from non-validated questionnaires results indicating that outdoor-only rehabilitation programs increased self-management and empowerment.

Perspectives:

From our early experiences, outdoor-only rehabilitation programs for citizens with DM2 are promising and could be an alternative to regular indoor programs, especially among vulnerable citizens with co-existing challenges. However, these programs need scientifically validation before conclusions can be made regarding the effect on self-management and empowerment.

Abstract No. 273

Poster Presentations (60) - Individual / Family Perspectives and Processes, Palliative Care, Psychosocial, September 8, 2021, 10:00 - 11:00

Meaningful Activities & Recovery Developing a Novel Intervention and Partnership

Ph.d. Student Siv-Therese Bjørkedal¹, Ph.d associate professor Tom Møller², Head of Program, ph.d Lene Falgaard Eplov¹, Professor Ulrika Bejerholm³, Ph.d. student Sofie Bratberg¹
¹Psykiatrisk Center København, Hellerup, Denmark, ²University Hospitals Centre for Health Research (UCSF), University of Copenhagen, Copenhagen, Denmark, ³Lund University, Lund, Sweden

Background

Engagement in meaningful activities is fundamental to health and well-being. Interventions that enable participation in meaningful activities may support the recovery process, e.g. by promoting connectedness, purpose, identity and empowerment. The aim of this study was to develop an intervention to people with psychiatric disabilities that enabled participation in meaningful activities.

Method

- ☐ MA&R was developed with inspiration from “Life-style redesign[®]”, a group-based program that provide opportunities to explore relationships between meaningful activities and well-being and to make changes in daily life.
- ☐ First version of MA&R was pilot-tested in community mental health centers and found acceptable and feasible, but changes in the participants` daily life was hard to identify.
- ☐ A qualitative study exploring transfer processes (the process of transferring what is learned in one context, to another context) from psychosocial interventions to daily life was conducted.
- ☐ In an iterative process, results from the qualitative study were integrated in a collaboration with experienced occupational therapists and peer-workers in community mental health centers, developing the program into its current format, where peer-support and individualized support are key ingredients.

Results

MA&R is an eight months manualized rehabilitation intervention, that aim to enable participation in meaningful activities. It consists of eleven group sessions, eleven one- on one sessions and individualized support. MA&R is facilitated by an occupational therapist and a peer-worker in an equal collaboration.

Conclusion

MA&R is currently tested in a randomized trial, to assess its clinical effectiveness.

Abstract No. 275

Work and Employment - Oral Presentations (90) - German Federal Employment Agency, September 7, 2021, 16:00 - 17:30

Definitions of Rehabilitation Success and Ways to Converge Different Views

Nancy Reims¹, Dr Angela Rauch¹, Anna Baatz, Dr Anton Nivorozhkin¹, Luca Reinold

¹*Institute for Employment Research, Nuremberg, Germany*

The study goal is to investigate views on successful rehabilitation by service providers that carry out rehabilitation programmes, caseworkers at the German Federal Employment Agency and programme participants. Furthermore, we look at how this effects cooperation. We use a grounded theory approach on qualitative interviews and a latent class analysis on an online survey specifically targeting service providers. Our results imply that service providers, caseworkers and rehabilitants often define rehabilitation success differently sometimes leading to problems in cooperation. Interviews with caseworkers reveal a homogeneous view on rehabilitation success: labour market integration at the lowest possible costs. In qualitative interviews, rehabilitants confirm that labour market integration plays a central role. However, for many rehabilitants an improvement in their independence and the realistic estimation of their work capacity are also very important. For the perspective of service providers, combining analyses from interviews and online survey, we find a continuum of success definitions ranging from a humanistic ideal that emphasizes improvement in rehabilitants' independence to an economic ideal that emphasizes labour market integration. Multiple factors determine the position in the continuum: programme aim, participants' characteristics and whether the service provider has experienced a crisis in the past. Different views on success may hinder cooperation between actors and undermine the effectiveness of rehabilitation programmes. To let definitions converge, it is recommended to adopt a more differentiated view on success by distinguishing the reasons for drop-out or non-integration. Furthermore, appropriate programme allocation is a central condition for the service provider to (re-)integrate motivated and stable persons while receiving sufficient resources. This may help bringing views on success closer and at the same accounts for the participants' needs.

Abstract No. 279

Health and Function - Oral Presentations (90) - Nutrition, September 9, 2021, 16:00 - 17:30

Wishes for a Weight Loss Programme Perceived by Health Professionals

Ph.d Student Christina Jessen-winge¹, Ph.d Jeanette Reffstrup Christensen¹, Ph.d Kim Lee¹, Master of Occupational Therapy Pia Ilvig¹, Master of Occupational Therapy Signe Surrow¹

¹University Of Southern Denmark, Odense, Denmark

Background

Obesity is an increasing health challenge. People who are obese experience lower quality of life because of psychosocial barriers and physical limitations when participating in daily life. Weight loss programs still fail in supporting sustainable weight loss. One reason might be the narrow focus on diet and exercise instead of unhealthy habits in daily life. Our long-term goal is to develop an evidence-based rehabilitation that supports people with obesity to reach a meaningful life both during and after a weight loss process. The program is called Danish Obesity Intervention Trial (DO:IT). As part of developing DO:IT we need to understand best practice from the perspective of the health professionals as they are the ones with important “hands-on” experiences for the development of an occupational therapy rehabilitation for obese patients.

Purpose

The purpose was to explore the experiences with what works in a weight loss process in the Danish municipalities and the wishes for how a future weight loss process should be; both from the views of health professionals.

Method and content

A phenomenological-hermeneutical qualitative study was performed using semi-structured interviews with health professionals conducting weight loss programs in Danish municipalities. The interviews were conducted in the spring 2018 and was analyzed using qualitative content analyzing.

Perspectives

The health professionals stated a holistic approach. They turned the focus away from weight loss related to illness to concerns about wellbeing. They wanted to build up self-confidence by including meaningful activities and social support. Based on these results together with evidence it seems essential to include social relations and daily life in the DO:IT program to reach a balanced life both during and after a weight loss.

Abstract No. 281

Poster Presentations (60) - Individual / Family Perspectives and Processes, Palliative Care, Psychosocial, September 8, 2021, 10:00 - 11:00

A Personalized COPD Action Plan Strengthens Mastering and Reduces Readmissions

MScN, RN Annette Hegelund¹, MScN, RN, PhD, Postdoc Ingrid Charlotte Andersen², RN, General Manager, Marianne Nerup Andersen¹, MD, PhD, Associate Research Professor Uffe Bodtger³

¹Competence Center for Pulmonary Disease, Department of Medicine, Næstved and Slagelse Hospitals, Næstved, Danmark, ²Department of Respiratory Medicine, Næstved and Slagelse Hospitals and Institute of Regional Health Research, University of Southern Denmark, Odense, , Danmark, ³Department of Respiratory Medicine, Næstved Hospital and Institute of Regional Health Research, University of Southern Denmark, Odense, , Denmark

Background

COPD is associated with a substantial illness- and symptom burden, increased risk of acute exacerbations of COPD (AECOPD) and hospital admissions. Self-management interventions in COPD, including action plans (AP), has the potential to reduce AECOPD hospitalizations and increase quality of life. However, knowledge is sparse on effectiveness of a personalized tailored AP introduced under admission.

Purpose

To test if a personalized, written AP supported with a short verbal instruction provided by a cross-sectorial nurse at or post discharge after an AECOPD admission, reduces readmissions and symptom burden, including anxiety and depression levels at 3 months follow-up.

Method and content

In a randomized controlled trial, 100 participants were recruited from August 2016-February 2017 during an AECOPD admission in two Danish hospitals and randomized into two groups (50:50). At baseline and at 3 months follow-up, all participants completed the Hospital and Anxiety Depression Scale (HADS) and COPD Assessment Test (CAT).

The intervention group received a personalized tailored three-colored stepwise AP on paper introduced by a person-centered and yet structured dialogue with possibility for subsequent support. The personalized AP, categorized by CAT, illustrated in the participants' own words, their perceived condition of daily function or symptoms in different illness-states, supplied with appropriate non-pharmacologic and pharmacologic initiatives adjusted to the participants' individual capability. Self-measuring of CAT supported the participants to recognize changes in symptoms and guided to the step in the AP, where individually prescribed treatments and actions were shown.

Perspectives

At 3 months follow-up, the intervention group experienced significantly lower number of readmissions, decreasing symptom burden measured in CAT and decreasing depression in HADS scores, but no change in HADS anxiety.

Using AP across healthcare sectors may in the future be a central part of the rehabilitating efforts to support patients' confidence and competence to live the life, they want to.

Abstract No. 282

Health and Function - Oral Presentations (90) - Nutrition, September 9, 2021, 16:00 - 17:30

Rehabilitation for Obese Patients: A Role for Occupational Therapists?

Dr Jeanette Refstrup Christensen¹, BSci Ann Bek Jensen¹, Dr Anette Enemark-Larsen², MScH Pia Maria Ilvig¹, Dr Kim Lee¹, MScH Christina Jessen-Winge^{1,2}

¹Research Unit for General Practice, Department of Public Health, University of Southern Denmark, Odense, Denmark,

²Department of Occupational Therapy, Institute of Physiotherapy and Occupational therapy, University College Copenhagen, Copenhagen, Denmark

Background

Globally, over 1.9 billion adults are overweight and 650 million are obese. Obesity has been labelled “the greatest public health challenge of the 21st century”, and has been acknowledged as a chronic disease by the World Health Organization. In Denmark, the responsibility for the treatment of chronic diseases is held by the municipalities. The increasing focus on obesity as a significant public health threat is because obesity is consistently linked to serious health conditions such as diabetes, musculoskeletal disorders, heart diseases, and cancer. Furthermore, obesity have significant implications for occupational performance and participation in everyday life as obese individuals may have difficulty physically participating in valued and necessary everyday occupations. In a study exploring the experience of participation in daily occupations of individuals with obesity, the participants describe that shopping for clothes, planning vacations and looking for work were put on hold as they felt stigmatized or judged while in public because of their body habitus. Thus, as obesity can cause serious limitations in everyday life functions, measures of rehabilitation involving occupational therapy seems of great relevance in facing these challenges.

Purpose

The overall purpose with the present study is to develop an interdisciplinary rehabilitation to obese individuals led by occupational therapists that can be implemented in all Danish municipalities. The study is called Danish Obesity Intervention Trial – DO:IT.

Methods

The rehabilitation will be developed in accordance with Evidence Based Practice, Lifestyle Redesign and the occupational science framework ‘Doing, Being, Becoming and Belonging’. It will firstly target social norms, cultures and relations, participation in meaningful everyday activities and habit changes, and secondly target physical exercise and diet.

Perspectives

To entail fewer limitations in everyday life because of physical deficits or feelings of stigmatization and increase quality of life and a sustainable weight loss in obese patients.

Abstract No. 283

Work and Employment - Oral Presentations (90) - German Federal Employment Agency, September 7, 2021, 16:00 - 17:30

Cooperation between Service Providers and Caseworkers: Satisfaction, Factors and Effects

Dr Anton Nivorozhkin¹, Dr Nancy Reims¹, Kristin Neumann², Angela Rauch¹

¹Institute For Employment Research (IAB), Nuremberg, Germany, ²Saxon State Ministry of Social Affairs and Consumer Protection, , Germany

The study goal is to analyse cooperation between service providers that carry out rehabilitation programmes and caseworkers at the German Federal Employment Agency (FEA). We use a mixed-method approach and combine results of an online survey of service providers (N=266) with in-depth qualitative interviews with service providers (N=32) and FEA caseworkers (N=4).

Based on the results of the online survey we find that service providers are overall very satisfied with the cooperation with FEA caseworkers. Important factors that influence a satisfying cooperation are: mutual trust, equal standing, long lasting cooperation and frequent contact between service providers and caseworkers. The analysis of qualitative interviews confirms these factors while others can be added. In particular, service providers emphasise that rehabilitation-specific experience and knowledge of caseworkers are critical factors to improve cooperation. Easy and fast contact with caseworkers may further increase satisfaction with cooperation. Finally, issues in the internal organisation of local offices of the FEA and assignment practices of rehabilitants to programmes have profound effects on the satisfaction with cooperation.

Next, we examine the impact of reported satisfaction levels on program completion. First, we find that higher levels of satisfaction with cooperation are associated positively with a lower dropout rate from the rehabilitation programs. The qualitative interviews with service providers and FEA caseworkers reveal the mechanism behind this statistical relationship. If the cooperation is good, caseworker and service provider strongly cooperate in cases where the rehabilitant is at risk of program dropout by making necessary adjustments and providing extra help. Both parties furthermore agree that the achievement of high integration rates into regular employment is only possible if good cooperation exists.

Abstract No. 284

Poster Presentations (60) - Health and Function 1, September 7, 2021, 10:00 - 11:00

Rehabilitation and Late Effects in Danish Cancer Patients

Health Consultant Nanna Bjerg Eskildsen¹, Health Consultant Gitte Stentebjerg Petersen¹

¹*Kræftens Bekæmpelse, København Ø, Denmark*

Introduction

Cancer survival rates keep increasing and so does the number of people living with long-term consequences of the disease and treatment. Knowledge about the patients' need for rehabilitation and experiences in follow-up care is essential in helping the patients to a better life after cancer.

Objectives

To assess cancer patients' experiences with follow-up cancer care and identify needs for help coping with late effects after cancer.

Method

10.445 Danish citizens with a first time cancer diagnosis were invited to participate in a two-part survey about their experiences with cancer care. 52% responded to the first questionnaire focusing on diagnostics and primary cancer treatment. The patients that were still alive and had responded to the first questionnaire received a follow-up questionnaire 2,5 years after their diagnosis focusing on follow-up care and rehabilitation (4.340 patients). 73% responded.

Results

-58% report one or more late effects affecting their everyday life. The 3 most common late effects across all cancer types are fatigue, fear of recurrence and sexual issues.

-35% don't know what signs of the cancer recurring to be aware of and 48% don't know what signs of late effects to be aware of. 30% don't know who to contact if experiencing late effects.

-30% report needing help to cope with physical or psychological late effects. More than half don't get the help they need .

Perspectives

The results show that many cancer patients have unmet needs in regards to dealing with late effects after diagnosis and treatment. To improve rehabilitation it is important to:

-Provide patients with sufficient and adequate information about what symptoms to be aware of and where to get help.

-Ensure that patient needs are systematically identified during follow-up care e.g. through patient reported outcome tools.

-Ensure that patients are offered sufficient help to deal with late effects.

Abstract No. 285

Health and Function - Oral Presentations (90) - Disaster, Refugees, Ex-prisoners, September 8, 2021, 16:00 - 17:30

Ex-Prisoners' Need for Rehabilitation When Re-Entering Society

Dr Jeanette Refffstrup Christensen¹, Dr Anette Enemark-Larsen²

¹Research Unit for General Practice, Department of Public Health, University of Southern Denmark, Odense, Denmark,

²Department of Occupational Therapy, Institute of Physiotherapy and Occupational therapy, University College Copenhagen, Copenhagen, Denmark

Background

Danish prisons aim to motivate prisoners to become law-abiding citizens. Studies show that ex-prisoners are at the highest risk for recidivism the first six months of being released. International studies indicate that this is due to the following challenges: employment, finances, family support and substance abuse. However, little is known about which challenges Danish ex-prisoners experience when re-entering the society.

Purpose

This study examines which challenges Danish ex-prisoners experience upon re-entering the society in order to assess the need for rehabilitation to secure a successful return to an everyday life after imprisonment.

Materials and content

14 ex-prisoners, who had served a minimum sentence of six months in a Danish jail, prison or halfway house, and who were released a maximum of six months prior to the study, participated in individual interviews and assessment with the Canadian Occupational Performance Measure (COPM). The data was analysed with a qualitative content analysis and the occupational performance issues (OPIs) identified with the COPM were analysed with the Canadian Model of Occupational Performance and Engagement (CMOP-E).

Perspectives

The analyse revealed four key themes: symptoms of stress, personal finances, family relations and social interaction, and the effects of stigmatism. The most frequently identified OPIs were in the categories of health distress and healthcare, public transportation, handling finances, handling modern technology, grocery shopping, housework, exercise, and socialization. This study thus indicates a need for rehabilitation for ex-prisoners to make a successful re-entry into the society after imprisonment. Such a rehabilitation should include training occupational performance to enable the ex-prisoners' meaningful occupations including a job and the activities of everyday life. A future task that would be suitable for occupational therapists.

Abstract No. 286

Health and Function - Oral Presentations (90) - Disaster, Refugees, Ex-prisoners, September 8, 2021, 16:00 - 17:30

Using ICT on Disability-Inclusive Disaster Risk Reduction and Management

Director Wai Hon¹

¹*Social Welfare Bureau of Macao SAR Government, , Macao SAR, China*

1. Background

Since the disaster caused by Typhoon Hato in year 2017, the Macao SAR government has been working hard on the restructuring and optimization of its disaster risk prevention work, setting up emergency shelters in different parts of Macao, so that citizens, especially the persons with disabilities living in low-lying areas can evacuate on time once the government has released the “storm surge” warning plus the evacuation order.

2. Collaboration mechanism on supporting persons with disabilities in their evacuation and placement

Social Welfare Bureau has formed a collaboration mechanism together with the Unitary Police Service, five departments under the Secretary of Security Affairs, and about 30 social facilities. The purpose of the mechanism is to support the evacuation and placement of citizens with disabilities living in low-lying areas as well as those weak elderly people, so as to ensure their safety.

3. The information management on supporting persons with disabilities in their evacuation using ICT

Social Welfare Bureau constructed a “System on Supporting the Evacuation of Persons with Special Needs”. By collecting information from the Disability Assessment and Registration Database as well as those provided by social service organizations, the system tries to build up a population database about persons in need of supportive service. During the process of evacuation, the related parties can also update others about the evacuation situation through the system, ensuring that people in need can all evacuate safely. This can be done by uploading gathered data to the Cloud and then transferred them to other supporting departments and organizations, thus facilitating the collaboration among departments and organizations, enhancing the accuracy and efficiency of evacuation work, and also the post-disaster support and recovery work.

Abstract No. 290

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

Performance-Based Instruments to Assess Mental Function in Traumatic Brain Injury

Miss Lola Qvist Kristensen^{1,2}, Miss Marie Almkvist Muren^{1,3}, Professor Annemette Krintel Petersen^{1,3,4}, Professor Maurits W. van Tulder^{1,5}, Professor Lisa Gregersen Oestergaard^{1,3,4,6,7}

¹Department of Physiotherapy and Occupational Therapy, Aarhus University Hospital, Aarhus, Denmark,

²Neurorehabilitation Skive, Hammel Neurorehabilitation Centre and University Research Clinic, Skive, Denmark, ³Centre of Research in Rehabilitation (CORIR), Aarhus University Hospital and Aarhus University, Aarhus, Denmark, ⁴Department of Clinical Medicine, Aarhus University, Aarhus, Denmark, ⁵Department of Health Sciences and the EMGO+ Institute for Health and Care Research, Faculty of Earth and Life Sciences, VU University Amsterdam, Amsterdam, The Netherlands,

⁶Department of Public Health, Aarhus University, Aarhus, Denmark, ⁷Department of Public Health, The Research Initiative of Activity Studies and Occupational Therapy, Research Unit of General Practice, University of Southern Denmark, Odense, Denmark

Background: Performance-based measures that focus primarily on the ability to engage in ADL are routinely used by occupational therapists to assess a client's cognitive abilities.

Purpose: To perform a systematic review to investigate measurement properties of performance-based instruments to assess mental function during activity and participation in individuals with traumatic brain injury.

Method and content: Pubmed, EMBASE, CINAHL, PsycINFO and OTseeker were searched. The Consensus-based Standards for the selection of health measurement instruments checklist was used to evaluate methodological quality of each included study. The quality criteria adapted by Terwee were applied to extract the results of each measurement property followed by a best evidence synthesis.

Results: Twenty-eight articles, including 40 ratings of measurement properties, were included. The combination of the Functional Independence Measure and the Functional Assessment Measure showed moderate evidence of good internal consistency (Cronbach's alpha 0.99), but conflicting evidence of reliability (ICC 0.83) and poor evidence of construct validity. All other instruments showed limited or unknown evidence.

Conclusions: This review provides an overview of measurement properties of performance-based instruments and contributes to such methodological considerations before choosing an instrument. Though, the results reveal a lack of high-quality evidence for any of the measurement properties, it is recommended to use tools with the highest possible evidence for positive ratings.

Perspectives: This review contributes with psychometric evidence on instruments to use in occupational therapy practice and research.

Abstract No. 291

Work and Employment - Seminar (90) - Work and Education, September 8, 2021, 14:30 - 16:00

Inclusive Education - A Gateway to Diverse Working Life

Executive Director, President RI Finland Pauliina Lampinen¹

¹*Vamlas Foundation, RI Finland, Helsinki, Finland*

Inclusive education is a right stated in the UN Convention. It is also a gateway to diverse working life. Through education people learn skills that enable them to fully participate in their communities and society. To give everyone same opportunities, learning should happen in interaction with other children and youth, not in segregated settings. Skills learned in interaction with others are just as important to those with disabilities as they are for those without.

Often also vocational rehabilitation measures (retraining, learning) targeted to people with disabilities take place in segregated settings.

I argue, that too often people with disabilities attend school, vocational rehabilitation and/or employment services in segregated settings without the opportunity for authentic inclusion. This makes transition to working life difficult.

My argument is based on earlier research. Children and youth with disabilities are amongst the most marginalized and poorest of all the world's youth. Even in developed countries they face a greater risk of poverty. An EU statistical study from 2011 found out that rate of early leavers from school and education was much higher for disabled people: 31.5 % compared with 12.3 %. Also twice as many young people with disabilities are neither in employment nor in education and training: 30,7 % compared with 15%.

Furthermore based on Finnish research students with special education background have more difficulties in moving to secondary education, they receive less career guidance, they are offered fewer options and they end more often in various vocational rehabilitation projects than others.

I argue that inclusion in education in its broadest sense promotes significantly employability of people with disabilities. Inclusion is also a way to promote diversity: Learning in diverse educational settings leads to better and more diverse working life.

Abstract No. 293

Ageing and Rehabilitation - Oral Presentations (90) - Community-based Rehabilitation and Elderly Citizens, September 7, 2021, 16:00 - 17:30

Roles of Specialists in Community-Based Health Promotion for the Elderly

senior researcher Kaori Yamaguchi⁴, lecturer Yukiko Makihara², associate professor Emi Yasuda³, professor Makoto Kono¹

¹International University Of Health And Welfare, School of Health Sciences at Narita, Department of Occupational Therapy, Narita, Japan, ²International University Of Health And Welfare, School of Health Sciences at Narita, Department of Physical Therapy, Narita, Japan, ³International University Of Health And Welfare, School of Nursing at Narita, Narita, Japan, ⁴National Institute of Public Health, Department of Health and Welfare Services, , Japan

[Background]

Japan is facing various issues related to its aging society. Health professions are required to work in the community to promote the health of the elderly.

[Purpose]

The objective of the present study was to demonstrate the values of the health professions in terms of supporting the lives of the elderly in their community through two different types of project.

[Method and Content]

One project was to support “MOMOTOSE salon”, which was operated by a local NPO. The salon organized a weekly activity and the elderly in the community could join. The activity basically consisted of two parts; physical exercise and some other activities such as a craft work. Individuals with dementia, schizophrenia and hemiplegia also joined the salon. Our support as health professions was to encourage the elderly to participate in the activity by 1) providing the supervised activities, 2) setting the environment suitable for individuals with disabilities and 3) answering any health related questions from each participant.

The other project was “SOGODAI healthy life designing project”, which was run by the health professions monthly for residents in the SOGODAI community. The program consisted of two parts; a lecture by a profession and a group work. The theme of every program was related to a care prevention and designed so that each participant could review the health aspects of their daily life.

[Perspectives]

In the case of MOMOTOSE salon, participants including individuals with disabilities continuously joined the salon and were involved in activities. In the case of SOGODAI project, participants acquired some knowledge regarding the care prevention and strengthened their skill of self-management.

There are various values for health professions to join in the community. It is suggested that evaluating conditions and needs of each case is important when we conduct community-based practice.

Abstract No. 294

Work and Employment - Oral Presentations (90) - Multidisciplinary Interventions, September 9, 2021, 14:30 - 16:00

Applying Business Model into Philanthropy - "Social Enterprise"

Ms Wai I, Jennifer Chau¹, Ms Man I, Jojo Cheok¹

¹*Fuhong Society of Macau, , Macao*

Fuhong Society of Macau, established in 2003 providing services for those intellectual disabilities and ex-mental illness persons under a staff team of 200 which serving 600 disabilities and 360 families.

"Work" is the best method to let the disabilities to be inclusive in the community under their own effort. With Fuhong's 17 years of experience on vocational training – we will share it's best effectiveness to the disabilities.

Actually 2003 was a year of SARS and with lots of difficulties in finding jobs for the disabilities, nevertheless, by using charity Branding and business model, we succeeded to turn "Risks" to "Opportunities".

Macau's economy grown rapidly after the Gaming industry opened by 2002, especially within the past ten years' time. Fuhong can catch up the economy's opportunities, and set up its first social enterprise "Happy Laundry" by 2012, second "Happy Market" by 2015 and the third "Happy Art" by 2018. All these are under "Happy" series and to be iconic at the "happiness", not only for our disabilities, but also to whom had involved in our social enterprises.

Having our own Social Enterprise, our service users can be employed. They can have their tailored-made working condition, working environment and working hours designed best fit for them, if mature, they can be backed to the opened employment.

All our Social Enterprises can achieved "Break even", "Successful" and "Sustainable" since we can let "risks" to "opportunities", therefore, we are going to share our technical experience and concept of our business model applied - A very localization, with Macau's differentiate culture, and types of our service users.

Moreover, social enterprise might eventually be a mean of reducing Governments' burden or expenses in providing traditional services to the disabilities. Let's discuss and find an innovation way in doing modern service to the under-privileged groups.

Abstract No. 296

Poster Presentations (60) - Education and Professionalization in Rehabilitation, September 9, 2021, 09:00 - 10:00

Enhancing the Care Pathways for Patients with Low Back Pain

MHS, Physiotherapist Maja Husted Hubeishy¹, **PhD, MHS, Physiotherapist Nanna Rolving²**, MA, Physiotherapist Anne Grøndahl Poulsen², Professor (MSO), PhD, Chiropractor Tue Secher Jensen^{3,4}, PhD, MsN, Nurse Camilla Blach Rossen¹

¹Interdisciplinary Research Unit, Elective Surgery Centre, Silkeborg Regional Hospital, Silkeborg, Denmark, ²DEFACTUM, Central Denmark Region, Aarhus, Denmark, ³Diagnostic Centre, University Research Clinic for Innovative Patient Pathways, Silkeborg Regional Hospital, Silkeborg, Denmark, ⁴Department of Sports Science and Clinical Biomechanics, SDU, Odense, Denmark

Introduction: Patients describe low back pain (LBP) care pathways as long and incoherent with many treatment modalities provided by different health professionals. Efforts have been made to enhance coherent care pathways by developing Clinical Practice Guidelines (CPGs). However, studies have shown that health professionals predominantly draw on their clinical expertise and patient preferences in their management of patients and to a lesser extent apply research evidence (i.e. adhere to CPGs). This poses a problem, as adherence to CPGs has been shown to reduce inappropriate patient pathways in the healthcare system and optimise the use of evidence-based treatment. Moreover, it leads to more cost-effective treatments, due to a reduction in the number of consultations and less disability.

Purpose: To improve evidence-based practice by implementing CPGs among physiotherapists and chiropractors (referred to as health professionals) in primary care, to ensure that patients with LBP may achieve better treatment outcomes.

The project includes three studies (only study 1 will be presented at the congress):

Study 1: identifying which barriers and facilitators health professionals experience using CPGs in their daily practice.

Study 2: to develop and test active tools for implementing CPGs based on knowledge generated in study 1.

Study 3: implement the LBP CPGs among health professionals using the active tools developed in Study 2, and evaluating the tools' effect.

Method: Study 1 is a qualitative project (ongoing: February 2019 - October 2020) with interviews and observations of 15-20 health professionals from Central Denmark Region.

Findings: Study 1 will be presented.

Perspectives: The project will help move societies by improving implementation of the LBP CPGs, including implementation of the inherent bio-psycho-social-model. By improving the implementation strategies, we aim to increase the number of health professionals managing the patients based on the same research evidence and thereby enhance care pathways for patients with LBP.

Abstract No. 297

Policy and Service - Oral Presentations (90) - Illuminating Gaps in Policies and Praxis, September 8, 2021, 14:30 - 16:00

DPOD on “Nothing About Us Without Us” in Political Representation

Vice-Chairperson Sif Holst¹

¹*Danske Handicaporganisationer, Høje Taastrup, Denmark*

Background

Disabled People’s Organisations Denmark, DPOD, is an umbrella organisation composed of 35 disability organisations for persons with a wide range of impairments in the areas of communication, cognition, mental condition and mobility, as well as persons with other disabilities and next-of-kin.

Purpose

The elected leaders of DPOD and its member organisations are persons with disabilities and their next-of-kin, entrusted with looking after the political interests of members. In the presentation will be explained the importance of political representation springing directly from a citizen perspective, that is, from the wishes, dreams and goals of persons with disabilities and their next-of-kin, and from the experiences and challenges that they face.

Contents

DPOD is proposing a presentation by Vice-Chairperson Sif Holst about our organisation’s political representation, exemplified by our activities in the fields of rehabilitation and healthcare. DPOD adheres to the principle of “Nothing About us Without Us”. Sif Holst will present DPOD’s defence of its members’ interests in rehabilitation in general and provide specific examples of DPOD’s healthcare work, where efforts to exert influence on Danish legislation and practices have made a positive difference for persons with disabilities and their next-of-kin.

One case in point concerns DPOD’s lobbying for regular health checks of persons with cognitive and physical disabilities residing in special-needs homes. In this regard, the Chairperson of the National Organization LEV (for persons with learning disabilities), Anni Sørensen, will attend in person to conduct a dialogue with Sif Holst. Another example is DPOD’s work to ensure access to healthcare facilities and services, which targets the individual clinic and each regional government, entering into “health agreements”

Prospects

The presentation could inspire other political actors, as well as planners and practitioners of rehabilitation processes, to involve persons with disabilities and their next-of-kin in developing policies and practices.

Abstract No. 299

Community-based Rehabilitation - Oral Presentations (60) - Involvement, Volunteers and Community-based Rehabilitation, September 7, 2021, 10:00 - 11:00

Citizen-Driven Rehabilitation: Moving from a Professional to a Citizen Perspective

Head of the Senior Citizens and Rehabilitation Department Louise Thule Christensen¹, Head of Advanced Rehabilitation Unit Rikke Mølgaard Nielsen¹, Strategic Project Manager Rebekka Daugaard Buhl¹

¹Haderslev Kommune, Haderselv, Denmark

Background

Studies show that the effect of professional rehabilitation efforts increases when the citizen feels involved (Rissør et al., 2015). Although active citizen-participation has a positive effect on the rehabilitation process, citizens and professionals often have different perspectives on the citizen-involvement (Petersen, 2009). The rehabilitation practice in Haderslev Municipality is based on continuous citizen-involvement from a professional perspective guided by the goals of the professionals. That challenges the citizen's experience of involvement and self-reliance.

Purpose

How can an organizational development in Haderslev Municipality support the self-reliance of citizens with disabilities through their involvement in short and time-limited rehabilitation programs cf. The Danish Social Service Law section 83 a?

Method and content

Based on principles and methods from design thinking leaders, staff and citizen representatives were involved in the development and implementation of a new organizational unit for the rehabilitation of citizens (1.5.2019-31.10.2019).

Through audits, workshops, observations and interviews, the existing practices were uncovered and suggestions for further development collected.

User journeys and principles for the supportive organizational framework were developed for future rehabilitation practices.

The surveys showed that citizens often experience a lack of coherence and influence on their course of action: "It is confusing when more employees are involved".

Perspectives

An interdisciplinary, citizen-driven rehabilitation practice has been developed and implemented (1.11.2019). The citizen's goals and dreams are uncovered and guided by concrete efforts. Through close follow-up and coordination between professional groups, a coordinator ensures an effective and coherent rehabilitation process within 8 weeks.

The rehabilitation practice is being implemented by a new organizational unit; 'Advanced Rehabilitation Unit'. The unit supports development in the rehabilitative approach from a professional to a citizen-perspective. The preliminary results (1.1.2020-31.12.2020) show that approx. 65% of the citizens become completely self-reliant and the self-rated quality of life increases (via EQ5D) after a course in the unit.

Abstract No. 300

Poster Presentations (60) - Health and Function 1, September 7, 2021, 10:00 - 11:00

Anxiety and Insecurity Among Patients with Severe COPD

Senior Lecturer Lisbet V. Hansen¹, Senior Lecturer Marianne Husted¹

¹Ucsyd, Campus Esbjerg, Esbjerg Ø, Denmark

Background

Based on data from a previous research project conducted in 2018-2020: "The late palliative care and treatment for patients living with COPD in the region of Southern Denmark", this study is expected to be able to unfold and highlight the complexities and nuances of the perceived anxiety and insecurity among patients with COPD. The aim is to identify areas of action, which can help to increase the quality of the effort for patients with COPD.

Both patients and health professionals in the existing data indicate, that dysphonia, thoughts of death, and the resulting anxiety appear quite early in the disease process, when it comes to COPD. With anxiety comes a fundamental uncertainty as to whether you as a patient with COPD can be sure to be helped in situations of anxiety. This feeling creates insecurity in the course of the disease, which can lead to repeated admissions in hospital.

Method

The data material consists of 6 semi-structured interviews with patients with severe COPD, 4 with relatives and 3 focus group interviews with relevant professionals from different sectors of health care services. We will make a second analysis using a phenomenological / hermeneutical approach based on the exiting data

Preliminary findings

The preliminary analysis indicates that feelings of anxiety and insecurity among patients with severe COPD is difficult to express. Preventing anxiety and insecurity seems important for patients with COPD by using different coping strategies.

Because the signs of anxiety and insecurity are vague, they are challenging for professionals to identify. This can contribute to a feeling of not being met with insight and understanding by health professionals.

Abstract No. 302

Poster Presentations (60) - Innovative and Assistive Technologies in Rehabilitation, September 8, 2021, 09:00 - 10:00

Step Counter for Manual Wheelchair Users

Assistant Lecturer, PhD Henning Thomsen¹, Associate Lecturer, PhD Gianna Belle¹, Assistant Lecturer Christina Koch Pedersen¹, Assistant Lecturer Steffen Rahbek Vutborg¹

¹University College Of Northern Denmark, Aalborg, Denmark

Many wheelchair users do not get enough physical activity due to their limited mobility, which can lead to various lifestyle-related illnesses and impaired quality of life in general. The opportunity for monitoring and tracking fitness-related metrics tends to increase physical activity motivation and self-efficacy among users. Devices and apps for activity tracking are becoming increasingly popular. However, they are designed for people without movement impairments. Some attempts have been made to adapt existing activity tracking systems for wheelchair users but assessing physical activity in manual wheelchair users is challenging because of their different movement patterns in relation to the walking population.

Our aim is to develop a step counter for wheelchair users that counts the equivalent of a walking person's step via the user's pushes, and thereby giving them the same opportunity to track their physical activity as the rest of the population. The project is a collaboration between University College of Northern Denmark, the wheelchair manufacturer Wolturnus and the Sports Association for the Disabled in Aalborg. We equip the wheelchair with sensors for measuring force, acceleration and distance, thereby utilizing the unique situation of having a physical platform (the wheelchair) for mounting sensors for activity tracking. Data is transmitted via Bluetooth Low-Energy to the mobile device for movement and activity classification. The mobile device is also used for displaying a step count and for user interaction.

Based on our initial findings, we have observed that detecting pushes is feasible using load cells mounted on each wheel. We are also able to discern the type of push and direction. This is an ongoing project and prospects include aggregation of data from multiple wheelchair users for validating our algorithm for activity tracking of different users' profiles.

Abstract No. 303

Policy and Service - Seminar (90) - Right to Health for disabled Persons, Contributions, Governance Structure, Economic Incentives, September 8, 2021, 16:00 - 17:30

Right to Health for Disabled Persons – Accessibility, Reasonable Accommodation

Prof. Dr. Felix Welti¹

¹*University of Kassel, Kassel, Germany*

The Right to Health as a social and economic human right contains availability, accessibility, acceptability and quality of health care. Accessibility has four overlapping dimensions: non-discrimination, physical accessibility, and economic accessibility (affordability) and information accessibility.

Article 25 CRPD regulates the Right to Health for persons with disabilities as the right to the highest attainable standard of health without discrimination on the basis of disability. States are obliged to provide free or affordable health care with the same range, quality and standard as provided to other persons. The implementation and realization of Art. 25 CRPD is an interesting touchstone for both, the right to health and the rights of persons with disabilities.

CRPD-General Comment No 2 (2014) concerning Accessibility explains the difference between group- and population-related accessibility as a structural task and reasonable accommodation as an individual right.

Germany in 2019 delivered the second report to the CRPD-Committee. Analysing the committee's list of issues, the civil society's claims and an evaluation health care services are not sufficiently accessible.

In primary health care, surgery is not physically accessible. In the German public financed health care system a regulation made accessibility a criterion for newly appointed surgeries. Especially in rural areas and for special needs – e.g. in the paediatric and the gynaecological sector – this might not be sufficient. In the hospital sector, sign interpreters and individually chosen assistants in hospitals are disputed, especially according funding. It is discussed, if this negatively effects the acceptance of disabled patients by hospitals.

The contribution will discuss these examples in the light of German law and compare it with health care issues raised in the state reporting of other CRPD-member-states and in European Union antidiscrimination law.

Abstract No. 306

Individual/Family Perspectives and Processes - Oral Presentations (60) - Holistic Assessment of Needs in Rehabilitation, September 9, 2021, 11:00 - 12:00

Implementing PRO to Longitudinally Assess Cancer Patients' Needs and HRQoL

Karen Trier¹, Mette Sandager¹, Jette Vibe-Petersen¹

¹Copenhagen Centre For Cancer And Health, Copenhagen, Denmark

Background

Cancer patients' physical, psychological, social and existential rehabilitation needs differ considerably, and there is limited knowledge of changes in needs over time in patients with different cancer diagnoses.

Patient reported outcomes (PRO) are patients' own description of symptoms, functional status and health-related quality of life (HRQoL), and it has been shown that these may differ significantly from health professionals' assessments. This makes PRO an important tool in daily clinical practise and when identifying differences in patient needs at an aggregated level.

Purpose

The purpose of this study is to test PRO as a routine tool for assessing individual rehabilitation needs of cancer patients and to investigate changes in rehabilitation needs and HRQoL during multidisciplinary cancer rehabilitation.

Method

In April 2019 the municipality-based Copenhagen Centre for Cancer and Health (CCCH) implemented PRO as a routine tool for assessing cancer patients' rehabilitation needs. The PRO questionnaire includes information on disease, HRQoL (FACT-G), distress, lifestyle and more.

All cancer patients referred to CCCH fill out an electronic PRO-questionnaire prior to beginning (T0), during (T1) and when ending rehabilitation (T2).

At this point, 631 patients have completed initial PRO (T0), 154 have completed at T1 and 30 patients have completed at T2. The data collection and analyses are ongoing.

Perspectives

Initial results show that total FACT-G scores increase from 70,4 (T0) to 74,7 (T1) to 84,0 (T2). The increase is present for all subscales. Initial results indicate clinically meaningful improvements of HRQoL over time among patients, with a variety of cancer diagnoses, participating in cancer rehabilitation.

On an individual level, PRO may provide important information and contribute to the identification of unmet needs. PRO on an aggregated level, can show great value in tailoring rehabilitation interventions in accordance with patients' specific needs.

Abstract No. 308

Poster Presentations (60) - Health and Function 1, September 7, 2021, 10:00 - 11:00

Cardiac Rehabilitation following Acute Coronary Syndrome for Patients with Diabetes

PhD Student Birgitte Bitsch Gadager^{1,2,3}, Research assistant Maiken Bay Ravn^{1,4,5}, Senior Researcher Lars Hermann Tang⁶, Professor Patrick Doherty⁷, Professor Rod Taylor^{4,8}, Professor Ann-Dorthe Olsen Zwisler^{4,5}, Thomas Maribo^{1,2,3}

¹Defactum, Central Denmark Region, Aarhus, Denmark, ²Centre for Rehabilitation Research, Aarhus, Denmark, ³Department of Public Health, Aarhus University, Aarhus, Denmark, ⁴REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Denmark, ⁵University of Southern Denmark and Odense University Hospital, Denmark, ⁶Department of Physiotherapy and Occupational Therapy Næstved-Slagelse-Ringsted Hospitals, Denmark, ⁷Department of Health Sciences, University of York, United Kingdom, ⁸Institute of health research, University of Exeter Medical School, United Kingdom

Introduction:

Cardiac rehabilitation (CR) is well-documented and strongly recommended for patients with acute coronary syndrome (ACS). Diabetes is a frequent comorbidity with ACS and these patients therefore should be prevalent in CR. However, studies to date evaluating CR demonstrate a lack of representation of patients living with ACS in combination with a concurrent disease. This raises the question as to whether patients with ACS and diabetes benefits to the same extent from CR as patients without diabetes after CR.

Purpose:

The review examines if CR following ACS is equally effective for patients with concurrent diabetes (type 1 or type 2) as for patients without diabetes.

Methods:

This systematic review and meta-analysis conducted searches in 5 electronic databases up to November 2019. Studies with patients participating in CR following ACS with and without diabetes were eligible for inclusion. Randomised controlled trials and observational studies comparing effectiveness of CR (consisting of at least structured exercise sessions) in patients with and without diabetes was taken into consideration. Main outcomes were exercise capacity and health-related quality of life. Authors have screened titles and abstracts for inclusion.

Next step in the review process will be extraction of data and assessment of risk of bias. The systematic review will be reported in accordance with the PRISMA statement (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). If possible, a meta-analysis is conducted.

Preliminary results:

The systematic search yielded 4642 records for title and abstract. 102 papers have been retrieved for further full-text screening and 25 papers are so far included for further analysis. Preliminary results indicate that effectiveness of CR differs between patients with diabetes compared to patients without diabetes. Final results will be presented at the conference.

Perspectives:

The review seeks to identify if patients with ACS and concurrent diabetes needs additional care than traditional CR.

Protocol for a Randomised Controlled Trial: Evaluating the ABLE program

OT, MCs, PhD Student Vita Hagelskjær^{1,2,3}, OT, PhD Kristina Tomra Nielsen^{1,4}, OT, PhD Cecilie von Bülow^{1,2}, OT, PhD Lisa Gregersen Østergård^{2,5,7}, OT, PhD Maud Graff⁶, OT, PhD Eva Ejlersen Wæhrens^{1,2}

¹The ADL unit, The Parker Institute, Copenhagen University Hospital Bispebjerg-Frederiksberg, Copenhagen, Denmark, ²Occupational Science & Occupational Therapy, User Perspectives and Community-based Research, Department of Public Health, University of Southern Denmark, Odense, Denmark, ³Department of Occupational Therapy, VIA University College, Holstebro, Denmark, ⁴Department of Occupational Therapy, University College of Northern Denmark, Aalborg, Denmark, ⁵DEFACTUM, Central Denmark Region, Aarhus, Denmark, ⁶Department of Rehabilitation and at Scientific Institute for Quality of Care Research, Radboudumc Nijmegen, Nijmegen, The Netherlands, ⁷Department of Physiotherapy and Occupational Therapy, Aarhus University Hospital, Aarhus, Denmark

Background: Persons living with chronic conditions often have decreased ability to perform Activities of Daily Living (ADL) tasks, stressing a need to develop and evaluate intervention programs addressing such problems. Guided by the British Medical Research Council's (MRC) guidance on how to develop and evaluate complex interventions, the occupational therapy program (ABLE) was developed and feasibility tested. ABLE is a generic, home-based and individualised program, building on an adaptational approach. The current phase comprises full-scale evaluation of the ABLE program, including evaluation of effectiveness, processes and cost-effectiveness.

Purpose: To report the planned design and methods for evaluating effectiveness, process and cost-effectiveness of the ABLE program.

Methods and content: The evaluation is designed as a randomised controlled trial. Home dwelling persons living with chronic conditions, experiencing problems performing ADL (n=80), are randomised to either intervention (ABLE) or control (usual occupational therapy). Co-primary outcomes are self-reported ADL ability measured using ADL Interview (ADL-I) and observed ADL motor ability measured using Assessment of Motor and Process Skills (AMPS). Secondary outcomes are perceived satisfaction with ADL task performance (ADL-I) and observed ADL process ability (AMPS). Data is collected at baseline, post intervention and six months from baseline. Process evaluation data is collected using registration forms, and semi-structured qualitative interviews. Based on Realist Evaluation methodology, a program theory expresses the hypotheses of how context and mechanisms in the program lead to outcomes, in so-called CMO configurations. In the economic evaluation, outcomes are quality-adjusted life years (EuroQool 5-dimension) and changes in ADL ability (AMPS, ADL-I). Costs are estimated from micro-costing and national registers.

Perspectives: The protocol for evaluation of the ABLE program represents the foundation of a transparent evaluation. Depending on the results, the evaluation will be followed by implementing the ABLE program in community-based rehabilitation.

Abstract No. 313

Children / Youth and (Re-)habilitation - Oral Presentations (90) - Children: Needs and Education, September 9, 2021, 14:30 - 16:00

Breakthrough of Measurement SDGs' Progress Achievement on Disability Children

Ms Sri Hartini Rachmad^{1,2}, Young Statistician - fresh undergraduate Ayesha Tantriana¹

¹BPS Statistics Indonesia, Jakarta, Indonesia, ²STIS Polytechnique Statistics Institute, Jakarta, Indonesia

Poverty and disability are both a cause and consequence of each other (World Bank, 2007). Poverty can cause disability through poor access to health services, poor sanitation, and malnourishment. On the other hand, disability could also lead to poverty by limiting access to education and employment. However, the vulnerability of disabled people to poverty remains unclear, especially among children. The use of the single-dimensional income approach to measure poverty has no power to explain poverty condition as a whole. The multidimensional framework is required to provide an alternative lens through which poverty may be viewed and understood (Alkire and Foster, 2011). The multidimensional approach looks into the non-monetary dimension as a way to complement the monetary poverty. In the context of children's well-being, children are deprived when their basic needs and rights—such as access to proper sanitation facilities and health services—are not fulfilled.

This paper presents the findings from a study on multidimensional deprivation and disability among children in Indonesia. By adopting the Multiple Overlapping Deprivation Analysis (MODA) methodology developed by UNICEF, this paper aims to capture children's conditions and their deprivation against various dimensions based on children's life cycle. The analysis was divided into two groups, disabled and non-disabled group, in order to provide a better understanding on the complexity of the relationship between children's poverty and disability in Indonesia.

Multiple overlapping deprivation analysis shows children's conditions who are deprived in at least two dimensions. In this paper we use two dimensions as the cut-off to define whether a child is multi-dimensionally deprived or not. The peak in disabled and non-disabled group is two dimensions. In the group of non-disabled children, 54 percent of children have at least two simultaneous deprivations, while in the group of disabled children, 60 percent of children are multi-dimensionally deprived.

Abstract No. 314

Poster Presentations (60) - Education and Professionalization in Rehabilitation, September 9, 2021, 09:00 - 10:00

Supporting Caregivers of Persons with Life-Threatening Illnesses: A Nationwide Survey

PhD student Jens-Jakob Kjer Møller¹, Researcher Tina Broby Mikkelsen¹, Psychologist and associate professor Nina Rottmann^{1,2,3}, Nurse and associate professor Karin Brochstedt Dieperink^{4,5}

¹REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Odense University Hospital, University of Southern Denmark, Nyborg, Denmark, ²Department of Psychology, University of Southern Denmark, Odense, Denmark, ³Research Unit of General Practice, Department of Public Health, University of Southern Denmark, Odense, Denmark, ⁴Department of Oncology, Odense University Hospital, Odense, Denmark, ⁵Family focused healthcare research Center (FaCe), Department of Clinical Research, University of Southern Denmark, Odense, Denmark

Background

Caregivers are often the most important source of support for patients with life-threatening illnesses. According to recommendations from the Danish Health Authority, caregivers require focus as individuals, since they can become vulnerable because of the patients' illness. Knowledge about existing initiatives for caregivers to patients with life-threatening illnesses in Denmark is sparse.

Purpose

The purpose is to map current initiatives for caregivers of patients with life-threatening illnesses, across sectors and from the health care personnel's perspective in Denmark, and to identify barriers in providing and receiving initiatives.

Method and content

A questionnaire was distributed to health care personnel treating patients with one of five chosen life-threatening illnesses (apoplexy, dementia, cancer, heart illness and chronic obstructive pulmonary disease) in all 98 Danish municipalities (n=490) and hospital departments (n=425). All questionnaires were electronically distributed from November 2018 until closure January 2019.

Results

The response rate was 80% for municipalities, 44% for hospital wards and 53% among outpatient departments. The survey reports a certain focus on caregivers, which, however, is not in all cases sufficiently targeted in relation to the recommendations from the Danish Health Authority. Identification of the caregivers' needs for support is relatively seldom (municipalities: 28%, hospital wards: 39%, outpatient departments: 42%). According to the healthcare personnel, sometimes the caregivers do not receive offers of involvement because the patient have no wish to involve caregivers (municipalities: 72%, hospital wards: 69%, outpatient departments: 59%). Further, the survey reveals differences in initiatives for caregivers between hospitals and municipalities as well as between diagnoses.

Perspectives

Future studies should investigate the potential change in caregivers' needs during an illness trajectory, and how the caregivers' needs can be identified and met. Finally, guidelines may be required to ensure sufficient support for caregivers.

Abstract No. 316

Work and Employment - Oral Presentations (60) – Prediction and Evaluation, September 7, 2021, 12:30 - 13:30

Participative Development of a Picture-Based Work Value Questionnaire

Dr. Regina Weißmann¹, Anna-Lena Meenen¹, Prof. Dr. Ulrich Bartosch¹, Prof. Dr. Joachim Thomas¹

¹*Catholic University Of Eichstätt-ingolstadt, , Germany*

Having an occupation is one of the most important basic components of social participation. One important goal of vocational counselling in context of vocational rehabilitation is enabling participants to make a reasoned vocational choice. Alongside abilities, skills, and vocational interests, work values are discussed as a significant aspect for passing the process of vocational choice successfully. Until now, there is a lack of instruments for assessing work values of adolescents, which are especially challenged in the process of vocational choice, due to cognitive and language limitations. Existing instruments do not fit the target group in terms of level of abstraction, the amount and complexity of language use, and compliance with adolescents' lifestyle. Therefore, our study focusses on developing and evaluating a picture-based, language-reduced scale on work-values with special consideration of adolescents with cognitive and language limitations. To force decisions in the individual evaluation of the work values, the questionnaire is constructed based on a pair-comparison method. Considering different concepts (Super, 1973; Bergmann & Eder, 2015), we identified 9 clusters of work values, so participants had to evaluate 36 pair comparisons. Picture-based items were chosen and constructed in a participative setting with N = 5 participants from a vocational preparation setting. The questionnaire was evaluated with data of N = 141 participants from vocational preparation and rehabilitation settings, inclusive-labeled and special vocational schools. Results show, that the picture-based work value questionnaire is a reliable and valid instrument, that considers the special needs of adolescents with cognitive and language limitations in the vocational decision-making process. Especially the worth of the participative process of item design and evaluation can be emphasized. A further perspective is the implementation of the instrument in vocational counselling settings and the development of feedback modules, that help participants to work self-determined with their results

Abstract No. 317

Policy and Service - Oral Presentations (90) - Illuminating Gaps in Policies and Praxis, September 8, 2021, 14:30 - 16:00

Areal Differences of Rehabilitation in Finland -System Perspective to Accessibility

Project Manager Sari Miettinen¹, Researcher Hanna Rinne¹

¹*Kela, the Social Insurance Institution of Finland, Helsinki, Finland*

INTRODUCTION

Finnish legislation guarantees rehabilitation services to the citizens. Main responsibility for providing and financing rehabilitation services falls upon the municipalities. However, in practice several institutions organize and implement rehabilitation services. One of the most significant organizers is The Social insurance Institution of Finland (Kela). The service provision system works well in many cases, but fragmentation in the processes creates problems. People are not always receiving the services they need at the right time or on an equal basis. From the system perspective, access to the rehabilitation services is affected by the structure, organization and practices of the system.

PURPOSE

The purpose of this Kela funded research project is to evaluate the impact of institutional complexity of rehabilitation services in Finland. The aim is to analyse the areal differences of rehabilitation accessibility and their causes. We are interested in the structures and processes leading to rehabilitation services in hospital districts. The focus is on the services organized by Kela.

METHOD AND CONTENT

The research period is March 2020 – August 2022. Firstly, we will analyse differences between the hospital districts using national register data from Kela. Secondly, we will analyse the causes behind the differences using the data gathered from the survey, thematic interviews and documentary analysis. The focus will be on client processes of chosen diagnostic groups. Thirdly, we will evaluate the results with national experts. Overall, the project activities will involve several actors from the related services and expert organizations. We will present the results of register and survey data in the presentation.

PERSPECTIVES

This research project provides system perspective to areal differences of rehabilitation accessibility and their causes addressed on the client processes. The results will provide new suggestions and opportunities to create a more coherent and accessible system and client processes of rehabilitation services.

Abstract No. 319

Rehabilitation and Palliative Care - Oral Presentations (60) - Palliative Care and Rehabilitation for People with Cancer, September 7, 2021, 12:30 - 13:30

An RCT of Palliative Rehabilitation for Patients with Advanced Cancer

MD PhD Lise Nottelmann¹, MD Professor Mogens Groenvold^{2,3}, M.Sc. Morten Aagaard Petersen², MD Tove Bahn Vejlgard⁴, MD PhD Lars Henrik Jensen^{5,1}

¹Institute of Regional Health Research, University of Southern Denmark, , Denmark, ²The Research Unit, Department of Palliative Medicine, Bispebjerg Hospital, Copenhagen University Hospital, Copenhagen, Denmark, ³Department of Public Health, University of Copenhagen, Copenhagen, Denmark, ⁴Palliative team, Lillebaelt Hospital, Vejle, Denmark, ⁵Danish Colorectal Cancer Center South, Vejle Hospital, Vejle, Denmark

Background

Palliative care and rehabilitation may both improve quality of life, but research on their combination and early integration into oncology care is sparse.

Methods

Adults diagnosed with non-resectable cancers within the last eight weeks were randomized to standard oncology care alone or an additional offer of individually tailored palliative rehabilitation. Two mandatory consultations and a 12 week open contact with a specialized palliative care team were offered. An additional opportunity was participation in a multidisciplinary group program combining a patient/caregiver school with physical exercise, individual consultations, or both.

Participants were assessed at baseline and after six and 12 weeks with an extended version of the EORTC QLQ-C30 questionnaire. At baseline participants were asked to choose what they needed help with the most from a list of possible "primary problems" corresponding to 12 of the 15 QLQ-C30 scales. The primary outcome was the change in that "primary problem" scale measured as area under the curve across the 12 weeks. Group differences were tested in an adjusted linear regression model.

Results

301 patients with various solid tumors were included. 139 patients were allocated to the intervention group and 149 to the standard care group. The palliative rehabilitation intervention was received by 132. Of those, 26 received the two mandatory consultations only, 59 additionally participated in a group program, and 47 additionally received individual consultations without participation in a group.

The intervention showed an effect for the primary outcome with an absolute between-group difference of 3.0 (95% CI 0.0;6.0) $p=0.047$. The result was confirmed by a sensitivity analysis of the change from baseline to 12 weeks showing an absolute difference of 3.3 (95% CI 1.0;5.6) $p=0.005$.

Conclusion

A palliative rehabilitation intervention initiated soon after diagnosis and integrated in the standard oncology treatment improved quality of life.

Abstract No. 320

Rehabilitation and Palliative Care - Oral Presentations (60) - Palliative Rehabilitation, September 9, 2021, 11:00 - 12:00

Palliative Rehabilitation and Mood in Patients with Advanced Cancer.

MD Phd Lise Nottelmann¹, MD PhD Lars Henrik Jensen^{2,1}, M.Sc. Morten Aagaard Petersen³, MD Tove Bahn Vejlgaard⁴, MD Professor Mogens Groenvold^{3,5}

¹Institute of Regional Health Research, University of Southern Denmark, , Denmark, ²Danish Colorectal Cancer Center South, Vejle Hospital, Vejle, Denmark, ³The Research Unit, Department of Palliative Medicine, Bispebjerg Hospital, University of Copenhagen, , Denmark, ⁴Palliative Team, Lillebaelt Hospital, Vejle, Denmark, ⁵Department of Public Health, University of Copenhagen, Copenhagen, Denmark

Background

Patients newly diagnosed with advanced cancer face life-altering circumstances which may affect quality of life (QoL) and mood. We recently showed in a randomized controlled trial that early integration of palliative rehabilitation in standard oncology care improves QoL. This abstract presents a secondary analysis of that trial.

Aim

To explore the effect of palliative rehabilitation on mood.

Methods

Adults diagnosed with non-resectable cancer within the last eight weeks were randomized 1:1 to standard oncology care or standard care plus palliative rehabilitation. The intervention was two consultations and a 12-week option of contacting a specialized palliative care team, if needed. Additionally, participants could be offered a multidisciplinary group program combining a patient/caregiver school with physical exercise, supplementary individual consultations, or both. Assessments at baseline and after six and 12 weeks were made with the EORTC QLQ-C30 "emotional function" (EF) scale (scored using item response theory T-scores for optimal responsiveness; European mean=50, SD=10) and the Hospital Anxiety and Depression Scale (HADS) (standard scoring). Change was measured as area under the curve (AUC) across the 12 weeks adjusted for baseline prognostic variables. As a sensitivity analysis the analyses were repeated for the change from baseline to 12 weeks.

Results

288 patients were randomized. The absolute group difference in EF across the 12 weeks (AUC) was 3.0 (0.7;5.3) p=0.0112. The absolute group difference (AUC) for depression was 0.8 (-0.1;1.7) p=0.0828 and 0.5 (-0.5;1.5) p=0.3076 for anxiety. The change from baseline to 12 weeks showed a group difference of 2.2 (0.2;4.1) p=0.0299 for EF, 0.7 (-0.1;1.5) p=0.1031 for depression, and 0.7 (0.0;1.5) p=0.0522 for anxiety. All differences favored palliative rehabilitation.

Conclusion

Palliative rehabilitation significantly improves emotional function in newly diagnosed advanced cancer patients whereas only a non-significant trend was observed in relation to anxiety and depression over a 12 week period.

Abstract No. 321

Policy and Service - Oral Presentations (60) - Policy and Service, September 9, 2021, 09:00 - 10:00

Home-Based Interdisciplinary Rehabilitation Process

Kvalitetsassistent Indenfor Rehabilitering Marianne Paysen¹

¹*Hjemmeplejen Aabenraa Kommune, Aabenraa, Denmark, Aabenraa Municipality.*

We would like to convey from the municipality of Aabenraa how we succeeded in the interdisciplinary rehabilitation process, especially around citizens with mental disorders. We have a short film based on the citizen's own story about her situation and how she, through an interdisciplinary rehabilitation course, regained her life.

We are proud to welcome you to the municipality of Aabenraa, where our basic approach is rehabilitation. We embrace broadly in relation to the target group, whether it is from the very young, the elderly, citizens with mental illness or the citizens who have had, or where there is a risk of a dive in functional level compared to being able to master their own life, a interdisciplinary rehabilitation course, in which our highly competent professional groups possess a range of working methods and opportunities.

All employees work on the rehabilitative approach and in collaboration with the citizen we help to master their own life as independently as possible, as this creates significantly increased quality of life, life value, self-esteem and freedom for the individual citizen.

We work from our core tasks> coping, health and community and our key words are> multidisciplinary collaboration. The rehabilitation process succeeded by the good interdisciplinary cooperation in between the different performers who work together on the basis of professionalism, experience, creativity, task solutions and not least the starting point of the individual's wishes and needs.

Over the past 5 years, in the municipality of Aabenraa, we have managed to rehabilitate citizens to such an extent that more citizens have gone from massive help to little or no help. There are citizens who have shredded the nursing home application after the rehabilitation process has ended and stayed in their own homes and citizens where the 24-hour residential institution has not become relevant.

Abstract No. 322

Psychosocial Rehabilitation - Oral Presentations (60) - Mental Health, September 9, 2021, 09:00 - 10:00

Non-Formal Adult Education- A Gateway to Mental Health

Head Of Secretariat Henrik Christensen¹

¹*Dansk Oplysnings Forbund, Roskilde, Denmark*

Non-formal adult education in Denmark operates within the framework of The Act on Non-formal education and Democratic Voluntary Activity.

Within this frame municipalities have the right to tailor their own subsidiary models, therefore it gives way to a lot of variety in schools, subjects and practices around the country.

Despite the differences there are still common denominators, since all schools and their (evening)classes are based on strong values of community and learning through dialogue and social interaction. This approach has a long historical background and is part of the Danish national identity.

This lecture will focus on topics that links values and practices in non-formal adult education with national and local health agendas in the context of rehabilitation. How and when is participation in non-formal adult education the answer to health-challenges, and what is needed to make it work?

The lecture addresses not only the positive effects of cooperation, but also the differences and difficulties that emerges in the gap between non-formal value-based practices and goal-oriented management in national and local health-departments.

About Dansk Oplysnings Forbund

DOF is a national association of evening schools conducting non-formal adult education (Folkeoplysning). We aim to provide lifelong learning on an open and neutral basis – independent of partypolitical ideology. DOF comprises around 260 member schools throughout Denmark. Around 160.000 participants attend courses at our schools every year.

DOF's main goals are to help these schools in their daily challenges, making it easier for them to run their educational activities. We do this by providing advice, inspiration, knowledge, project funding, and networking activities for the schools. At the same time, we lobby politicians and officials at both local and national level to create better opportunities for our member schools.

Abstract No. 325

Poster Presentations (60) - Community-based Rehabilitation, Outdoor, Leisure, Recreation and Physical Activities / Work and Employment, September 7, 2021, 11:00 - 12:00

Why a Citizenship Perspective Is of Relevance to Rehabilitation

Ass. Professor Kjersti Helene Haarr¹, Professor Karen Synne Groven¹

¹*Vid Specialized University, Sandnes, Norway*

A human rights-based model for individuals with reduced functioning involves social and societal perspectives. According to § 26 in The Convention on the Rights of Persons with Disabilities (CRPD), participation and inclusion in the local community is necessary, together with public support. Citizenship entails a view of individuals consistent with human rights, and is based on vulnerability and mutual dependency as a shared human characteristics. This/our master programme provides insight into citizenship and rehabilitation, in the form of citizens' legal, political, social and religious rights, and offers knowledge associated with promoting citizenship in the disciplines of the welfare state. Citizenship acknowledges individuals' rights and duties in society based on their unique abilities; each citizen must be able to maintain his/her integrity, have freedom of choice and participate in everyday life, working life and social life. In our master programme, combining citizenship and rehabilitation, we also focus on values and relations fostering critical thinking and ethical reflection on professional practices, as well as different perspectives on health, functional capacity, disability and participation. Competence in co-operation is considered a prerequisite for supporting democratization and a sense of citizenship. General competence and skills include interdisciplinary co-operation, social networking, local community work, innovation and co-operation with civil society. The programme's interdisciplinary profile is highlighted by examining co-creation – understood as comprehensive involvement processes within the population. The purpose of the master programme is to educate professionals at the postgraduate level, enabling them to meet society's demands for a greater focus on public health, health promotion, rehabilitation, and collaboration with a view to revitalizing the health, social, care and welfare services. Knowledge-based practices in the provision of services and planning work for people in vulnerable situations will be central here.

Abstract No. 330

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Virtual Reality 2, September 8, 2021, 11:00 - 12:00

Social Virtual Reality for Inpatient Rehabilitation During the COVID-19 Pandemic

Ph.d. Student Emil Rosenlund Høeg¹

¹Aalborg University, Copenhagen, Denmark, ²Inpatient Rehabilitation Unit, Municipality of Frederiksberg, Frederiksberg, Denmark

Physical activity decreases with age, and during inpatient rehabilitation and hospitalization, sedentary behavior is often observable. Inpatients may spend a significant proportion of their admission in bed or seated, which can decrease the speed of their recovery, reduce muscle strength and functional performance. During the COVID-19 pandemic, healthcare facilities worldwide has faced unprecedented circumstances when compelled to restrict activities, and isolate many vulnerable inpatients in single rooms rather than in multiple occupancies, and restrict their access to common areas, television rooms and exercise machinery. Consequently, many inpatients found themselves deprived of interpersonal relations due to restricted visitors or socializing with the other inpatients. Resulting frustrations are understandable, since relatedness is posited to be one of three basic human psychological needs (along with autonomy and competence). When these needs are not fulfilled, it can have negative consequences on both motivation and wellbeing.

Virtual reality (VR)-based exertion games (exergames) have previously been applied to multiple areas of rehabilitation, due to its ability to combine physical activities with game-inspired design mechanics that instills both motivation and enjoyment for elderly patients. Research on social exergaming for elderly is increasing, yet still scarce, and original research oftentimes describe co-located social experiences, centered around competition. Since competitiveness tends to decrease with age, and can lead to higher levels of stress and aggression in some individuals, we hypothesize that vulnerable elderly individuals, exposed to isolated conditions, will likely benefit more from social collaborative experiences. Moreover, the need to investigate the impact of remote social interaction is highly pertinent for meeting unsatisfied social needs in elderly isolated inpatients related to the current pandemic and beyond.

To evaluate the effect of social collaboration, we performed a mixed-methods within-subjects study. Motivation, interpersonal interaction, VR-sickness was measured. Results indicate that the participants enjoyed the experience both in collaborative and singleplayer mode.

Abstract No. 331

Work and Employment - Oral Presentations (90) - Spine and Back Pain, September 8, 2021, 16:00 - 17:30

Case Manager-Assisted Rehabilitation in Spine Patients. A Randomised Controlled Trial

OT, PhD Lisa Gregersen Oestergaard^{1,2}, MD, PhD, DMSc Finn Bjarke Christensen³, MD, DMSc Cody Eric Büniger³, MSc, MPH, PhD Rikke Søgaard^{2,4}, MD, MHSc Randi Holm⁵, MD, PhD Peter Helmig³, MD, PhD Claus Vinther Nielsen^{1,2}

¹DEFACTUM, Central Denmark Region, Aarhus, Denmark, ²Aarhus University, Department of Public Health, Aarhus, Denmark, ³Aarhus University Hospital, Department of Orthopedic Surgery, Aarhus, Denmark, ⁴Aarhus University, Department of Clinical Medicine, Aarhus, Denmark, ⁵Region Hospital of Silkeborg, Orthopedic Department, Silkeborg, Denmark

Background: Despite divergent evidence regarding the effect of lumbar spinal fusion surgery versus non-operative management for chronic low back pain, an increase in the number of patients undergoing lumbar spinal fusion is seen worldwide.

Purpose: To examine the effect of a case manager-assisted rehabilitation programme as an add-on to usual physical rehabilitation in patients undergoing lumbar spinal fusion.

Method: A randomised clinical trial with a two-year follow-up including 82 patients undergoing lumbar spinal fusion. Patients randomised one to one to case manager-assisted rehabilitation (case manager group) or no case manager-assisted rehabilitation (control group). Both groups received usual physical rehabilitation. The case manager-assisted rehabilitation programme included a pre-operative meeting with a case manager to determine a rehabilitation plan, post-surgical meetings, phone meetings, and voluntary workplace visits or roundtable meetings.

Primary outcome was the Oswestry Disability Index. Secondary outcomes were back pain, leg pain, and return to work. We used a Mixed-model for repeated measurements with an unstructured covariance matrix to test the effectiveness. Return to work was analyzed in a generalized linear regression model.

Perspectives: No statistically significant between-group differences were found regarding any outcomes. An overall group effect of 4.1 points (95% CI: -1.8;9.9) was found on the Oswestry Disability Index, favouring the control group. After two years, the relative risk of return to work was 1.18 (95% CI: 0.8;1.7), favouring the case manager group.

Conclusion: The case manager-assisted rehabilitation programme had no effect on the patients' functional disability or back and leg pain compared to the control group. After two years, 25 patients (61%) in the case manager group and 22 patients (54%) in the control group had returned to work. In an accompanying economic evaluation, we address the cost-effectiveness of the intervention as well as the effect on the patients' health behaviour and quality of life.

Abstract No. 333

Research in Rehabilitation - Oral Presentations (60) - Pain Management, September 8, 2021, 10:00 - 11:00

Case Manager-Assisted Rehabilitation in Spine Patients. An Economic Evaluation.

OT, PhD Lisa Gregersen Østergaard^{1,2}, MD, PhD, DMSc Finn Bjarke Christensen³, MD, PhD Claus Vinther Nielsen^{1,2}, MD, DMSc Cody Eric Bünger³, MD, MHSc Randi Holm⁴, MD, PhD Peter Helmig³, MSc, MHP, PhD Rikke Sjøgaard^{2,5}

¹DEFACTUM, Central Denmark Region, Aarhus, Denmark, ²Aarhus University, Department of Public Health, Aarhus, Denmark, ³Aarhus University Hospital, Department of Orthopedic Surgery, Aarhus, Denmark, ⁴Region Hospital of Silkeborg, Silkeborg, Denmark, ⁵Aarhus University, Department of Clinical Medicine, Aarhus, Denmark

Background: In another paper we presents an economic evaluation of a randomised controlled trial, with the clinical aim to evaluate whether a case manager-assisted rehabilitation programme as an ad-on to usual physical rehabilitation improve the patients' functional disability, pain, and return to work rates. No clinical effect on the patients' functional disability or pain was found. The economic evaluation is motivated by the hypothesis that the case-manager assisted rehabilitation programme may affect the patients' use of health care services, weeks of sick leave, and quality of life.

Purpose: To examine the cost-effectiveness of case manager-assisted rehabilitation as an add-on to usual physical rehabilitation after lumbar spinal fusion.

Method: Economic evaluation alongside a randomised clinical trial with two years follow-up. 82 lumbar spinal fusion patients were recruited and randomised 1:1 to case manager-assisted rehabilitation as an add-on to usual physical rehabilitation or to usual physical rehabilitation. Main Measures: Oswestry Disability Index and EuroQol 5-dimension. Danish preference weights were used to estimate quality adjusted life years. Costs are estimated from micro costing and national registries. Multiple imputation is used to handle missing data. Costs and effects are presented with means (95% bootstrapped confidence intervalls). The incremental net benefit is estimated for a range of hypothetical values of willingness to pay per gain in effects.

Perspectives: No impact of case manager-assisted rehabilitation on the Oswestry Disability Index or estimate quality adjusted life years was observed. Estimated intervention cost was Euro 3,984 (3,468;4,499), which is outweighed by average reductions in inpatient resource use and sickness leave. A cost reduction of Euro 1,716 (-16,651;20,084) was found in the case manager group.

Overall, the probability for the case manager-assisted rehabilitation programme being cost-effective did not exceed 56 percent, regardless of willingness to pay.

In conclusion this case manager-assisted rehabilitation programme is unlikely to be a cost-effective.

Abstract No. 334

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

Measurement Properties of Isokinetic Dynamometry in Shoulders: A Systematic Review

Msc Lotte Sørensen^{1,2}, Associate professor, PhD Lisa Gregersen Oestergaard^{1,3}, Professor, PhD Maurits van Tulder^{1,4}, Associate professor, PhD Annemette Krintel Petersen^{1,2}

¹Department of Physiotherapy and Occupational Therapy, Aarhus University Hospital, Aarhus, Denmark, ²Department of Clinical Medicine, Aarhus University, Aarhus, Denmark, ³DEFACTUM, Central Denmark Region, Aarhus, Denmark, ⁴Department of Health Sciences, Amsterdam Movement Sciences research institute, Vrije Universiteit Amsterdam, , Netherlands

Introduction: Like any assessment methodology, isokinetic dynamometry must be valid and reliable in order to be meaningful in clinical practice and research.

Objective: To summarize the evidence of measurement properties of isokinetic dynamometry for assessment of shoulder muscle strength.

Data Sources: Cochrane Central Register of Controlled Trials (CENTRAL), Pubmed, EMBASE, and PEDro were searched up to April 2019.

Study selection: Inclusion criteria were studies 1) evaluating isokinetic dynamometry 2) evaluating measurement properties 3) included individuals' ≥ 18 years with or without shoulder symptoms. Exclusion criteria were studies including patients with neurologic, neuromuscular, or systemic diseases or critical illness.

Results: Twenty studies with a total of 455 participants were included. The results were combined separately for isometric, concentric, and eccentric test mode, for the velocities 30-60°/s, 90°/s, 120°/s and 240°/s, for the seated, supine and standing position, and for internal rotation (IR), external rotation (ER), and the ER/IR ratio. The reliability of isokinetic dynamometry was overall sufficient with the majority of intraclass correlation coefficients (ICC) ≥ 0.70 . The quality of evidence was moderate or low for 20 out of 30 test conditions examined. All measurement error results were rated as insufficient and the standard error of measurement in percent (%SEM) ranged from 4% to 28%. The quality of evidence varied from high to very low depending on test condition examined.

Conclusion: The reliability was sufficient and indicates that isokinetic dynamometry can be used to distinguish between individuals on group level. The measurement error was not sufficient and it is questionable if isokinetic dynamometry can measure changes in muscle strength less than 20%. Therefore, evaluation of treatment effect should be interpreted with caution. As most studies examined the seated position, the velocities 30-60°/s or 120°/s, and the concentric test mode, the quality of evidence was highest for these test conditions.

Abstract No. 335

Individual/Family Perspectives and Processes - Seminar (60) - Goal Setting and Rehabilitation, September 7, 2021, 12:30 - 13:30

Goals on the Move

Anthropologist, Phd Student Merete Tonnesen¹

¹*Aarhus University, Århus C, Denmark*

Rehabilitation goals are on the move: spoken about, negotiated, transformed, documented and mailed to professionals, ignored or enacted in different situations and settings. I use 'infrastructure' as a concept to describe the necessary structures below goals and their setting, arguing that meetings can be seen as goal-infrastructure. As infrastructure, meetings circulate ideas, words, and decisions and with connective capacities outwards, they have temporal and spatial reach.

Methods

The study is based on fieldwork, following 20 persons with Parkinson's Disease and their goals across settings, to explore how goals move and transform during rehabilitation. Fieldwork is multisited. I am 'hospitalized' with two groups of patients at an inpatient rehabilitation-centre, and follow goals (in speech, in writing and in action) to outpatients settings – their homes, their neurologists, the golf course, the gym. Methods used: mapping therapeutic landscapes, participant observation, interviews, and document analysis.

Perspectives

Goal-setting meetings are structured, repetitive events, produced and reproduced on a regularly basis. As infrastructure of rehabilitation, meetings are structures, cornerstones of rehabilitation trajectories, facilitating circulation of people, goals and ideas. They are the 'infra', the matter that flows below a rehabilitation trajectory, generates effects, and structures social relations through engineered activities. Exploring meetings as infrastructures, I use empirical examples to show how ideas and goals discussed at meetings are transferred to sessions with professionals, or observable in altered living-rooms to make space for the yoga mat, how letters and numbers put into the PC are stored in the documentation system, sent to referral doctors and may be used at later stages, in another geographical space. I show how some patients worry about the connecting capacities, about who has access to documentation and about future impact of that documentation.

Abstract No. 336

Policy and Service - Seminar (90) - Right to Health for disabled Persons, Contributions, Governance Structure, Economic Incentives, September 8, 2021, 16:00 - 17:30

Persons with Disabilities: We Can and We Want to Contribute

Chairperson Thorkild Olesen

¹*Danske Handicaporganisationer, Høje Taastrup, Denmark*

Background

Disabled People's Organisations Denmark, DPOD, is an umbrella organisation composed of 35 disability organisations. DPOD works to improve the living conditions of persons with disabilities and their next-of-kin.

Purpose

DPOD is proposing a presentation about DPOD's core message that We can and we want to contribute and our efforts to create options for persons with disabilities to participate, contribute and join in their communities as citizens of equal status.

Contents

DPOD's Chairperson Thorkild Olesen will introduce the DPOD's rehabilitation work in the political context, starting from DPOD's core message that We can and we want to contribute. He will focus on the importance of persons with disabilities participating, contributing and joining in their communities, so that they succeed in living active and independent lives. This becomes possible when society includes and secures the rights of persons with disabilities, when society is accessible and designed to take in everybody.

Subsequently, in brief talks or video clips, four member organisations will introduce their work with rehabilitation, illustrating the wide span of the disability field. The Danish Stroke Association will present its advocacy for a National Action Plan for Apoplexy, the Danish Parkinson's Disease Association will present its rehabilitation efforts, including to set up a knowledge and skills centre, the ADHD Association will present its so-called "coping processes" for adults with ADHD, and the Danish Association of the Blind will present its work for the right to rehabilitation.

Prospects

The presentation aims to inspire to ensure that rehabilitation policies and practices always take account of the diversity, starting from the life situation at hand. If so it will create better conditions for person with disabilities contributing to and participating in their communities.

Abstract No. 337

Rehabilitation and Palliative Care - Seminar (60) - Hope Across the Fields of Rehabilitation and Palliative Care, September 9, 2021, 13:30 - 14:30

Hope-Work in Rehabilitation

Anthropologist, Phd Student Merete Tonnesen¹

¹*Aarhus University, Århus C, Denmark*

Rehabilitation often begins when disease disrupts everyday life. Rehabilitation practice and vocabulary tend to preoccupy with tangible, measurable interventions. But in life disruptions, hope may play an important role.

Departing from an ethnographic fieldwork in Danish Parkinson's disease rehabilitation, my presentation explores hope among rehabilitees living with a progressive and neuro-degenerative disease, currently incurable.

In rehabilitees reflections, hope appeared multiple. I found no uniform definition of hope. Within individuals, hope appeared plural, as hope also concerned matters outside the disease realm, and could be expressed in different modes (abstract to specific, active to passive). Hope appeared as an absent-present, imaginative dimension; imagined in the present for a future, absent as it had not yet actualized and might never do so, present as it was thought about and worked with.

Exploring hope, rehabilitees expressed how images of the future, of becoming a vegetable, haunted them. Rehabilitees' haunting future images instigated agency as rehabilitees insisted to 'do something' - live in the now, keep up training, and partake in medical trials. Hope appeared as antidote to haunting images of the future, as rehabilitees worked with hope and time to maximize the present and postpone the future. The fieldwork thus exposed how hope-work formed part of rehabilitation.

The presentation is planned as part of a seminar: "Hope – across the fields of rehabilitation and palliative care" with Vibeke Graven

Abstract No. 340

Work and Employment - Oral Presentations (60) - Methods in Return to Work, September 7, 2021, 10:00 - 11:00

Attention and Memory Are Associated with Return to Work

Dr Thomas Johansen¹, Dr Irene Øyeflaten^{1,2}, Prof Hege Randi Eriksen³, Dr Chris Jensen¹

¹National Advisory Unit on Occupational Rehabilitation, Rauland, Norway, ²NORCE, Norwegian Research Centre, Bergen, Norway, ³Western Norway University of Applied Sciences, Bergen, Norway

Introduction

Individuals on long-term sick leave can be offered occupational rehabilitation where the aim is to return to work (RTW). Key programme components include assessing the work and health situation, cognitive interventions, physical activity, collaboration with stakeholders, and drawing up a RTW plan. The aim of this study was to apply the cognitive psychological approach to investigate the relationship between cognitive functioning and RTW and to further assess which cognitive changes take place during and after rehabilitation.

Method

In this quasi-experimental prospective cohort study, we recruited 318 sick listed individuals who completed occupational rehabilitation and a control group consisting of 70 individuals working full time. All participants completed the same eight computerised cognitive tests, targeting memory, attention, executive function, emotion recognition, and questionnaires on work and health at pre- (T1) and post-rehabilitation (T2) and 3 (T3) and 12 months (T4) after rehabilitation. Register data on RTW were provided by the Norwegian Labour and Welfare Administration.

Result

The rehabilitation group improved more than the control group in focused and sustained attention from T1 to T2 and from T1 to T4. Improvement in sustained attention and higher baseline scores in sustained attention and working memory was associated with fewer health-related benefit days in the year following occupational rehabilitation.

Discussion

The results showed that attention and memory, not executive function and emotion recognition, are associated with RTW. Improvement in attention was evident in rehabilitation participants during rehabilitation, and the improvement in attention remained one year after. This study indicates that some cognitive functions may be more important than others in the RTW process. Implications for clinical practice and the RTW process are discussed.

Abstract No. 342

Policy and Service - Oral Presentations (90) - Strategies, September 7, 2021, 16:00 - 17:30

Nordic Arctic Rehabilitation

Quality And Development Marjun Poulsen¹

¹*Tórshavnar Kommuna, Tórshavn, Faroe Islands*

The demographic development of several Nordic countries means that proportionally elderly citizens is increasing. This means that proportionally more people are requiring care, while the amount of people able to provide care is decreasing. Rehabilitation is a well-known method of increasing self-reliance, which provides increased quality of life and saves resources in the municipality. In Aalborg -, Thorshavn - and Sermersooq municipality, a cross-cultural collaboration, "Nordic Arctic Rehabilitation Network", started in 2018, which is a 3-year project supported by the Nordic Council of Ministers as part of their Arctic Cooperation program 2018-2021. Arctic Consensus acts as project manager and facilitator on the project. The purpose of the Nordic Arctic Rehabilitation Network is to create a platform for knowledge sharing and exchange of experience between employees as well as managers in the three municipalities. Thorshavn and Nuuk wants to develop methods and models for rehabilitation development, based on the experiences and knowledge that lies in Aalborg, but adapted to Arctic conditions and communities. The effects of rehabilitation efforts have been measured in Aalborg. In Nuuk and Thorshavn, the effects and results of rehabilitation measures have not been systematically measured, but it is assumed to have had a beneficial effects. This project should therefore help to develop evaluation methods to measure the effects and outcomes of rehabilitation efforts. This year, the final year of the project will commence. Physical and digital exchanges have been initiated across the municipalities, and in 2021 workshops have been held for relevant personnel, with the aim of designing methods and models for the rehabilitation work. The ambition is for the network to continue after the project is completed. The presentation will speak of the successes and challenges of the rehabilitation work.

Abstract No. 343

Research in Rehabilitation - Oral Presentations (90) - Tools, September 7, 2021, 14:30 - 16:00

Evaluating Independently Getting Up Off the Floor (IGO) Following Stroke.

Ms Laura Hollands¹, Dr Krystal Warmoth¹, Dr Raff Calitri¹, Dr Anthony Shepherd², Dr Rhoda Allison³, **Professor Sarah Dean**¹

¹University of Exeter, Exeter, United Kingdom, ²Portsmouth University, Portsmouth, UK, ³Torbay & South Devon NHS Foundation Trust, Torbay, UK

Introduction: Physical disability following stroke leads to increased likelihood of falls. Hemiparesis and physical deconditioning often means stroke survivors are unable to get up leading to further complications. Teaching stroke survivors to independently get off the floor (IGO) might mitigate the personal and financial impact of falls. ReTrain, a pilot randomised controlled trial of a community-based physical rehabilitation programme for stroke survivors, is based on the Action for Rehabilitation from Neurological Injury (ARNI) approach. This approach focuses on functional mobility including teaching specific techniques designed to compensate for hemiparesis, for example IGO, which enables stroke survivors to get up off the floor independently of others, furniture or aids. We investigated the feasibility and acceptability of teaching IGO with assessments of fidelity, deviations from the manualised standard, and risk of injury.

Methods: Videos of seventeen participants performing IGO at early, middle and late stages of the programme were compared to the manualised techniques. A visual qualitative analysis was used.

Results: The majority of participants (n=11/17; 64%) achieved independent safe practice of IGO; there was low incidence of risk of injury (6.8%) observed; raters agreed that the IGO standard technique was being used but some deviations from the standard were made to accommodate for non-stroke related co-morbidities.

Conclusion: IGO can be successfully and safely taught and practiced by stroke survivors including those with hemiparesis. Trainers should be aware of co-morbidities that may impede completion of IGO and modify teaching to accommodate individual need. Videos of IGO maybe a useful training tool to highlight potential safety issues and options for adaptation for use by future trainers. Findings from this small scale pilot will inform future research to assess if IGO can be utilised by individuals with other disabilities with unilateral impairments and whether mastering IGO has physical, functional and economic benefit.

Abstract No. 345

Rehabilitation and Palliative Care - Seminar (60) - Rehabilitation and Palliative Care - An Overall Update on Practise and Science 2, September 8, 2021, 13:30 - 14:30

Rehabilitation and Palliative Care – Concepts, Models and Practice

Professor of Rehabilitation and Palliative Care Studies Helle Timm¹, Senior Researcher Jette Thuesen², Professor Karen la Cour³

¹National Institute of Public Health, University of Public Health, Copenhagen, Denmark, ²REHPA, Danish Knowledge Centre for Rehabilitation and Palliative Care, University of Southern Denmark, Nyborg, Denmark, ³Research Unit for User Perspectives, Department of Public Health, University of Southern Denmark, Odense, Denmark

This abstract is a result of an early involvement process with Claus Vinther Nielsen, and part of the seminar: Rehabilitation and Palliative Care – concepts, models and practice.

Purpose: To explore the relationship between rehabilitation and palliative care as fields of practice

Content: Introduction, three presentations, dialogue and discussions (100 min)

0) Wellcome and introduction (5 min)

1) An exploration of historical contexts and relevant theories relating to rehabilitation and palliative care, by Helle Timm, David Clark and Jette Thuesen (15 min + questions 5 min)

2) An updated narrative review of the literature on the connections between rehabilitation and palliative care, by Jette Thuesen (15 min + questions 5 min)

3) Case examples of practical seeking to coordinate and integrate rehabilitation and palliative care, by Helle Timm and Karen la Cour (15 min + questions 5 min)

4) Discussion (35 min)

Abstract No. 346

Rehabilitation and Palliative Care - Seminar (60) - Rehabilitation and Palliative Care - An Overall Update on Practice and Science 1, September 8, 2021, 12:30 - 13:30

Rehabilitation and Palliative Care – Historical Context and Theories

Professor of Rehabilitation and Palliative Care Studies Helle Timm¹, Senior Researcher Jette Thuesen³, Professor of Medical Sociology and Wellcome Trust Investigator David Clark²

¹National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark, ²University of Glasgow, Glasgow, UK, ³REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, University of Southern Denmark, Nyborg, Denmark

This abstract is a result of an early involvement process with Claus Vinther Nielsen, and part of the seminar: Rehabilitation and Palliative Care – concepts, models and practice.

Background:

Rehabilitation (R) and palliative care (PC) have developed as separate fields of knowledge and practice over more than half a century and, particularly, within the last 20 - 30 years. Due to better living conditions, increased prevention and improved treatments, we live longer in spite of life-threatening diseases increasing mortality rates. Living with a life threatening disease can lead to disability and suffering, which might require help and support in the form of rehabilitation and palliative care. A need for coordinating R and PC is therefore increasingly recognized.

Even though studies have shown that professionals in rehabilitation respectively palliative care may have poor knowledge about each other, it seems that a new field of knowledge is emerging assembling perspectives, theories, concepts and models from respectively R and PC

Purpose:

To provide a description and analysis of the historical contexts and main theories in rehabilitation and palliative care.

Methods and content:

On the basis of literature and core documents, the historical context for respectively rehabilitation and palliative care will be presented. Context will be approached in terms of societal structures, health problems and conceptions about the patient role. ICF respectively 'Total Pain' will be presented and discussed as models for conceptualizing the subjects of the two approaches.

Challenges and opportunities in assembling the different fields of perspectives and practice will be discussed.

Perspective:

Underpinning and unfolding the different sources and perspectives in respectively rehabilitation and palliative care will provide the basis for a dialectic understanding and development of practice.

Abstract No. 347

Rehabilitation and Palliative Care - Seminar (60) - Rehabilitation and Palliative Care - An Overall Update on Practise and Science 1, September 8, 2021, 12:30 - 13:30

Rehabilitation and Palliative Care - An Updated Literature Review

Senior Researcher Jette Thuesen¹, PhD-student Jahan Shabnam¹, Data Manager, Researcher Tina Broby Mikkelsen¹, Professor of Rehabilitation and Palliative Care Studies Helle Timm²

¹REHPA, *The Danish Knowledge Centre for Rehabilitation and Palliative Care, Odense University Hospital, University of Southern Denmark, Nyborg, Denmark*, ²National Institute of Public Health, *University of Southern Denmark, Copenhagen, Denmark*

This abstract is a result of an early involvement process with Claus Vinther, part of the seminar: Rehabilitation and Palliative Care – concepts, models and practice.

Background:

In 2015 – 2016 REHPA conducted a review of international literature concerning arguments and evidence for coordinating rehabilitation (R) and palliative care (PC) for people with life-threatening diseases. The results of the study, concerning literature from 2003 – 2014, were only published in Danish. In spring 2020 REHPA is doing a follow-up study concerning literature from 2015 – 2019.

Purpose:

The aim of this study is to describe the main arguments and the scientific evidence for coordinating R and PC found in the international literature 2003 – 2019.

Method and content:

The study is carried out as a literature study with a narrative synthesis. Searches were performed mainly in Medline, Cinahl and Embase. Studies were included in participants with COPD, stroke, cancer or geriatric patients. The narrative synthesis is inspired by Popey et al. 2006, who recommend that the analysis is guided by a theoretical model, a so-called ‘program-theory’, asking why, when, how and for whom is the coordination of R and P relevant.

In the main study sixty-two articles were included and the results were: 1) Five broad arguments for coordinating R and PC, 2) A lack of consensus when R and PC should be offered and coordinated, 3) Coordination R and P is relevant not only for people with cancer and 4) Three broad recommendations for coordinating R and PC.

The updating is not yet conducted, but the results of the full study will be presented at the seminar.

Perspectives:

The updated review of international literature contribute to the evidence base of coordination and integration of R and PC – of why, when, for whom and how it may be relevant.

Abstract No. 348

Rehabilitation and Palliative Care - Seminar (60) - Rehabilitation and Palliative Care - An Overall Update on Practise and Science 2, September 8, 2021, 13:30 - 14:30

Danish Case Examples of Coordination of Rehabilitation and Palliative Care

Professor of Rehabilitation and Palliative Care Studies Helle Timm¹, Professor Karen la Cour²

¹National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark, ²Research Unit for User Perspectives, Department of Public Health, University of Southern Denmark, Odense, Denmark

This abstract is a result of an early involvement process with Claus Vinther Nielsen, and part of the seminar: Rehabilitation and Palliative Care – concepts, models and practice.

Background:

People with life threatening diseases such as advanced cancer encounter problems and report needs that may require rehabilitation (R) as well as palliative care (PC). Studies show that people suffering from advanced cancer entail functional problems and need alleviation of pain in regard to physical, psychosocial and existential aspects of living. Despite growing attention to the coordination of rehabilitation and palliative care, little is known about ways in which to coordinate and/or integrate features of rehabilitation and palliative care into coherent and meaningful practice and intervention.

Purpose:

The purpose of this presentation is to share and discuss challenges and potentials from case examples of interventions combining rehabilitation and palliative care.

Methods and content:

From the knowledge base of mappings, education and collaboration four cases were chosen; one from a specialized hospital PC team, one from a hospice, one from a specialized rehabilitation facility and one from a municipality rehabilitation setting. The case examples represent interventions targeting ALS and advanced cancer.

Cases show that people with e.g. advanced cancer have problems related to functioning and hence may benefit from R while in PC – and vica versa, people in R may be suffering from fear, losses and pain and in need of PC. Cases also show how clinical practice can be developed from recognizing possibilities and benefits in coordinating and integrating R and PC when tuned to individual preferences and wishes.

Perspectives:

The case examples illustrate the importance and possibilities of giving people living with life threatening diseases access to coordinated rehabilitation and palliative care.

Abstract No. 349

Ageing and Rehabilitation - Seminar (60) - Practical and Scientific Perspectives of Rehabilitation for Persons with Dementia 1, September 9, 2021, 12:30 - 13:30

Rehabilitation for People Living with Dementia - Developing Complex Interventions

Senior Researcher Jette Thuesen¹, PhD-student Maiken Bay Ravn², Associate Professor Kirsten Schultz Petersen³, Researcher Lea Graff⁴

¹REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Department of Clinical Research, University of Southern Denmark, Nyborg, Denmark, ²Defactum, Health, Århus University, Århus, Denmark, ³Department of Health Science and Technology, Faculty of Medicine, Ålborg University, Ålborg, Denmark, ⁴VIVE, The Danish Center for Social Science Research, Copenhagen, Denmark

SEMINAR TEXT. Another four abstracts will be submitted in relation to this seminar.

Background:

Dementia is one of the main causes of disability and dependency among elderly people worldwide. The World Alzheimer Report from 2015 estimates that 131.5 million people worldwide will be living with dementia in 2050. The understanding of dementia has changed over time, and more recently, a biopsychosocial approach has been applied. Consequently, rehabilitation has been suggested as a core recommendation in the recent World Health Organisation (WHO) global action plan on the public health response to dementia. Rehabilitation is increasingly recognised as contributing to dementia care, both as a practical framework and as a guiding philosophy. This emphasises the need for comprehensive programmes regarding rehabilitation for people living with dementia. Implementing rehabilitation services is, however, challenged by a lack of evidence based clinical guidelines.

Purpose:

The seminar aims to present and discuss results from a study developing comprehensive rehabilitation interventions for people living with dementia (mild to moderate) in a Nordic country.

Content:

The study was guided by international guidelines for developing complex interventions. To provide an intervention that is well adopted, effective and fitted to the context the developmental work includes the systematic identification of evidence, the examination of current practice and context, and problem identification and determination of needs according to different stakeholders. The seminar includes four studies that were conducted to explore these dimensions. Moreover it is presented how the results were processed into a logic model of rehabilitation for home-dwelling people living with dementia.

Funded by VELUX FONDEN

Abstract No. 350

Ageing and Rehabilitation - Seminar (60) - Practical and Scientific Perspectives of Rehabilitation for Persons with Dementia 1, September 9, 2021, 12:30 - 13:30

Rehabilitation for People Living with Dementia: A Literature Review

Research Consultant Maiken Bay Ravn², Associate Professor Kirsten Schultz Petersen³, Senior Researcher Jette Thuesen¹

¹REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Department of Clinical Research, University of Southern Denmark, Nyborg, Denmark, ²Defactum, Health, Århus University, Århus, Denmark, ³Department of Health Science and Technology, Faculty of Medicine, Ålborg University, Ålborg, Denmark

This abstract includes one out of four presentations in the seminar: Rehabilitation for people living with dementia - developing complex interventions.

Background/introduction:

Developing and modelling evidence based rehabilitation interventions for people living with dementia is challenged by a lack of conceptual consensus.

Purpose:

To guide the modelling of a rehabilitation intervention, a review was conducted to map rehabilitation intervention studies regarding structure, processes and outcome measures used.

Methods and content:

A systematic search of electronic databases was conducted in PubMed, CINAHL, PsycINFO, Embase, and Cochrane. Studies from 2005 to November 2018 were collected and screened for relevance and quality. Randomised control trials and prospective cohort trials with a statistically significant effect on more than one outcome measure were included. Included studies were mapped according to structure, processes, and outcomes.

Twenty-six intervention studies were included in the study. Nine were home-based and 14 reported a multidisciplinary team-based approach. Seven different professional disciplines were identified providing nine different components. Nineteen of the interventions were person-centred, including tailor-made, individualised interventions or interventions involving the participants' own goals. Twelve interventions had activities of daily living as an outcome measure and 14 had quality of life as an outcome measure. Even though 'cognitive rehabilitation' has been conceptualized in previous literature, the included interventions termed as "cognitive rehabilitation" demonstrated as much heterogeneity as other rehabilitation interventions.

Perspectives:

The review supports and expands previously held critique that rehabilitation interventions for people living with dementia suffer from conceptual inconsistency and a substantial heterogeneity in terms of structure, processes and outcome measures used. This hinders building a solid evidence base.

Funded by VELUX FONDEN

Abstract No. 351

Work and Employment - Seminar - RI Guideline Concerning Accessibility in Private Enterprises 1, September 9, 2021, 14:30 - 16:00

Golden Rules for Accessible Working-Places in Private Enterprises

MScOT Hagar Aloush¹

¹Shekulo Tov, Lod, Israel

The golden rules, results of a project of Rehabilitation International (RI), will be presented in Aarhus for the first time based on the international study for the German Government. The purpose of the RI Guidelines is to support enterprises and states by using the experiences (best practices) around the world. Providing accessible working conditions in the private business sector can increase the employment rate for persons with disabilities and implement article 27 and 32 UN-CRPD. In Aarhus the representatives of the following inclusive enterprises and their service providers will explain their core methods transferrable to other enterprises or states regardless of different jurisdictions. The workshop will be finalized by a discussion, that will assure the consensus of the golden rules among the main stakeholders attending the World Congress.

Abstract No. 353

Ageing and Rehabilitation - Seminar (60) - Practical and Scientific Perspectives of Rehabilitation for Persons with Dementia 2, September 9, 2021, 13:30 - 14:30

Ageing, Dementia and the Future - Future-Work in Rehabilitation

Senior Researcher Jette Thuesen¹, Researcher Lea Graff²

¹REHPA, *The Danish Knowledge Centre for Rehabilitation and Palliative Care, Department of Clinical Research, University of Southern Denmark, Nyborg, Denmark*, ²VIVE, *The Danish Center for Social Science Research, Copenhagen, Denmark*

This abstract includes one out of four presentations in the seminar: Rehabilitation for people living with dementia - developing complex interventions.

INTRODUCTION

Rehabilitation may be considered a future-oriented practice. As rehabilitation is increasingly recognized as contributing to dementia care it is important to explore how rehabilitative services corresponds with the future-orientation of older people with dementia.

MATERIAL AND METHODS

The study was conducted as a case-study in two Danish municipalities, guided by the methodology of Institutional Ethnography (IE). Eight home-dwelling older people (age 65-91, average age 78 years) with mild to moderate dementia (time since diagnosis ½ to 2½ years) were frequently interviewed within six through 15 months. 29 interviews were conducted. Interviews and analysis were guided by the IE concept 'work', which includes anything or everything people do that is intended, involves time and effort, and is done in a particular time and place and under definite local conditions.

RESULTS

Results are not yet published and will be presented at the congress.

Funded by VELUX FONDEN

Abstract No. 354

Ageing and Rehabilitation - Seminar (60) - Practical and Scientific Perspectives of Rehabilitation for Persons with Dementia 2, September 9, 2021, 13:30 - 14:30

Rehabilitation for People Living with Dementia: Organizational Narratives

Researcher Lea Graff², Senior Researcher Jette Thuesen¹

¹REHPA, *The Danish Knowledge Centre for Rehabilitation and Palliative Care, Department of Clinical Research, University of Southern Denmark, Nyborg, Denmark*, ²VIVE, *The Danish Center for Social Science Research, Copenhagen, Denmark*

This abstract includes one out of four presentations in the seminar: Rehabilitation for people living with dementia - developing complex interventions.

INTRODUCTION

A lack of evidence-based guidelines, heterogeneity in local practices of rehabilitation in dementia care and divergent attitudes to the relevance of rehabilitation in dementia care makes it unclear how rehabilitation is understood and practiced in local dementia services. This study examines health professionals' narratives of dementia care and how these narratives are negotiated in the context of public organizations implementing rehabilitation in dementia care.

MATERIAL AND METHODS

The study draws on 14 interviews with 29 health professionals working with older home-dwelling adults with mild to moderate dementia in two Danish municipalities. The study was guided by principles from Institutional Ethnography in 2018-19, taking its starting point in the experiences of people living with dementia as a way to map and examine relevant municipal services.

RESULTS

Results are not yet published and will be presented at the congress.

Funded by VELUX FONDEN

Abstract No. 355

Poster Presentations (60) - Education and Professionalization in Rehabilitation, September 9, 2021, 09:00 - 10:00

Manual Patient Handling and Rehabilitation in Health Care Settings

Senior Lecturer Charlotte Aagaard Nielsen¹

¹University College South Denmark, Esbjerg, Denmark

Background

Many patients need help to move e.g. from bed to chair. Manual patient handling (MPH) is a complex and common situation in health care settings all over the world. MPH tasks have been associated with injuries among health care providers e.g. low back pain. This is the primary focus in the literature. The patient perspective is secondary. In everyday rehabilitation focus also is on the support of function of the patient. This is mostly tacit knowledge and not described in the literature. The ambition in everyday rehabilitation is to stimulate the functional level where the patient participates in the MPH as an example. Across professions and settings a common language, understanding and procedures for that everyday activity does not exist.

Purpose

To professionalize the assistance given by the health care provider during MPH in rehabilitation of the patient.

Methods:

MPH was systematically observed in a nursing home, a home care setting and three different hospital departments in Denmark during day, evening and night. A protocol for observation was developed according to theory from Shumway-Cook and Woollacott regarding task, environment and individuals. The protocol was filled out immediately after the MPH. In total 863 MPH's were observed during 200 hours of observation. The MPH's were executed by the health care providers at the place.

Fieldnotes from the data collection consists of both qualitative and quantitative data and are analysed according to the editing approach.

Supported Mobility Quadrant (SUMO Quadrant) was developed based on the analysed data.

Perspectives:

The model offers a common language for MPH to be used across professions, settings and situations. It is useful for describing and categorizing manual patient handling tasks in rehabilitation and can be used with an educational purpose health care providers.

Abstract No. 363

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

Group Singing for People with Aphasia: Pilot Randomised Controlled Trial

Dr Mark Tarrant¹, Ms Mary Carter¹, Ms Jane Adamson¹, Dr Fiona Warren¹, Professor Rod Taylor², Associate Professor Anne Spencer¹, Dr Paolo Landa¹, Professor Chris Code¹, **Professor Sarah Dean¹**, Dr Raff Calitri¹

¹University of Exeter, Exeter, United Kingdom, ²University of Glasgow, Glasgow, UK

Introduction

As well as impaired language functioning, people with aphasia report poor psychosocial health and lower levels of overall wellbeing. There is limited evidence that existing treatments for aphasia impact psychosocial outcomes. Guidelines recommend rehabilitation should reintegrate people with aphasia into the community to improve psychosocial health. This study aims to pilot a randomised controlled trial (RCT) of Singing for People with Aphasia (SPA), a group singing intervention for improving psychosocial health in people with aphasia, and assess the acceptability and feasibility of its delivery.

Method

Participants across Devon and Cornwall (discharged from speech and language therapy rehabilitation, not attending a singing group or participating in another lifestyle intervention) were recruited and randomly allocated to either the 10-week SPA programme + resource booklet or to control group (resource booklet only). SPA was delivered by music facilitators following the intervention manual which outlined theory-based behaviour change techniques for encouraging group cohesiveness and its associations with psychological wellbeing. Outcomes assessed by blinded assessor at baseline, 3 and 6 months, included: wellbeing, quality of life, social participation, and communication plus secondary measures including health service resource use. Complementary process and economic evaluations were undertaken. Analysis focused only on acceptability and feasibility of SPA.

Results

Recruitment (42) was under target (48); 41 were randomised. Retention rates were acceptable n=37/41 remained in the trial; n=34 completed 6 month follow-up. Facilitator's fidelity to intervention delivery was high. Primary and secondary outcomes, and service use data are reported descriptively; intervention costs ranged from £250 to £380 per person. Qualitative interviews with 14 participants, 2 facilitators and 2 singing champions confirmed acceptability of SPA.

Conclusion

Despite recruitment challenges, the pilot trial was successful in randomising and retaining participants. The SPA intervention was acceptable. This pilot trial provides support for planning a future definitive multi-centre RCT of SPA.

Abstract No. 364

Data and Monitoring in Rehabilitation - Oral Presentations (90) - Monitoring and Evaluation, September 9, 2021, 16:00 - 17:30

Using the ICF to Search for Rehabilitation-Related Information

Ms Mareike Decker¹

¹REHADAT, German Economic Institute, Cologne, Germany

Background:

The International Classification of Functioning, Disability and Health (ICF) is a multidisciplinary, cross-national, uniform and standardised language. It is therefore, also suitable for structuring and classifying information and data. The digital information platform REHADAT explains aspects of vocational inclusion and assistive technology provision.

Purpose:

The ICF has been implemented into the REHADAT system in order to use it as a research tool for information concerning rehabilitation and inclusion, e.g. practical examples of workplace adaptations, assistive products and literature.

Method and Content:

For the implementation of the ICF classification into the REHADAT system the information in the databases needed to be structured based on the ICF. An Internet platform (www.rehadat-icf.de) has been developed to make the information accessible for users. Recently the portal has been redesigned and updated in order to further enhance user-friendliness and accessibility. Furthermore a new application has been developed to assist users in finding assistive technology for daily activities. Therefore ICF-items has been transferred in everyday language and implemented in a dialogue-based decision support which leads to appropriate products.

Perspectives:

The process shows that complex information and data can be structured via the ICF classification in order to provide a practicable tool for research. Experts in the field of rehabilitation, vocational inclusion and assistive technology provision can find useful information for their work by using ICF codes and items. Also laypersons receive guidance in finding assistive technology by means of a decision support tool. Thus a bio-psycho-social approach according to the ICF is being promoted by REHADAT.

Abstract No. 368

Rehabilitation and Palliative Care - Oral Presentations (60) - Palliative Care and Rehabilitation for People with Cancer, September 7, 2021, 12:30 - 13:30

Everyday Occupations Prioritised by Persons with Advanced Cancer

OT, cand. MSc OT Melanie Blichfeldt¹, OT, PhD Lisa Gregersen Østergaard^{2,3}, OT, PhD Marc Sampedro Pilegaard^{2,4}, OT, PhD, Prof. Karen La Cour⁴, OT, MPH, PhD Line Lindahl-Jacobsen^{2,5}

¹European Master Of Science In Occupational Therapy, Amsterdam, Denmark, Switzerland, The Netherlands, England and Sweden, ²The Research Initiative of Activity Studies and Occupational Therapy, Research Unit of General Practice, Department of Public Health, University of Southern Denmark, Odense, Denmark, ³DEFACTUM, Aarhus, Denmark, ⁴REHPA, the Danish Knowledge Centre for Rehabilitation and Palliative Care, Nyborg, Denmark, ⁵University College Absalon, Department of Nutrition and Rehabilitation, Næstved, Denmark

Introduction: Globally, the number of persons with cancer is increasing and people are able to live several years with cancer. Advanced cancer often decreases the ability to perform everyday occupations and strongly affects the quality of life. People with advanced cancer report needs and have difficulties in performing occupations. This end of life frame influences as well how a person values and engages in occupations. There is a lack of knowledge regarding which everyday occupations people with advanced cancer prioritise and if there is a difference between those living alone and living with a partner.

Purpose: The aim of this study is to explore which everyday occupations people with advanced cancer prioritise and if there is a difference in the prioritisation for those living alone compared with those living with a partner.

Method: This cross-sectional study is part of a larger Danish research project, the Activity, Cancer, and Quality of Life at Home project. Self-reported performance of prioritised occupations was measured using the Danish version of the Individually Prioritised Problem Assessment. This is a structured interview-based instrument which is able to identify the participants' prioritised occupations. Out of a subgroup of 242 participants, 177 persons (N = 177) had problems with their prioritised occupations.

Perspectives: The difficult and prioritised occupations will be categorized and then the two groups will be compared: persons living alone and persons living with someone. This new knowledge will possibly shape future development of occupational therapy in palliative care for people with advanced cancer living at home.

Abstract No. 369

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

Home-Based Multidisciplinary Rehabilitation Model for The Elderly with Tracheostomy Tube

Care Manager Chuan Chuan Liang¹, Manager Yi Ying Lin², COO Wen Chi Cheng¹, CEO Hsin Ling Tsai¹

¹Silver Linings Global, Taipei, Taiwan, ²Plahah, Taichung, Taiwan

In Taiwan, a high percentage of the disabled with tracheostomy tube stay at the institute as there is limited home-based rehabilitation model. It becomes even more challenging in rural communities with a severe shortage of care professionals.

The study is to explore home-based multidisciplinary rehabilitation model for the elderly with tracheostomy tube in rural area.

A multidisciplinary team consisting of 8 care workers, a nurse, and a physician was formed for a disabled 78-year old man with tracheostomy and nasogastric tube. The case was highly dependent (ADL & IADL=0). In preparation for a smooth transition from hospital to home, a nurse who functions as the care manager had implemented several key measures, including leading a team meeting to identify objectives and strategies for maximising self-sufficiency, adopting technology for timely communication, securing the case and family's support, and offering practice-based training for care workers, and etc. For the first 4 weeks, 24 hour care was delivered by care workers. Under the guidance from the care manager, care workers performed sputum suction and encouraged the case to take breathing exercise regularly and to undertake daily activities. Moreover, the care workers continuously leveraged family's support to ensure the case's full engagement in the program.

With integrated care and support, the case's nasogastric and tracheostomy tube was removed at week 1 and 7, respectively. Moreover, the case regained muscle strength to use a walking-aid at week 9.

The effectiveness of this program is largely determined by the case's engagement and timely care and support from a multidisciplinary team. Although rural communities have fewer physicians and nurses, care workers can be well equipped with practice-based training and timely guidance from professionals. The success of this case offers new approaches and insights in delivering home-based rehabilitation program for more disabled with tracheostomy tube in rural area.

Abstract No. 373

Community-based Rehabilitation - Oral Presentations (60) - Rhythm and Dance in Community-based Rehabilitation, September 8, 2021, 11:00 - 12:00

Why Use of Song and Music in Dementia Rehabilitation?

Phd Aase Marie Ottesen¹

¹Aalborg University, Aalborg, Denmark

Background

"Vita is angry and resists all types of interaction. When the caregiver wants to help her to the toilet, she spits, scratches and hits. Vita has a dementia disease and lives in a nursing home".

The research focuses on a rehabilitation strategy where song and music is practiced and applied as a communicative intervention, based on the belief that this can help make it possible to facilitate the interaction with persons like Vita with dignity and respect.

Research shows that music can contribute to improved quality of life and better social skills, as well as reducing agitated behaviour, anxiety and depression for persons with dementia, when used in different types of musical activities, as music therapy or during care situations (Ridder 2012).

Methods/content

The research method of the project was action research. The communicative intervention has been studied from the perspective of persons with dementia and their families, from a professional and interdisciplinary perspective and from an organizational perspective regarding the conditions necessary for implementation of the intervention in practice. Persons with dementia and their families, professional staff and their managers has been involved as co-researchers in collaboration with the researcher.

Outcome/results

As a result of the action research project there are created a research-based, realistic and user-friendly manual for institutions and interdisciplinary staff on how to implement and embed song and music as a communicative intervention in rehabilitation of persons with dementia.

The manual is internet based and contains authentic videos from practice.

I would like to present the manual and its contents.

Perspectives

The expectation is that the manual can contribute to knowledge building and knowledge creation regarding the use of psychosocial methods in rehabilitation of persons with dementia, as well as contributing to the development of methods and to revealing the organizational basis for implementing methods.

Abstract No. 374

Rehabilitation and Palliative Care - Oral Presentations (60) - Palliative Care and Rehabilitation for People with Cancer, September 7, 2021, 12:30 - 13:30

Rehabilitation of Patients during Allogeneic Non-Myeloablative Stemcell Transplantation - Feasibility-Study

Phd-student, Clinical Nurse Specialist Astrid Lindman¹, Consultant, Associate Professor, PhD. Gitte Olesen^{1,2}, Senior researcher & parttime Associate Professor Charlotte Handberg^{4,5}, Professor Peter Hokland², Associate Professor, PT, MHSc, PhD Annemette Krintel Petersen^{2,3}

¹Department of Haematology, Aarhus University Hospital, Aarhus, Denmark, ²Department of Clinical Medicine, Faculty of Health, Aarhus University, Aarhus, Denmark, ³Department of Physiotherapy and Occupational Therapy, Aarhus University Hospital, Aarhus, Denmark, ⁴The Danish National Rehabilitation Center for Neuromuscular Diseases, Aarhus, Denmark, ⁵Department of Public Health, Faculty of Health, Aarhus University, Aarhus, Denmark

Background: More people survive cancer and therefore live longer with their cancer disease. Allogeneic non-myeloablative haematopoietic stem cell transplantation (NMA-HSCT) is associated with a high treatment-related mortality and innumerable complications and side-effects. It is a challenge for NMA-HSCT patients to maintain physical and psychosocial functioning, quality of life, and participation in society. Thus, there is a great need for rehabilitation in order for the patients to return to a meaningful everyday life.

Purpose: The aim of this project is to develop and evaluate a multimodal interdisciplinary rehabilitation programme targeted at patients undergoing NMA-HSCT.

Method: Feasibility study using the theoretical framework Complex Interventions. From November 2018 to December 2019 thirty-two patients at Aarhus University Hospital were consecutively enrolled as soon as the decision of NMA-HSCT was final. An interdisciplinary team of two nurses, a physiotherapist and a dietician conducted the six months long rehabilitation programme. The programme consisted of conversations using the motivating interviewing, individual supervised physical exercise training and activity, relaxation exercises, nutritional counselling, lessons for patients and relatives in small groups, tele-medicine. Outcomes were feasibility, safety, adherence to the programme, QoL, Patient activation, VO₂max, muscle power, body-composition, common side-effects, days at hospital, return to work, survival and qualitative interviews evaluating the programme. Results will be presented at the conference.

Perspectives: The project will contribute with knowledge about the feasibility of a rehabilitation programme targeted at a vulnerable group of chronic cancer patients. If the intervention leads to an increased level of empowerment, quality of life and functioning, it will not only reduce the number of hospitalizations and healthcare services, but also imply that more patients will be able to maintain contact with the labour market. Additionally, the study will document the impact of an interdisciplinary intervention anchored in the hospital setting but aimed at reaching patients at home.

Abstract No. 377

Health and Function - Seminar (90) - Sexual Health Rehabilitation 2, September 8, 2021, 14:30 - 16:00

Using ICF and ICHI to Promote Rehabilitation for Sexual Health

Senior Expert Advisor, Associate Professor in Quality Improvement and Leadership within Health and Welfare

Ann-Helene Almborg^{1,2,3}, Professor in Public Health and Rehabilitation Kristina Areskoug Josefsson^{4,5}

¹National Board of Health and Welfare, Stockholm, Sweden, ²Nordic WHO-FIC CC, Oslo, Norway, ³School of Health and Welfare, Jönköping Academy for Improvement of Health and Welfare, Jönköping University, Jönköping, Sweden, ⁴VID Specialized University, Faculty of Health Studies, Sandnes, Norway, ⁵Department of Behavioural Science, Oslo Metropolitan University, Oslo, Norway

Sexual Health is a sensitive, but important topic, often neglected in care and rehabilitation. Even when issues concerning sexual health are brought forward in rehabilitation, there are difficulties in how to describe functioning, interventions and outcomes of interventions in documentation.

This presentation describes how the International Classification of Functioning, Disability and Health (ICF) and the International Classification of Health Interventions (ICHI) can be used together in the health care process to overcome difficulties in documenting issues related to sexual health for persons living with chronic conditions. The classifications are useful tools to describe functioning, patient's goals, results, planned and performed interventions for investigation, treatment, preventing and follow-up at individual level with unified and unambiguous terms, concepts and codes in the electronic health records (EHR). The structured documentation is useful not only in an individual perspective but also in a systems perspective to improve public health and rehabilitation by using the classifications in health information systems such as EHR. Structured documentation in the EHR by using the ICF and the ICHI concerning sexual health provides an opportunity for professionals in health and welfare to record information about investigative interventions, functioning, goals, therapeutic interventions and outcomes in a way that avoids repetition and the risk of neglecting important aspects of sexual health, thus promoting the sexual health of the individual. Both the ICF and the ICHI have been created to be useful for professions in general, not for a specific profession, thus using the classifications for structured communication increases the use of a common language among various professionals. Structured documentation with classifications can also be used as a tool for quality improvement since it entails following up outcomes at local as well as national level.

Abstract No. 379

Leisure, Recreation and Physical Activities - Oral Presentations (60) - Participation in Physical Activities, September 8, 2021, 09:00 - 10:00

It Takes Courage to Participate

Phd Student Mette Miklos^{1,2}, Professor Reidun Jahnsen^{1,2}, PhD Astrid Nyquist¹, PhD Halvor Hanisch^{3,4}
¹Beitostølen Healthsports Center, Beitostølen, Norway, ²University of Oslo, Oslo, Norway, ³Work Research Institute, Oslo Metropolitan University, Oslo, Norway, ⁴VID Specialized University, Oslo, Norway

Background

The feeling of courage are essential for a person to leave the comfort zone and engage in activities forming growth. Rehabilitation processes for youth with disabilities aim to facilitate participation through skill development and increased autonomy. The social context is recognized for playing a key role in activity participation processes. While the context often is experienced as safe in rehabilitation programs, the process towards achieving rehabilitation goals can still be experienced as vulnerable.

Purpose

The aim of the study was to explore the role of courage in learning processes and autonomy in an adapted physical activity rehabilitation program for youth with disabilities, and how the social context within the rehabilitation setting can act as both facilitator and inhibitor of the development of courage.

Methods:

A single case study based on ethnographic data and interviews from 2015 was employed to enable an in-depth exploration of the relation between the personal learning processes and the social context of the rehabilitation stay.

Perspectives

Results illustrated how encouragement and support from rehabilitation staff aimed to facilitate achievement and courage, can turn into experiences of expectations and pressure when received as attention on performance. Time and mutual understanding between the staff and the youth played an essential role in securing trust and agency in the learning process. Courage is not a stable driving force; it is fragile and can be lost even in a safe context. The feeling of control and acceptance of unsuccessful attempts as part of the learning process turned out to be important for the youth to gain the experience of mastery and autonomy.

Conclusion

Forming a rehabilitation context that focuses on activity participation as a learning process can help youth to develop abilities to handle non-achievement and personal vulnerability, finding courage and increasing agency when facing challenges.

Abstract No. 382

Policy and Service - Oral Presentations (90) - Definitions, September 9, 2021, 16:00 - 17:30

International Classification of Health Interventions: An Application for Describing Rehabilitation

Senior Expert Advisor, Associate Professor Ann-Helene Almborg^{1,2}, Classification Expert Megan Cumerlato³, Research Fellow, PhD Nicola Fortune³, Classification Expert Nicole Rankin³, Professor Richard Madden³
¹National Board of Health and Welfare, Stockholm, Sweden, ²Nordic WHO-FIC Collaborating Center, Oslo, Norway, ³The University of Sydney, Sydney, Australia

Currently there is no international classification to describe interventions across all sectors of the health system, including rehabilitation services. The World Health Organization's third reference classification, the International Classification of Health Interventions (ICHI), is planned for completion by late 2021. A health intervention is defined in ICHI as 'an act performed for, with or on behalf of a person or a population whose purpose is to assess, improve, maintain, promote or modify health, functioning or health conditions'. The presentation will introduce ICHI content and explain the underlying tri-axial structure and the underpinning biopsychosocial model. ICHI consists of over 7,000 interventions (stem codes) across 27 chapters. Additional information about an intervention can be added, if needed, using extension codes. ICHI can be used to describe diagnostic, therapeutic, preventing and managing interventions in the care process, of which rehabilitation is one component. Several ICHI interventions may be combined to describe a rehabilitation treatment package or program. ICHI complements the International Classification of Functioning, Disability and Health (ICF) and the International Classification of Diseases (ICD). Information on diagnoses, functioning and interventions may be used to describe and evaluate rehabilitation at both individual and group level. ICD, ICF and ICHI can be used in electronic health records to record health and health care for individuals, with aggregate data then used to monitor health system effectiveness and improve quality of care. The three classifications offer common language and common conceptual structures to support the communication between health professionals and between different parts of health services systems.

ICHI provides an important tool for use in policy, research and practice to describe, collect, aggregate, analyze and compare data on health interventions across all sectors of the health system at local, national and international levels in a standard way.

Abstract No. 383

Work and Employment - Oral Presentations (60) – Prediction and Evaluation, September 7, 2021, 12:30 - 13:30

Practical Toolbox for Prediction of Return to Work

Director public affairs, studies and advocacies Francois Perl¹, Theo Brunois¹, Thomas Otte¹, Dr Saskia Decuman¹

¹*National Institute for Health and Disability Insurance, , Belgium*

Background : The employment rates of disabled people remain in Belgium as elsewhere dramatically low. The return to work (RTW) of people with disabilities requires a complex expertise, both in assessing health as in predicting their RTW. Even though scientific evidence exists, there are not enough practical tools to provide clear guidelines about RTW to social workers or health professionals involved in the RTW-process.

Purpose : The objective is to create an evaluation toolbox that is easy to access. The purpose of this toolbox is to identify and overcome individual barriers that prevent people with disabilities from employment. This toolbox isn't intended to replace existing (assessment) tools but rather to synthesize and pool knowledge in order to facilitate (re)integration. This toolbox will be based on an individual case management system.

Method and content : First of all, a literature review will be conducted on existing assessment tools and rating scales. The latter will be translated into an accessible website accompanied by a paper guide.

Perspectives : Expected results are to stimulate and increase the dissemination of expertise, including the mutual learning in this field. The toolbox will be free of charge to allow wide accessibility to comprehensive information for all practitioners and therefore rising the level of labour inclusion and participation for people with disabilities.

Abstract No. 384

Leisure, Recreation and Physical Activities - Seminar (60) - Physical Education, Sports and Inclusion, September 9, 2021, 12:30 - 13:30

“Here We Are Together, at Home You Are Alone”

Phd Student Mette Miklos^{1,2}, Professor Reidun Jahnsen^{1,2}, PhD Astrid Nyquist¹, PhD Halvor Hanisch^{3,4}, Professor Sonya Girdler⁵

¹Beitostølen Healthsports Center, Beitostølen, Norway, ²University of Oslo, Oslo, Norway, ³Work Research Institute, Oslo Metropolitan University, Oslo, Norway, ⁴VID Specialized University, Oslo, Norway, ⁵Curtin Autism Research Group, School of Occupational Therapy, Social Work and Speech Pathology, Curtin University, Perth, Australia

Background

Young adults with disabilities often report feeling alone in their experience of disability. Group-based rehabilitation programs provide opportunities for them to meet and share their experiences. Beitostølen Healthsports Center (BHC) in Norway provides a residential group-based rehabilitation program underpinned by Adapted Physical Activity (APA), aiming to improve and secure participation for all over the life span.

Purpose

The aim of the study was to explore the dynamic transactions between social contextual elements, interactional relations and personal processes of learning and self-exploration during an intensive APA rehabilitation intervention involving young adults with disabilities.

Methods

Fifty four young adults attending four young adults groups at BHC (age 17-34) in 2015 participated in this study. A grounded theory methodology employing ethnographic data collection methods enabled in-depth exploration of the social processes of the rehabilitation stay.

Perspectives

Results indicated that the social environment was centrally important to personal processes during the stay and likely the outcomes of a stay at BHC. Fundamental to the social processes of rehabilitation was the role of the staff in fostering a culture defined by opportunities, competence, and involvement of the young adults. This underpinned a rehabilitation context in which young adults felt safe and free to challenge themselves. Being with peers was defined by a shared understanding of the experience of living with a disability, providing opportunities for exchanging experiences and having fun. Peers improved motivation to actively engage in the participation processes, built courage and promoted self-reflection throughout the rehabilitation stay.

Conclusion

Understanding the dynamic relationship between social contextual structures, interrelations and personal processes are central in forming safe learning contexts within rehabilitation programs. The opportunity for interacting with peers sharing the experience of living with a disability, was key in building self-awareness, developing activity competencies and strategies for navigating everyday life.

Abstract No. 387

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

Readmission, Nutritional Status, and Functional Status among Elderly Patients

Ph.D. Anette Schnieber¹, MSc Mette K. F. Iversen¹, MSc Annette Buhl¹

¹Via University College, Aarhus, Denmark

Aim:

This study aim to identify predictors of readmission among elderly patients - specifically, relationships between readmission, nutritional status, nutritional care practices, and functional status among elderly patients admitted to a Danish regional hospital in 2012-2018.

Background:

Readmissions exert substantial pressure on clinical resources and are associated with cognitive and physiological impairment in elderly patients. In Denmark, the percentage of readmissions among elderly patients vary between 7.4-28.0%, depending on diagnosis.

International studies regarding readmission among elderly patients have found readmission to be associated with nutritional status and functional status respectively; however, only few studies have investigated the latter relationship. There is a dearth of studies investigating predictors of readmission among elderly patients in a Danish context.

Method:

Registry data from the Regional Hospital in Horsens regarding nutritional status, nutritional care practices, functional status, and readmission frequency and length of stay have been obtained for patients aged 65+ admitted in the years 2012-2018. In addition, data will be obtained regarding selected primary sector practices and services related to nutritional status and functional status. Data will be analyzed using SPSS.

Perspectives

In the long term, the results of the study can contribute to the identification of potential areas of change in practices and interventions related to nutritional status and functional status, with the goal of reducing the number of preventable readmissions among elderly patients.

Abstract No. 388

Community-based Rehabilitation - Oral Presentations (90) - The Role of Peers in Community-based Rehabilitation, September 7, 2021, 16:00 - 17:30

Peer Counseling: Who Cares About the Counselors?

Dipl. Soz.-Arb./ -päd.; M. A.; Phd-candidate Micah Jordan¹

¹*Universität Kassel, Kassel, Germany*

Community-based rehabilitation, participation, social integration

Peer counseling is a pedagogic method of consulting for/by people with disabilities.

In 2018 the German Ministry of Labor and Social Affairs implemented over 500 consulting offers for „additional independent participation-counseling“ („Ergänzende unabhängige Teilhabeberatung – EUTB®“). The main emphasis is, to give professional advice to people with disabilities, chronic illness or their relatives about participatory opportunities, social integration, self-care, crisis-counseling, (nursing-)aids, self-determined lifestyle, education possibilities, needs-assessment, age-related diseases and impairments, temporary and chronic health-related problems, recovery-programs, social activities and self-organization.

One outstanding characteristic of this program was, to hire peer counselors – not the degree counts, but the personal experience in peer-to-peer counseling and to bring people with handicap back to work.

Since the 1980s in Germany the method of peer counseling is established in interest- and self-representation societies. Meanwhile there are many programs to educate people with different types of disabilities to become peer counselors, eg. „Blickpunkt Auge“ (blind people), „DeafMentoring“ (deaf people), „EX-IN-Genesungsbegleiter“ (former psychiatric patients working in recovery-programs) and „Beratung auf Augenhöhe“ (peer-to-peer- counseling by people with learning disabilities).

From 2014–2018 I was a member of a research-team who evaluated the first big study on peer counseling in the Rheinland-Area. This evaluation was focused on output and outcome concerning the counselees. In my Phd-researchproject I concentrate on the effects this special type of consulting has on the peer counselors themselves. It is the first study on this focus.

Not only in reference to the increasing extent of professionalization of this method and the derivation of competence-models and quality management I can give fascinating information in both: basic information about the method and possibilities to manage the change from volunteered work to professional peer counseling and why peer counselors profit in various ways from their work.

Abstract No. 389

Leisure, Recreation and Physical Activities - Seminar (60) - Sport and Physical Activity, September 8, 2021, 13:30 - 14:30

Sports with Physical Disability after Trauma

Dr. Helge Riepenhof¹, Annika Svea Riepenhof¹

¹*BG Hospital Hamburg, Hamburg, Germany*

Sporting activity promotes inclusion in people with disabilities and, in addition to providing essential support during the rehabilitation process, can be particularly beneficial after the healing process is complete.

In order to support people with physical disabilities after an accident to find a suitable sport for them, 200 paraplegic patients as well as patients with amputations in four different hospitals in Germany were interviewed by means of questionnaires.

The results showed which factors besides the extent of the physical disability influence the ability to do sports. In particular, age, vocational training and whether the place of residence is rural or urban played a decisive role.

In addition, it was examined how active people were before an accident and compared with the level of activity and also the form of organisation after the accident. An analysis was made of how relevant the contacts already made in the acute hospital were to the ability to resume sports and also to what extent the motivation to participate in competitions plays a role here.

People with physical disabilities who were not or not very active before the accident were also asked about their current level of activity and their motivation to participate in sports.

Abstract No. 390

Poster Presentations (60) - Innovative and Assistive Technologies in Rehabilitation, September 8, 2021, 09:00 - 10:00

Development of an mHealth Application to Support Vestibular Rehabilitation

Ms Stine Ibsen^{1,2}, Niels Martin Jensen^{1,2}

¹Department of Physiotherapy University College of Northern Denmark, Aalborg, Denmark, ²The research program "Technologies Closely Connected to Citizens' Health" at UCN, DK, Aalborg, Denmark

Background

Studies have shown that people suffering from vestibular disorders benefit from physical therapy where home-based exercises are an important part of the rehabilitation process. Patient compliance with home-based interventions is often low resulting in a reduced or even complete lack of effect of the prescribed exercises. mHealth is a rapidly growing area which has proven useful for patient self-management. The use of mHealth applications for patients with vestibular dysfunctions may increase patient education and compliance with home-based exercises. To our knowledge, no previous studies has developed a mHealth application to support the rehabilitation of people suffering from vestibular disorders using a participatory design.

Purpose

The aim of this study was to develop a mHealth application to support vestibular rehabilitation.

Methods

Participatory design was used to develop a mHealth application to support the rehabilitation of people with vestibular disorders. The development of the mHealth application was carried out as an iterative process in collaboration with health professionals, patients, and IT designers. Data was collected through focus group interviews and semi structured interviews.

Perspective

This study resulted in development of an mHealth application for vestibular rehabilitation. The contents of the application is symptom monitoring, personalized exercise programs, adherence tracking, nudging, activity tracker, communication and visualization of progress in activity level and symptoms.

The development of an mHealth application may have the potential to support patients and healthcare professionals within vestibular rehabilitation and thereby result in greater improvements within rehabilitation.

Future studies should investigate the effect of the mHealth application on vestibular rehabilitation. This can provide knowledge about how mHealth technologies can contribute to improve healthcare services by involving all stakeholders in the development process.

Abstract No. 396

Psychosocial Rehabilitation - Oral Presentations (60) - Mental Health, September 9, 2021, 09:00 - 10:00

A Context of Recovery

Master Of Science In Psychology (msc) Erik Mønsted Pedersen¹

¹The Danish Association For Mental Health (Landsforeningen SIND), Aarhus, Denmark

Meaningful activities in an inclusive social context

How can non-formal adult education be used in recovering from severe mental illness?

Recovery from serious mental illness does not happen in a vacuum. Non-formal education can be an important part of such a recovery process. For the speaker this has been the case.

For more than 10 years Dalgas Skolen (non-formal adult education) in Aarhus was the base of my efforts to recover from a lifetime of suffering from psychosis. The process was successful.

This lecture will focus on why non-formal adult education was such an important part of my recovery. To me it was a gateway to both formal education, social interaction, creativity, and a normal everyday life. What did I use it for? What is so special about non-formal education? How can it be integrated with other important elements such as medical treatment and formal education, volunteering, employment? How is it possible to use it to scaffold recovery, strengthen self-confidence, well-being and social skills and help prevent relapse, isolation and personal stagnation?

About the speaker

Erik Mønsted Pedersen is today working as a psychologist (Master of Science in Psychology (MSc) - Cand. Psych.) But for a large part of his life he was a mental patient.

At the age of 50 he reached complete recovery.

He works mainly as a psychotherapist but is also sought after as a lecturer and teacher.

He is active in the Danish Association for Mental Health (Landsforeningen Sind) where he supervises a project helping students and graduates in their recovery process. He has been appointed member of the Danish Medicines Council - the Committee on psychotic illnesses and The Danish Supervisory Board of Psychological Practice.

Abstract No. 397

Work and Employment - Oral Presentations (90) - Spine and Back Pain, September 8, 2021, 16:00 - 17:30

Development and Evaluation of ReWork-SCI

Med Dr Lisa Holmlund^{1,2}, Professor Susanne Guidetti¹, Professor Claes Hultling^{1,3}, Professor Åke Seiger^{1,2}, Associate Professor Gunilla Eriksson^{1,4}, Associate Professor Eric Asaba^{1,5,6}

¹Department of Neurobiology, Care Science and Society, Karolinska Institutet, Huddinge, Sweden, ²Rehab Station Stockholm/Spinalis, R&D Unit, Stockholm, Sweden, ³Karolinska University Hospital, Department of Neurology, , Stockholm, ⁴Department of Neuroscience, Rehabilitation Medicine, Uppsala University, Uppsala, Stockholm, ⁵Stockholms Sjukhem Foundation, Research, Education, and Development Unit, Stockholm, Sweden, ⁶Graduate School of Human Health Sciences, Department of Occupational Therapy, Tokyo Metropolitan University, Tokyo, Japan

Introduction: Return to work (RTW) is often highlighted as one main goal of rehabilitation, and the need of measures to eliminate barriers on the labour market for persons with disabilities are acknowledged by the United Nations. Yet, employment rates after spinal cord injury (SCI) are low internationally, as well as in Sweden. Moreover, a few countries dominate the research area and evidence is scarce. The overall aim of this project was to generate knowledge about return to work (RTW) among adults with SCI, in order to develop and evaluate the design and feasibility of a complex intervention that serves as a complement to current systems for RTW.

Methods: This project draws on the Medical Research Council guidelines for developing and evaluating complex interventions. The project used a combination of qualitative and quantitative methods; the generation of knowledge consisted of interviews and photovoice discussions with persons living with SCI (n=21) and focus group interviews with professional stakeholders (n=36) involved in the RTW process. ReWork-SCI includes four phases and 15 steps guided by a coordinator based in the SCI rehabilitation team in health care. The feasibility of ReWork-SCI was evaluated within a clinical rehabilitation setting with regard to adherence, acceptability, recruitment, retention, and outcome measures.

Results: ReWork-SCI was overall feasible. Important components of ReWork-SCI were, that the design builds on a systematic structure; use of a person-centred approach; and individualized coordination with the employer. ReWork-SCI could contribute to create an individualized plan for RTW, facilitate decision-making, and build trust in the RTW-process.

Conclusion: ReWork-SCI was feasible, although further modeling and modification are needed for ReWork-SCI to be applicable in a clinical context. After modifications, the effect of ReWork-SCI is relevant to evaluate in a future full- scale trial.

Abstract No. 398

Community-based Rehabilitation - Oral Presentations (60) - Rhythm and Dance in Community-based Rehabilitation, September 8, 2021, 11:00 - 12:00

Music Therapy in Neurorehabilitation. A Qualitative Research Study.

Music Therapist (cand.mag in Music Therapy) Line Malmkov¹

¹Tag Livet Tilbage Aps, Frederiksberg, Denmark

BACKGROUND: Each year approximately 18,000 Danes are in need of neurorehabilitation following an acquired brain injury. Because each injury is unique, the need for personalized and specialized rehabilitation is paramount. Music Therapy is an evidence based therapy form providing rehabilitation for the complete person promoting rehabilitation of both physical, psychological and behavioural challenges. **OBJECTIVE:** The objective is to develop a model for Music Therapy in Neurorehabilitation, MTIN, displaying the categories where music therapy can provide rehabilitation. A qualitative research study is performed with a hermeneutic analysis of data from a literature review, theory and clinical practice to identify rehabilitation categories. An exploratory hermeneutic analysis of a case is performed using pattern matching and triangulation resulting in a synthesis to support the usage of the model. **OUTCOME:** The outcome is the model MTIN designed to display the seven rehabilitation categories; Cognition, Communication, Upper limbs, Lower limbs, Psychological, Social and Behaviour regulation with Relation as a prerequisite for music therapy. The analysis of all exciting research on music therapy in neurorehabilitation worldwide indicate significant rehabilitation outcomes for most of the categories. The case study results display indications that music therapy can facilitate rehabilitation within all categories. The case study shows that if an inductive approach to the usage of wide array of music therapy interventions in neurorehabilitation is practiced, it can lead to unexpected rehabilitation of multiple challenges experienced by a patient suffering from a severe brain injury. **CONCLUSION:** The seven rehabilitation categories found are presumed to cover the most prevalent use of music therapy in neurorehabilitation worldwide. The MTIN model is effective in displaying within which rehabilitation categories music therapy can provide rehabilitation in neurorehabilitation. More studies of the model MTIN are needed. Music Therapy offers cost-effective rehabilitation of the whole person with almost no side effects.

Abstract No. 399

Individual/Family Perspectives and Processes - Oral Presentations (60) - Holistic Assessment of Needs in Rehabilitation, September 9, 2021, 11:00 - 12:00

Unmet Rehabilitation Needs of Danish Head and Neck Cancer Survivors

RD, MSc., Phd Fellow Marianne Boll Kristensen^{1,2,3}, Associate Professor, RN, MCN, PhD Karin B. Dieperink^{2,4,5}, Senior Associate Professor, RD, PhD Anne Marie Beck^{1,6}, Consultant, PhD, Associate Professor Irene Wessel⁷, Head of Centre, Professor, Chief Physician Ann-Dorthe Zwisler²

¹Department of Nursing and Nutrition, University College Copenhagen, Copenhagen, Denmark, ²REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Odense University Hospital; Department of Clinical Research, University of Southern Denmark, Nyborg, Denmark, ³OPEN, Odense Patient data Explorative Network, Odense University Hospital, Odense, Denmark, ⁴Research Unit of Oncology, Department of Oncology, Odense University Hospital, Odense, Denmark, ⁵Department of Clinical Research, University of Southern Denmark, Odense, Denmark, ⁶Dietetics and Clinical Nutrition Research Unit, Herlev and Gentofte Hospital, Herlev, Denmark, ⁷Department of Otorhinolaryngology, Head and Neck Surgery & Audiology, Rigshospitalet, Copenhagen, Denmark

Introduction: Head and neck cancer survivors' rehabilitation needs are complex, and appropriate rehabilitation services should be offered. The purpose was to examine Danish head and neck cancer survivors' satisfaction with and perception of offered rehabilitation services 1-5 years after treatment.

Methods: The study is based on data from the nationwide, cross-sectional NUTRI-HAB Survey. Respondents were identified through the Danish Head and Neck Cancer Group's national clinical quality database. All Danish citizens treated with radiation therapy for oral, pharyngeal, or laryngeal cancer 1-5 years before survey distribution (n=1937) received the questionnaire with questions on offered rehabilitation services, satisfaction with them and unmet rehabilitation needs. Respondents were divided into subgroups according to the time interval from their treatment completion to survey distribution: 12-23, 24-35, 36-47 and 48-59 months. Differences between subgroups were tested using Fisher's Exact test.

Results: In total, 1190 (61.4%) individuals responded. One third (33.3%) found the offered rehabilitation services inadequate. These respondents most frequently reported unmet rehabilitation needs in relation to management of late effects (68.8%), dysphagia (47.7%), and psychological support (43.0%). Among all respondents, only 49.8% had been offered counselling on late effects or responded that they had no need for this service. The corresponding results for dysphagia management and psychological support were 51.2% and 35.2%. Significant differences were seen between subgroups in whether they had been offered rehabilitation aimed at dysphagia (47.9% in the 48-59 months subgroup gradually increasing to 57.9% in the 12-23 months subgroup; p=0.02), which could indicate that rehabilitation services aimed at dysphagia management have become more accessible over time. Yet, there was no significant difference between subgroups in satisfaction with offered rehabilitation services.

Conclusions and perspectives: This nationwide survey showed that unmet rehabilitation needs are frequent in Danish head and neck cancer survivors. Results are useful for planning and prioritising future rehabilitation services.

Abstract No. 402

Poster Presentations (60) - Health and Function 1, September 7, 2021, 10:00 - 11:00

Cardiac Rehabilitation in Women of Bangladesh: Why Need to Focus?

Registrar Sheikh Mohammad Mahbubus Sobhan¹, Physical Therapist Sayed Ibn Alam², Senior Chest Physiotherapist Jamal Uddin³, Assistant Professor Mir Ishraqzaman¹, Associate Professor of Cardiology Md. Rezaul Karim³, Associate Professor of Community Medicine Niru Sultana⁴, Professor of Epidemiology & Research Sohel Reza Choudhury¹, Professor of Cardiology Fazila-Tun-Nesa Malik¹, Professor of Population Health Research Rodney Stephen Taylor⁵, Professor of Cardiology Ann-Dorthe Olsen Zwisler²
¹National Heart Foundation Hospital & Research Institute, Dhaka City, Bangladesh, ²REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Nyborg Municipality, Denmark, ³Ibrahim Cardiac Hospital & Research Institute, Dhaka City, Bangladesh, ⁴Ibrahim Medical College, Dhaka City, Bangladesh, ⁵University of Glasgow, Glasgow, United Kingdom

Background

Cardiovascular disease (CVD) is the leading cause of death among women. Bangladesh has the highest prevalence of CVD risk factors among South Asian countries. Cardiac Rehabilitation (CR) is crucial to improve outcome of CVD and enhances patient's quality of life and resume their proper place in society. There is a strong evidence that CR is equally effective in women. But women are less likely to participate in CR worldwide.

Purpose

The aim of the study was to identify the physical and mental health status of women with CVD in Bangladesh.

Method and content

This cross-sectional study was conducted from April to October 2019 at two tertiary cardiac hospitals in Bangladesh. The questionnaire was administered to patients admitted for Percutaneous Coronary Intervention (PCI) and Coronary Artery Bypass Graft (CABG). This study collected information on physical and mental health from HeartQoL, GAD7, PHQ9 and EQ5D-3L questionnaire. There were 120 (11.4%) women who answered the questionnaire among 1313 participants.

Perspectives (Result, Conclusion, Suggestions)

Women were identified more obese in compared to men and sedentary lifestyle was 1.5 fold higher in women than man (57.6% and 38.6%). Moreover, women were significantly less physically active than men ($P < 0.001$) and fewer desire to be physically active ($P < 0.007$). Women were predominantly more depressed than men ($p < 0.01$). CR services are underutilized and more common in women. Hospital based and home based CR have been found equally effective. Women are more likely to receive home based CR. Considering physical and mental health score- it will be more beneficial to introduce home based CR for women. To reduce the CVD burden, health professionals should take into mind while women are offered CR services. Developing cardiac rehabilitation suited for women's needs and preferences could be one way to move forward in Bangladesh.

Abstract No. 404

Community-based Rehabilitation - Oral Presentations (60) - Involvement, Volunteers and Community-based Rehabilitation, September 7, 2021, 10:00 - 11:00

Rehabilitation, Civil Society and Citizenship

Ass Professor Kjersti Helene Haarr¹, Professor Karen Synne Groven¹

¹*Vid Specialized University, Sandnes, Norway*

Norwegian municipalities are concerned with developing cooperative relations with family, civil society and some social entrepreneurs as a means to strengthening citizenship for elderly related to rehabilitation practices for the future. Warm meals, table fellowship, along with transportation are regarded as basic needs and wishes by elderly themselves and the volunteers working together with them. How these basic needs are met in the municipalities, is still a knowledge gap in the literature.

The purpose for this study will be to explore how professionals, volunteers and private entrepreneurs, together with the home dwelling older people can facilitate citizenship and thereby meeting occupational needs of the older citizens. The research question is: How can public, private, and voluntary support, in connection with elderly living in place, reinforce their participation and citizenship?

The study has an explorative, qualitative design, using mixed qualitative approaches. Participants were both private and public employees and voluntary workers.

Our theoretical framework builds on an occupational perspective of human rights, and in particular we draw on an occupational just perspective. To sort out private-public-voluntary collaboration in the bigger picture of actors, matrix of key agents and levels of society in rehabilitation, is used.

Our findings show how municipalities go about collaborating in fruitful ways with both volunteers and private entrepreneurs. At the same time, findings illuminate that longings and needs of the elderly for company and fellowship cannot be met only by public-private-voluntary support. In connection to the oldest citizens at large, strategies and plans have to go further and emphasize the importance of diverse participation, as social inclusion goes hand-in-hand with human rights.

The clinical relevance will be understandings of what it takes to prepare the future reablement/rehabilitation services to underpin meaningful occupations and citizenship for the service users.

Abstract No. 406

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

Schizophrenia, 6 Months Inpatient Treatment: Assessment, Weekly Scheduling and Participation

Psychologist Jens Jensen¹

¹*Mental Health Centre Ballerup, Mental Health Services (capital Region Of Denmark), Copenhagen, Denmark*

Background/introduction

For 10 years, we have provided 6 months inpatient, specialized rehabilitation for patients with schizophrenia - a complex disorder with heterogenous syndromes. Rehabilitation often demands complex, multidisciplinary and inter-sectorial cooperation. Participation in informal group-activities is as important as formal participation, and is an important mediator for rehabilitation. At the center of the effort are the patient's goals, operationalized in a weekly schedule, which often includes basic daily activities like doing the dishes.

Purpose

What are the benefits of inpatient rehabilitation regarding assessment of symptoms and functional outcome? How does weekly scheduling become the centerpiece of such a complex enterprise as the recovery from schizophrenia? How does individual gains come through social interaction?

Method

Admitted patients have schizophrenia or schizotypal personality disorder with prior longer periods of hospitalization or short but frequent readmissions.

The staff includes a psychiatrist, nurses, a social worker, occupational therapist and psychologist. Shared goalsetting is made from the beginning and is an ongoing process – as is detailed assessment and specifying diagnosis. Cognitive milieu therapy is the dominant approach. Following weekly schedules, learning skills dealing with activities of daily living, psychoeducation, learning social skills and daily physical activities are central aspects of the multidisciplinary treatment.

* The heterogenous syndromes/comorbidity makes assessment of symptoms difficult/time-consuming.

Inpatient treatment gives better opportunity for assessment of symptoms by trained professionals.

* Social interaction in formal groups and informal groups are often experienced as challenging. At the same time participation in social activities is an important tool for rehabilitation. Didactical considerations can enhance this proces.

* Weekly schedules are easy to grasp and well-known tools for all. Evaluating weekly progress is an important tool for continuously assessing progress.

Perspective

Inpatient treatment and weekly schedules promote detailed assessment of resources and symptoms, facilitating the rehabilitation enterprise. Social skills are enriched through participation.

Abstract No. 407

Children / Youth and (Re-)habilitation - Oral Presentations (90) - Children: Needs and Education, September 9, 2021, 14:30 - 16:00

Screening Children's Hearing in Local Schools in Tanzania

Senior Researcher Tone Øderud¹, Senior Lecturer Cosmas F. B Mnyanyi², Researcher Tron Vedul Tronstad³, Scientific Advisor Jon Øygarden^{3,4}

¹SINTEF, Oslo, Norway, ²The Open University of Tanzania, Dar es Salaam, Tanzania, ³SINTEF, Trondheim, Norway, ⁴NTNU, Trondheim, Norway

Background: WHO has estimated that there are around 466 million people worldwide that have disabling hearing loss, and 34 million of these are children. The majority of children with hearing impairment live in low-income countries and most of the children remain undiagnosed, untreated and without the provision of adequate services and devices. The objectives have been to enable screening of children's hearing in local communities by using new innovative tools for screening, and to explore the prevalence of hearing loss among school children in Tanzania and possible causes of hearing loss.

Method: Participatory research design and qualitative methods were applied for the development of the innovative tool using commercially available tablets, headphones and dedicated software for gaming. School children, parents, schoolteachers, hearing experts and authorities were actively involved during the iterative development process. Traditional audiometry using audiometer and the new innovative method using game-based tablet audiometry were tested and evaluated. 407 children from three primary schools participated and have been screened for hearing loss, measuring the hearing thresholds of 25dB with traditional audiometry and game-based tablet audiometry.

Key results: A new game-based tool for screening of children's hearing in local primary schools has been developed. The game-based screening was carried out as an automatic routine and special teachers were able to screen the children after training. The prevalence of hearing loss among the children varied from 7% - 16% depending on the various schools. The main causes of hearing loss were from earwax, foreign body and infections.

Conclusion: New innovative tools might enable special teachers to do initial screening of children's hearing and refer to further assessment, preventive measures and medical interventions for removal of earwax and foreign body and treatment of infections. Children with permanent hearing loss are identified and might be referred to further assessment at specialized clinics.

Abstract No. 408

Outdoor Rehabilitation - Oral Presentations (60) - Outdoor Activities with a Purpose, September 9, 2021, 11:00 - 12:00

Health Professionals' Experiences of Providing Rehabilitation in Outdoor Community Settings

Phd Student Louise Sofia Madsen¹, Professor, MD, PhD Claus V Nielsen¹, Professor, PhD, RN, John Oliffe², Associate professor, PhD, RN Charlotte Handberg³

¹Defactum, Central Denmark Region & Department of Public Health, Aarhus University, Denmark, Aarhus, Denmark,

²School of Nursing, University of British Columbia, Vancouver, Canada, ³The National Rehabilitation Centre for Neuromuscular Diseases & Department of Public Health, Aarhus University,, Aarhus, Denmark

INTRODUCTION

Contemporary practice has started to rethink use of outdoor and community environments for advancing comprehensive rehabilitation outcomes for people with disabilities. Health professionals are the lynchpin for these programs, with strong potential to endorse or dismiss such innovation.

AIM

To examine health professionals' experiences and perceptions of providing rehabilitation in outdoor community settings. The purpose is to use these experiences to generate practice-based knowledge in using the outdoors as a means to guide community-based rehabilitation.

METHOD

The Interpretive Description methodology was accompanied by social practice theory.

The study setting was the SPARK (Sound Park Activities, Rehabilitation and Climate) project, a 7.2 hectares green meeting place under development (2019-2021) in the center of the city, Aarhus, Denmark. The SPARK project facilitates a basis for community-based rehabilitation with integrated outdoor experiences. A five-month ethnographic fieldwork was conducted utilizing participant observation, photovoice, and focus-group interviews. Included were 27 health professionals employed at the National Rehabilitation MarselisborgCentre.

RESULTS

The 'Naturalistic Learning Opportunities' afforded by outdoor community settings offered health professionals strategies to empower activity and participation levels of people with disabilities. Yet, outdoor community settings invoked 'Rehabilitation Setting Tensions' wherein health professionals strived to reconcile and meet conventional indoor rehabilitation structures in less controlled environments. Therefore, providing rehabilitation in an outdoor community setting appeared to be a process of 'Navigating a Middle Ground', which reinforced health professionals' practice agency, involving an integrated environment approach; rehabilitation in conventional indoor and outdoor community settings.

CONCLUSION

A continuum was engaged in the theme 'Navigating a Middle Ground', representing an integrated environment approach; rehabilitation in conventional indoor and outdoor community settings.

Development of a sustainable concept for outdoor community-based rehabilitation involves strengthening health professionals' competencies and skills for providing outdoor and community work.

Abstract No. 409

Health and Function - Oral Presentations (60) - Dementia, September 7, 2021, 12:30 - 13:30

Dementia and the Rehabilitating Role of Environments

Md Aster Schepel¹

¹*Marguritten, Årslev, Denmark*

What you don't use, you lose.

People with dementia have a tendency to passivity. Their developing cognitive handicap makes it increasingly difficult to understand the complicated modern life and find a satisfactory role in it. Stress, confusion and apathy form a poisonous cocktail that makes the symptoms of dementia worsen at a faster speed.

Supportive environments that are easy to decode help people with dementia to function longer and happier as a part of the world around them and prevent the untimely loss of capacities. Such supportive environments should provide clues that are clear and not easily misunderstood. They should preferably communicate directly to the senses and give the people with dementia a feeling of safety and mastering. Small adaptations to the living environment do not have to be costly and need to be based predominantly on a better understanding of dementia by caretakers, architects, internal designers and urban planners. Aster Schepel MD is the chairman of the Danish dementia organization Marguritten, that works for better living conditions for people with dementia in all phases of the disease.

Abstract No. 410

Innovative and Assistive Technologies in Rehabilitation - Seminar (60) - AI and Digitalisation to Promote Work Participation, September 8, 2021, 12:30 - 13:30

Digitalisation as Opportunity to Promote Work Participation

Ms Mareike Decker¹

¹REHADAT, German Economic Institute, Cologne, Germany

Background/Introduction:

Digitalisation is leading to profound changes in working environments, we experience this almost daily. Digital transformation is an ongoing process that affects far more than the use of e-mail, the Internet, smartphones and apps. New developments can - used sensibly - simplify our everyday life and work. For many people with disabilities, digitalisation also means an opportunity for occupational participation and more self-determination.

REHADAT is the central digital information platform in Germany that explains aspects of vocational participation and the provision of assistive technologies, e.g. the practical implementation of workplace adaptations, legal information, reimbursement issues.

Purpose:

For experts in the field of vocational rehabilitation, knowledge of the available technologies and their applicability can be helpful in adapting workplaces for persons with disabilities. REHADAT shows practical examples of workplace adaptations from companies.

Method and content:

Data and concrete examples of companies using modern technologies to create or maintain jobs for people with disabilities were collected. These case reports demonstrate the impact of the use of digital technologies in the work environment and can also serve as a stimulus to develop appropriate and sustainable solutions for inclusion in the workplace.

Perspectives:

There are many possibilities of individual work design for people with disabilities, e.g. devices can be operated voice-controlled, exoskeletons relieve the strain when lifting and carrying heavy objects, collaborating robots assist in physically demanding activities and intelligent glasses display information and tasks in the user's field of vision. The flexibilisation of working hours and locations made possible by digitisation can also be helpful for people with disabilities. However, digital change also entails challenges. People can be threatened with exclusion from the general labour market due to the increasing demands on qualifications, mobility and the ability to concentrate in the working world of the digital age.

Abstract No. 412

Health and Function - Oral Presentations (90) - Veterans and Victims, September 7, 2021, 14:30 - 16:00

Rehabilitation for Persons Exposed to Violence in Close Relationship

Consultant Trine Rønde Kristensen

¹Centre for Persons Subjected to Violence, Center of Social Medicine, Copenhagen University Hospital, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark

Each year, 2,5% of adults are exposed to psychological violence from a partner in Denmark. In addition, many are exposed to other forms of violence in their close relationship. In Centre for Persons subjected to Violence we make bio-psycho-social rehabilitation for persons subjected to violence in their family. The clinic is for out patients living in the capital region of Denmark. The patients are adults with current or former exposure to violence in close relationships. We make thorough elucidation, which includes the history of violence, the life story, all kind of social problems, and the medical history including somatic and mental health. We thereby help the patients to get an overview of all their problems, not only the problems related to the violence. We inform the patient about possibilities for treatment and support in the health care system, the social system or relevant private organizations, so they can make a choice of which kind of help they want. We refer the patients to treatment and support and coordinate the different contacts in health care and social system. We help the patients to get in good contact with their GP. Many of the patients choose to be referred to an out patient clinic for post traumatic stress disorder, for personality disorder or to other clinics for psychotherapy. We do not receive children, but we are aware of the children of our patients, who have been witness to violence against their parent. When necessary, we inform the Social Services. Centre for Persons subjected to Violence it is the only place in Denmark for persons exposed to domestic violence with a medical approach, and to our experience there seem to be a need for this kind of specialized rehabilitation.

Abstract No. 413

Work and Employment - Seminar (90) - Transition Engagement of Youth with Disabilities, September 7, 2021, 14:30 - 16:00

Transition Engagement of Youth with Disabilities: A Serial Mediation Model

Chair and Professor Madan Kundu¹, Chair and Professor Elizabeth Cardoso²

¹*Southern University, Rehabilitation and Disability Studies, Baton Rouge, United States, ²Hunter College, City University of New York, New York, USA*

Background/Introduction:

Transitioning from high school into emerging adulthood can be extremely challenging and stressful. Disability and rehabilitation professionals must prepare students to successfully navigate critical aspects of young adulthood, including independent living and employment. In particular, employment is central to one physical and mental health well-being. However, only about one-fourth (25.8%) of youth with disabilities between the ages of 16 to 19 are participating in the labor force, compared to 42.1% of their peers without disabilities. Recently, disability and rehabilitation researchers have been applying motivation theories (e.g., self-determination theory [SDT], self-efficacy theory (SET), and stages of change theory (SOC) to develop interventions to increase transition-age youth with disabilities' motivation to engage in vocational rehabilitation (VR) and transition services and to pursue gainful employment. However, there are very few studies with a focus on minority students with disabilities.

Purpose of the Study:

To evaluate three SDT/SET constructs (autonomous motivation, vocational competency, and vocational outcome expectancy) as serial multiple mediators of the relationship between working alliance (relatedness) and engagement in transition-VR services among African American high school students with disabilities.

Method and Results:

Participants included 88 transition-age African American high school students with disabilities. We conducted a serial multiple mediators analysis and found that working alliance was positively associated with active engagement in transition-VR services (total effect), while the direct effect of working alliance on engagement was not significant after controlling for the effects of autonomous motivation, competency, and outcome expectancy, supporting significant mediation effects.

Perspectives:

Findings suggest that a strong working alliance between students and rehabilitation counselors and transition specialists can foster autonomous motivation, competency, and outcome expectancy, resulting in higher levels of engagement in secondary transition and VR services.

Abstract No. 414

Work and Employment - Seminar (90) - Transition Engagement of Youth with Disabilities, September 7, 2021, 14:30 - 16:00

Vocational Rehabilitation Counselor Training Needs Assessment and Competence Measure

Chair and Professor Madan Kundu¹, Professor and Director Chrissann Schiro-Geist²

¹*Southern University, Rehabilitation and Disability Studies, Baton Rouge, USA,* ²*University of Memphis, Institute on Disability, Memphis, USA*

Background and Introduction:

To enhance job placement of people with disabilities (PWD), the search for new theories, models, and techniques continues. The Systems Approach to Placement (SAP) model builds on the human-environmental-organizational-cultural dynamism of job placement for PWD. This model also incorporates International Classification of Function (ICF). This presentation will describe a systems theory as applied to the placement of PWD and gives credence to diagnostic and therapeutic instrument.

The SAP: SASC allows rehabilitation students, job coaches, rehabilitation counselors, placement specialists, return to work (RTW) professionals, and other practicing professionals to assess their skills, knowledge and competencies; and offers guidance for further education and training.

Purpose:

To validate an 80-item self-report measure, A Systems Approach to Placement: Self-Assessment for Students and Counselors (SAP-SASC), designed to identify critical areas of knowledge, skills, and competencies possessed by Rehabilitation Counselors/Return to Work (RTW) Professionals.

Methods and Contents:

Participants included in the study were 275 rehabilitation counselors from state VR agencies in Louisiana, Puerto Rico, Guam, American Samoa, and tribal VR in Oklahoma.

Method: Descriptive statistics and exploratory factor analysis (EFA) were utilized to validate the factorial structure of the SAP-SASC.

Results: Exploratory Factor Analysis revealed a six-factor solution comprising professional competence related to the following subsystems: Employer, Health and Education, Client, Social and Contextual, funding, and Job Placement Services. The internal consistency reliability coefficients for the six sub-scales range from .90 to .96. Counselors in this study rated themselves as having high competence in addressing direct job placement, formal education/skills enhancement, and family related needs impacting delivery of Vocational Rehabilitation/Return to Work services.

Perspectives:

The SAP-SASC provides a useful measure of professional competencies required for Vocational Rehabilitation/Return to Work practices. The six key competence areas of the instrument are essential for the provision of quality Vocational Rehabilitation/Return to Work services.

Abstract No. 415

Education and Professionalization in Rehabilitation - Oral Presentations (60) - Education in Praxis,
September 8, 2021, 10:00 - 11:00

Measuring the Impact of an ICF-Based Practice on Staff Valence

Dr. Phyllis King Shui Wong¹

¹The Chinese University of Hong Kong, , Hong Kong

Introduction

The application of the International Classification of Functioning, Disability and Health (ICF) model in the field of disability has been a global trend for nearly two decades. At the micro level of the service design and delivery phase, the quality of staff members is crucial for the success of the model's implementation. However, very little research has emphasized on staff matters in relation to the ICF-based practice. This study aims to measure the impact of the ICF-based practice on staff competency and valence under a transdisciplinary team approach. It is a pioneering study in Asian countries.

Methods

The study composes of two phases: 1) the validation of a self-constructed scale on measuring the staff competency and valence under the ICF-based practice was performed by Confirmatory Factor Analyses (CFA); and 2) the impact of introducing the ICF-based practice on staff members would be measured by a pretest-posttest comparison group design.

Results

In total, 341 staff members from diverse disciplines of a Hong Kong non-governmental organization providing disability services were involved in the study. A 27-item seven-point Likert scale was validated. The CFA results confirmed a 5-factor model and the goodness-of-fit indices were found to be acceptable (χ^2/df was 1.789, CFI and TLI were .968 and .963 respectively and RMSEA was .070). The Cronbach's alpha yielded for the whole scale as well as each of the five subscales were ranging from .952 to .985. The second phase of the study will end in June 2020 and the results will be available in August 2020.

Discussion

The validated scale contributes to measuring the impact of introducing the ICF-based practice to staff members from diverse disciplines. The perceived valence and experience of those staff members under the ICF-based practice will also be discussed.

Abstract No. 416

Work and Employment - Oral Presentations (60) - Poverty and Unemployment, September 7, 2021, 11:00 - 12:00

Labor Market Challenges for Youth Disability and Vocational Training, Indonesia

Ms Sri Hartini Rachmad¹, Secretariat General of YPAC Judith Simbara²

¹BPS Statistics Indonesia, Jakarta, Indonesia, ²YPAC National (The Indonesian Society for the Care of Children with Disabilities, South Jakarta, Indonesia)

The high rate of unemployment in Indonesia is mainly contributed by the biggest proportion of young people who are categorized with vocational high school. Mean whilst, persons with disabilities in Indonesia, especially the youth are struggling in reaching better-decent work to keep their lives on. On the contrary, not many public schools in Indonesia have been served for youth disabled. It is just public boarding school. However some of the social organizations in the country, including YPAC National (National Rehabilitation for Disability Children) have already conducted a series of vocational trainings on information technologies (IT), start-ups / entrepreneurship, video / short-film-makings, food & beverages, handicrafts, etc. Regarding the National Socio-Economic Survey (Susenas) 2019, reports that there is a significant gap in the length of schooling between non-disabled and persons with disabilities youth of 10.42 years compared to 6.30 years. Meanwhile, if viewed according to gender, there are no striking differences between male and female youth.

The gap in access to technology can also be seen from the status of youth disability, where youth with disabilities tend to have access to mobile phones, computers, and the internet that are smaller than non-disabled people.

Indonesia's youth unemployment rate (TPT) in 2019 is 13.47 percent. This figure shows that out of every 100 youth workforce, there are around 14 unemployed youth who are preparing businesses or looking for work. TPT of youth in urban areas is higher than youth in rural areas. The highest TPT youth scores are those with high school / equivalent education, followed by PT and junior high school / equivalent.

Abstract No. 418

Education and Professionalization in Rehabilitation - Oral Presentations (60) - Education in Praxis, September 8, 2021, 10:00 - 11:00

Healthcare Providers' Experiences with Video Recording of Patient Consultations.

Phd, MHsc Charlotte Gjørup Pedersen^{1,2,3}, PhD-student, anthropologist Louise Sofia Madsen², Research Assistant Lea Høstrup², PhD-student, MHsc Birgitte Bitsch Gadager², Professor, MD Claus Vinther Nielsen^{2,3}, Professor, MHsc Thomas Maribo^{2,3}

¹REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Odense University Hospital, Nyborg, Denmark; Department of Clinical Research, University of Southern Denmark, Odense, Denmark, , Denmark, ²DEFACTUM, Central Denmark Region, Aarhus, Denmark, ³Department of Public Health, Aarhus University, Aarhus, Denmark

Background: The use of video recordings have shown to enhance the patient-clinician interaction and thus increase effectiveness of care and improve outcomes for patients. To date, video recordings have been used at only a small scale to describe and analyse patient-practitioner interactions, provide supervision or evaluate communication competencies. Moreover, video recordings are often conducted by researchers; therefore, the people who are video-recorded are passive collaborators and simply "recipients of knowledge". Although, video recordings have great potential to improve clinical practice, videos are not routinely used and clinicians are not involved in recording.

An examination of the healthcare providers experience with video recordings is crucial to understand influence on practice and the potential value and effectiveness of videos to improve and develop rehabilitation programmes provided to patients with chronic disease. This study aimed to explore healthcare providers' experiences with video recording of patient consultations, to guide future use in research and supervision.

Context of the study

This study is based on the healthcare providers' experiences with video recording in a larger project called "Cardiac rehabilitation: From hospital to primary healthcare setting" in which healthcare providers from eight primary healthcare centres video recorded the initial patient consultation in a cardiac rehabilitation programme. The healthcare providers were responsible for setting up the video equipment (a tablet facing the healthcare provider and recording only the patients' voices), and using an app to record. Subsequently, the videos were analysed by external researchers with expertise in the motivational interview and evaluated the use of this theory. Video data were collected from August, 2018 to July, 2019. In total, 335 videos were recorded. After the videos had been made, the healthcare providers participated in supervision using their own videos.

Method:

Methodology: Interpretive description and symbolic interactionism

Data generation: Focus group interviews

Study in progress

Abstract No. 419

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

Intervention to Decrease Sedentary Behavior in Medically Stable Older Adults

Assistant Professor Young Joo Kim¹, Graduate Student Melissa Dale¹

¹*East Carolina University, Greenville, United States*

Sedentary behavior is characterized by too much sitting, or by an energy expenditure less than 1.6 metabolic equivalents. As sedentary behavior increases, so do diagnoses of chronic illnesses such as diabetes, hypertension, cardiovascular disease, and kidney disease. Older adults are particularly at risk for sedentary behavior and the related chronic illnesses due to the challenges they face with balancing physical and/or cognitive limitations, unstable medical conditions, and the requirements to remain physically active.

The aims of this study were to investigate (1) the feasibility of implementing the Everyday Meaningful Activities (EMA) intervention with medically stable, community-dwelling older adults and (2) the effectiveness of the EMA intervention in forming new active lifestyle behavior habits.

This study was a quasi-experimental pretest/posttest design. We recruited 12 medically stable older adults in the community.

The EMA Intervention takes the concept from Habit Formation Theory and the Ecology of Human Performance. It is an individualized intervention that aims to increase adherence to active lifestyle behaviors. Participants engaged in the EMA Intervention that is designed to create new active lifestyle behavior habits by attaching these new active lifestyle behaviors to currently existing daily routines. During six intervention sessions over six weeks, participant selected two new active lifestyle behaviors to make them habitual and create action plans for implementation. The first behavior was implemented at the first intervention session, and the second behavior was implemented at the fourth session. The participants was assessed three times over their 8-week study participation using the feasibility outcome measures and the Self-Report Habit Index (SRHI) and Sedentary Behavior Questionnaire (SBQ).

The results showed that the EMA intervention is a viable intervention for decreasing sedentary behavior in medically stable older adults. More reliable subjective data on activity performance should be collected to compare subjective and objective reports of activity performance.

Abstract No. 420

Poster Presentations (60) - Health and Function 1, September 7, 2021, 10:00 - 11:00

Participation Levels after Cardiac Rehabilitation in People with Cardiac Conditions

Assistant Professor Young Joo Kim¹

¹*East Carolina University, Greenville, United States*

The number of people with chronic cardiac conditions has increased nationally over the years, and this has been the leading cause of death for the US population. Cardiac Rehabilitation (CR) has been shown to reduce cardiovascular risks and improve functional capacity, mood status, and quality of life. However, changes in body function and activity performance and participation after discharge from CR have been rarely studied all together. Therefore, the aim of this study is to investigate the short- and long-term changes in body function and performance and participation in daily activities in people with chronic cardiac conditions during and after CR.

We used a prospective observational design. Twenty-five participants ready to be discharged from CR program are assessed four times in our department lab: 1) at the end of CR, 2) 4 weeks after the discharge from CR, 3) 12 weeks after the discharge from CR, and 4) 9 months after the discharge from CR. Some outcome measures include Cogstate (cognition), Physical Activity and Leisure Motivation Scale (motivation), PROMIS-Fatigue (fatigue), Six-minute Walk Test (cardiovascular function), ActiGraph GT9X (physical activity level), Performance Assessment of Self-care Skills (performance in instrumental activities of daily living [IADLs]), and Participation Objective Participation Subjective (participation in IADLs).

Participants showed significant decline in cognition, physical activity motivation and improvement in cardiovascular function. They also showed depressive symptoms for 3 months post CR.

The results advance the knowledge on short-term and long-term changes in functional outcomes in people with chronic cardiac conditions who received CR. In addition, the findings help identify unique roles of occupational therapy in long-term management for people with chronic cardiac conditions to improve their participation in daily activities.

Abstract No. 421

Individual/Family Perspectives and Processes - Oral Presentations (60) - Co-production and Involvement of Relations in Rehabilitation, September 9, 2021, 10:00 - 11:00

Perspectives of Co-Production in Rehabilitation

PhD, RPT Cecilia Winberg¹, Associate professor, RPT Kristina Areskoug-Josefsson², Education manager Tove Filipsson³

¹Region Skåne, Rehabilitation unit, Ystad, Sweden, ²Jönköping Academy for Improvement of Health and Welfare, Jönköping University, Jönköping, Sweden, ³Etac AB, Stockholm, Sweden

This seminar focus on coproduction and the co-constructive learning processes in the professional development. Co-production between professionals and persons with chronic disease exists, but needs to be further acknowledged. Examples and discussions show how coproduction can be used in praxis to improve quality of rehabilitation and how persons with chronic diseases want to be involved. The seminar will define the concepts of co-production as well as co-constructive learning processes. Co-production is about involving patients as equals and this workshop will involve input from persons with patient experience.

The purpose of this seminar is to introduce and discuss the concept of co-production and how it can be used in rehabilitation settings, development of assistive devices and for managing. Method

We will bring forward clinical and management perspectives of co-production and show how co-production can meet present and future demands of rehabilitation needs from the population in various contexts. The presentations will include the following topics: Co-production, Co-constructive learning processes, Promoting co-production in physiotherapy through a co-productive management, How co-production can meet present and future demands of rehabilitation needs from the population in various contexts. The workshop will contain presentations, movies, think-pair-share-activities and questions and discussions with the audience.

The learning outcomes includes understanding how co-production can be used to enhance rehabilitation and outcomes for persons living with long-term conditions. Further the learning outcomes shares experiences on co-production in rehabilitation from various perspectives, all focusing on working together with the user, in management of care, in rehabilitation industry and research

Abstract No. 423

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (90) - New Solutions, September 8, 2021, 16:00 - 17:30

Assessing Impact and Developing New Solutions Through Involvement of Lead-Users

Centermanager Peter Astrup¹, Innovation strategist Peter Uppman

¹*Test- And Development Center For Welfare Tech, Viborg, Denmark*

Background/Introduction

A lot of products for rehabilitative purposes might be technically functional – but what about their functionality in live settings? Too often they end up on the shelf or in the basement because they don't have the right organizational fit.

Purpose

This masterclass will showcase a methodology for both assessing future impact or for developing new products that actually fit the needs and organizational set-up at the receiving end.

Method and content

A combination of short presentations and participant involvement. A company will pitch their idea/product and the participants will work with them to give the company advice on how their product/idea could be further developed to create fit.

The dialogue will be structured around the following main questions:

- How could this product help in the daily work (day-to-day routines)?
- How does this product fit into the existing system (workflow, organization, economy) ?
- Will the product give enough value (market fit)

Test- and Development for Welfare Tech (TUCV) and Hälsoteknik Centrum Halland (HCH) will facilitate the masterclass. The ambition is to give participants insights into both the methodological and facilitatory aspects of how to effectively assess and develop welfare technologies.

TUCV and HCH are working together in the Danish-Swedish Interreg ÖKS project CareWare Nordic. The projects aim is to increase cross-border cooperation regarding assisted living technology. We do this through knowledge Exchange and shared initiatives between the Nordic countries. The project includes innovative methods such as springboards where Danish companies wanting to export to Sweden can get product feedback in a Swedish context and vice versa.

Abstract No. 424

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (90) - New Solutions, September 8, 2021, 16:00 - 17:30

Studies on Effectiveness of an Internet-Based Intervention for Psychosomatic Aftercare

Dr. med. Alina Dahmen¹, Dr. PH Andrea Ghadimi¹, Franziska-Maria Keller², Dr. Lingling Gao², Dr. rer. pol. Petra Becker¹, Prof. Sonia Lippke²

¹Dr. Becker Clinic Group, Cologne, Germany, ²Jacobs University, Bremen, Germany

Background: The outpatient psychosomatic aftercare after the inpatient rehabilitation pursues the goal of helping the rehabilitant to maintain the results achieved in everyday life and work life and is indicated for about 70% of all psychosomatic rehabilitants (Harfst et al., 2002). Due to lack of personnel resources which is even further increased by the hygiene and distance rules due to the corona pandemic digital treatment offers can be an appropriate alternative to face-to-face (F2F) aftercare.

Purposes: The evidence of effectiveness of various internet-based therapies in the field of depressive disorders and anxiety is available (Ebert et al., 2013, Arnberg et al., 2014), but still is pending for the Curriculum Hanover as webbased psychosomatic aftercare (Curriculum Hanover online, CHO). Aim of this research is to evaluate the effects of CHO and F2F-aftercare regarding psychological and somatoform complaints (HEALTH-49), which will be done in two studies.

Method and content : The superiority study investigated whether CHO is superior to care as usual (CAU) and the equivalence study investigated whether CHO is equivalent to F2F. In three psychosomatic rehabilitation clinics of the Dr. Becker Clinic Group rehabilitants were recruited and randomly assigned to the CHO or the control condition (CAU i.e. F2F).

Results: 253 participants were analyzed (66,8% female). In the superiority group the participants of CHO showed less psychological and somatoform complaints than the CAU-group ($p < 0.001$). In the equivalence study there was no significant difference between the participants of F2F and CHO ($p = 0.10$).

Perspectives: The results show for the first time that the webbased format of psychosomatic aftercare is equivalent to the F2F mode which allows the rehabilitants to make a choice between these two treatment offers. Especially in times of pandemic, webbased treatments are suitable options facing lack of personnel resources.

Abstract No. 425

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

'Everything Is as Before - Yet Nothing Is the Same'

MNSc, RN, Development And Research Nurse Trine Moos¹

¹ *Danish Epilepsy Center Filadelfia, Dianalund, Denmark*

Purpose:

A Complex Interdisciplinary Rehabilitation Intervention aimed at adults with refractory epilepsy has existed in Denmark since year 2013. Literature search establishes that only few previous studies have explored the significance of epilepsy rehabilitation from a patient perspective. The aim of this study was therefore to illuminate patient perspective of life experiences after interdisciplinary rehabilitation in order to develop a deeper understanding of this phenomenon.

Method:

Nine patients (six women & three men, 24-58 years old) who all participated in 8 weeks of Interdisciplinary Rehabilitation in an Adult Epilepsy Clinic in Denmark were interviewed in 2018. The interviews were recorded, transcribed verbatim and analysed according to the phenomenological hermeneutical method 'Reflective Lifeworld Research'.

Findings:

The essence of the phenomenon was found to be an experience of life as a continuous struggle for a dignified existence with refractory epilepsy as navigating life companion. Through the clusters of meaning four main themes emerged:

- 1) To be on a journey towards oneself;
- 2) To accept the limitations of the body;
- 3) To be met in the unsaid and
- 4) To fight for the renewed hope and recognition.

Conclusions:

The patients see it as significant, knowing their own bodies with the constraints that this involves. This knowledge links to experiences that help them make decisions in life that not only have positive effect on their disease situation, but also raise self-esteem and give them renewed hope and courage to face life. Being recognized and met equally is perceived as significant for the patients in the rehabilitation process, in that it provides a space for confidentiality so that concerns and experiences can be shared also in the everyday life that follows. However, the struggle for a dignified life is hard, and it comes to a head in the encounter with the 'municipal system', where asymmetries arise that challenge the feeling of equality.

Abstract No. 426

Individual/Family Perspectives and Processes - Oral Presentations (60) - Patient Perspectives and Needs - The Good Life after Rehabilitation, September 7, 2021, 10:00 - 11:00

Multiple Sclerosis - Evidence of Rehabilitation Interventions: Overview of Reviews

Senior Researcher Anne-mette Hedeager Momsen¹, Senior Researcher Lisbeth Ørtenblad¹, Professor Thomas Maribo

¹DEFACTUM, Central Denmark Region, Aarhus, Denmark

Multiple sclerosis (MS) is the most common cause of nontraumatic disability. Persons with MS (pwMS) are generally diagnosed during their income-producing years, and have complex types of needs. Rehabilitation interventions (RI) are of utmost importance to support pwMS to keep up self-sufficiency in daily life. Evidence exists for interdisciplinary RI improving physical and cognitive functioning. However, other RI may include education, information, involve caregivers in different settings. Implementation of evidence-based RI varies, knowledge on what types of RI in which settings is needed.

Purpose

The objective was to compile existing knowledge on consequences, functioning, and effectiveness of RI for pwMS, in order to inform national (clinical) guidelines.

Research questions

Which are typical disabilities in pwMS with focus on everyday life, work life, and quality of life?

What types of RI are effective for pwMS?

Method

Five databases were searched. Due to the amount of literature the search was limited to: Reviews, Systematic Reviews, Meta-analysis, and Meta-synthesis from 2009 to 2019.

All types of RI/programs aimed for pwMS were eligible. Intervention was defined as any initiative to rehabilitate pwMS.

Two reviewers independently screened eligible systematic reviews and extracted data of the included reviews.

Results will be presented.

Perspectives

MS cause serious difficulties of everyday lives, the complexities involve health care professionals across sectors as well as families of pwMS. Thus, knowledge was searched on evidence on RI, consequences of MS and functioning from both qualitative and quantitative systematic reviews.

For renewal of the Danish national clinical guidelines on RI it was the aim to generate knowledge on evidence, thereby move the quality and credibility of RI to the next level and transfer it into MS rehabilitation practice. PwMS deserve high-quality rehabilitation in addition to prevention and (DMT) pharmacological treatment.

This research was supported by the Danish Health Authority.

Diabetes Prevention Program Following Gestational Diabetes: Overview and Qualitative Study

Senior Researcher Anne-mette Hedeager Momsen^{1,2}, Senior Researcher Lisbeth Ørtenblad^{2,3}, Midwife, PhD-stud. Diana Høtoft², PhD, MD Finn Friis Lauszus⁴, MD Rubab H Krogh⁴, PhD Vibeke Lynggaard^{5,6}, MD Jens Juel Christiansen^{5,7}, Prof. Helle Terkildsen Maindal^{3,8}, Prof. Claus Vinther Nielsen^{1,2,3,8}

¹Section for Clinical Social Medicine and Rehabilitation, Gødstrup Hospital, Herning, Denmark, ²DEFACTUM - Social & Health Services and Labour Market, Corporate Quality, Central Denmark Region, Aarhus, Denmark, ³ Department of Public Health, Aarhus University, Aarhus, Denmark, ⁴Department of Gynaecology and Obstetrics, Gødstrup Hospital, Herning, Denmark, ⁵Steno Partner Collaboration between Gødstrup Hospital and Steno Diabetes Center Aarhus, Herning, Denmark, ⁶Cardiovascular Research Unit, Department of Cardiology, Gødstrup Hospital, Herning, Denmark, ⁷Department of Medicine, Gødstrup Hospital, Herning, Denmark, ⁸Steno Diabetes Center Copenhagen, Health Promotion Research, Gentofte, Denmark

Background

The incidence of gestational diabetes (GDM) is increasing worldwide. In Denmark, the risk of developing type 2 diabetes within 10 years is 50% among women with GDM and seven times higher than among women without GDM.

Objectives

To make a literature overview of interventions for diabetes in women following gestational diabetes (GDM), focusing on the effectiveness, organization of and stakeholders involved in preventive programs.

To examine perspectives of women's health risk perceptions and barriers for participation in diabetes preventive programs.

Methods

The overview followed the principles from the Joanna Briggs Institute (JBI) methodology. Six databases were searched for systematic reviews including quantitative, qualitative and mixed methods studies. All types of interventions or screening programs to prevent diabetes in women with previous GDM were eligible, with no limits regarding duration, intensity, and follow-up time.

The qualitative study was based on six focus group interviews with 32 participants. Analysis followed an inductive process based on thematic analysis.

Results

Eighteen systematic reviews were included. Eleven reviews reported on both measures of effectiveness, organization of interventions and stakeholders involved. Three reported on screening, and other explored women's perception of risk.

Several of the lifestyle interventions targeting physical activity, diet and breastfeeding showed efficiency in decreasing diabetes incidence. Early recruitment postpartum increased participation. Most interventions were carried out in healthcare settings.

Findings from the qualitative study showed that women blame themselves the diagnosis and feel stigmatized. After delivery diabetes is experienced as a potential risk which worry the women. They are motivated to change lifestyle but find it challenging especially in stressful periods (small children, jobs and domestic responsibilities). Ideas to form and content of prevention intervention based on the women's experiences are suggested.

Perspectives

The results have been used to design a future preventive program for municipalities, which is pilot-tested in 2021.

Abstract No. 428

Work and Employment - Oral Presentations (60) – Prediction and Evaluation, September 7, 2021, 12:30 - 13:30

Information Sharing Tools for Continuation Of Work: Possibilities and Challenges

Tomohiro Takezawa¹

¹National Institute Of Vocational Rehabilitation, 3-1-3 Wakaba, Mihama-ku, Chiba City, Japan

Despite an incensement of employment of persons with mental disorders, there are difficulties concerning continuation of work (e.g. vulnerability to stress). Therefore, it is necessary to share invisible conditions and situations of employee with companies, supporters, medical staffs, families, etc., and to disseminate joint management mechanisms. Information sharing tools (IST) enable persons with disabilities to visualize their conditions/situations (e.g. stress, fatigue, motivation, and job performance) on a daily basis and share the information with supporters and the company to create dialogues that lead to early self-care, line care, and professional support. This presentation reviews a panel discussion entitled “Effective use of information sharing tools to promote the retention of employees with mental disorders in the workplace.” in the National Conference of Vocational Rehabilitation Research and Practice 27th that the Japan Organization for Employment of the Elderly, Persons with Disabilities and Job Seekers held. From the viewpoint of employment management, it was reported that the use of the IST enabled employees to be aware of and control their own condition. Moreover, managers deepened understanding of employees and improved their management skills (e.g. communication) by using the IST. From the viewpoint of psychiatric healthcare workers, it was pointed out that the use of the IST without shared decision making (SDM) could be harmful (e.g. infringement of privacy). Also, if the manager or supporter decides to use the IST and the employee follows it, the IST don’t function effectively. Hence, it is necessary to provide information on the merits and demerits of using the IST, and then have a dialogue on whether to use the IST and how to share information (e.g. contents of information, members, and media). By practicing SDM, it becomes possible for a persons with mental disorders to foster an attitude to use the IST actively.

Abstract No. 429

Education and Professionalization in Rehabilitation - Oral Presentations (60) - Formalized Education, September 9, 2021, 13:30 - 14:30

Improving Clinical Data Quality – Obstacles and Facilitators?

Senior lecturer Anne Katrine Skjølstrup Toftdahl¹, Ph.d. Allan Riis^{1,2}, Ph.d Birgit Tine Larsen¹

¹University College of Nordjylland, Aalborg East, Denmark, ²Department of Health Science and Technology, Aalborg University, Aalborg East, Denmark

Introduction

Clinical praxis is in constant development, and the demand for evidence-based praxis is increasing. Requirements for evidence-based therapeutic praxis is no exception, and this praxis must also be visible in the therapeutic EHR. However, data quality in therapeutic EHR has shown to be low, and therefore the optimisation of the data quality in therapeutic EHR is highly prioritised in clinical praxis.

Method

This study was designed as Participatory Action Research (PAR). The research method individual interviews, with following content analysis. The study aimed to present the obstacles and facilitators revealed among the therapist during a change of the documentation praxis in a municipal therapeutic EHR.

Results

The analysis of the findings in this study shows that implementation of a new documentation praxis is complicated by a) the differences between the contextual conditions of research and clinical praxis, b) barriers such as practical obstacles in the clinical setting, c) the professional decision-making competence among the therapists and d) a lack of involvement from the organisation and administration. Also, findings showed that ensuring both individual and organisational learning co-occurring is challenging, yet the organisational structure's complexity, the individual and interdisciplinary professionalism, and team structure adds to the challenge.

Conclusion

Based on this study's findings, we argue that if a change in documentation praxis occurs, it is essential to recognise and acknowledge the local setting's complexity in which implementation occurs. Hence, it is crucial to balance evidence and clinical praxis. Therefore, this article argues that cultural adaptation along with learning as an individual, a team and an organisation requires double loop learning to ensure a successful change of documentation praxis. Future research is needed, especially regarding documentation approaches that can accommodate both the clinical complexity and existing evidence.

Abstract No. 431

Policy and Service - Keynote (60) - The Global Rehabilitation Alliance (GRA) - A Civil Society Advocating Body, September 9, 2021, 12:30 - 13:30

The Global Rehabilitation Alliance (GRA)- A Civil Society Advocating Body

Prof. Christoph Gutenbrunner¹, Board of Global Rehabilitation Alliance²

¹Hannover Medical School, , Germany, ²Global Rehabilitation Alliance, Hannover, Germany

Global Rehabilitation Alliance (GRA; www.global-rehabilitation-alliance.org) was founded in 2018. The mission of the Alliance is to advocate for the availability of quality, coordinated and affordable rehabilitation through system strengthening according to population needs. Today, the Global Rehabilitation Alliance has 19 member organisations representing a total of approximately 900,000 individuals worldwide. GRA has three strategic objectives -

- to act as a global and unified voice in support of accessible, affordable and sustainable rehabilitation services for all;
- to partner with WHO in the pursuit of our joint vision and mission towards the goals of “Rehabilitation 2030 – a call for action”
- to advocate for a World Health Assembly Resolution on Rehabilitation, a global Report on Rehabilitation in Health Services and a global Rehabilitation Action Plan.

GRA will ensure that Disability Inclusive Development is inclusive of rehabilitation to protect especially poor communities to have services locally.

Examples of its intervention towards this end include the following:

- Representation at the 21st Session of the CRPD and at the 2019 COSP to promote implementation of CRPD Article 26 .
- Performed a joint research project with Humanity and Inclusion (HI) resulting in a report showing how rehabilitation can contribute to the implementation of SDG.
- Along with HI, establishing working relationship with the permanent missions in Geneva of Burkina Faso, Kenya, Brazil, Finland to influence them to put forward a resolution in the World Health Assembly on Rehabilitation.
- Producing a fact sheet, Accessing Rehabilitation Services: A Challenge to overcome.
- Networking with AT scale, Alliance for Non-communicable Diseases, Rehabilitation International and Cochrane Rehabilitation.

These collaborations and advocacy efforts will continue including participating in

- NCD-Alliance conference.
- Cochrane Rehabilitation Workshop on the definition of rehabilitation.
- The Congress of Rehabilitation International.

Abstract No. 438

Data and Monitoring in Rehabilitation - Oral Presentations (90) - Monitoring and Evaluation, September 9, 2021, 16:00 - 17:30

InSCI and the Learning Health System: Implementation and Way Forward

Professor Christoph Gutenbrunner¹

¹Hannover Medical School, , Germany

For the first time, the 20-plus country, International Spinal Cord Injury (InSCI) Community Survey will provide robust and comparable information about the 360 degree perspective of the experience and needs of people with SCI as well as the scope and adequacy of the societal response to those needs. Besides the research output, it is important to review how countries are planning to use the InSCI data to directly inform their health systems and rehabilitation services. Building on InSCI data about the countries' societal response to SCI, a true 'learning health system' can be initiated so that countries can learn from the societal responses of other countries and improve coverage and quality of services. After a short introduction, the speaker will outline plans for implementation of the InSCI data for policy reforms in their health sectors.

Abstract No. 440

**Work and Employment - Seminar - RI Guideline Concerning Accessibility in Private Enterprises 1,
September 9, 2021, 14:30 - 16:00**

Golden Rules for Accessibility in Enterprises of the Private Sector

Mr. Marlon Becker¹

¹*Bgrci, Mainz, Germany*

Accessibility is a broad term and it is difficult to define it in a manner which covers every single need of different groups of persons. Various natures of disabilities requires different circumstances to get appropriate Access into companies. Each group of persons with disabilities faces different circumstances. Based on that, it is difficult to grasp accessibility in only one way. Therefore, based on an international study which was commissioned by the German Government, golden rules has been created in order to assist enterprises to build an accessible and inclusive working environment. Based on the experiences we maded abroad and the Information that have been grasped by talking to experts and representatives all over the world, we figured out the key points of all collected Information and put them into "golden rules". On behalf of Dr. Mehrhoff, I would like to present the results of this reasearch in the comission of work and employment to share these ideas most widely.

Abstract No. 443

Research in Rehabilitation - Oral Presentations (90) - Tools, September 7, 2021, 14:30 - 16:00

Motor Learning-Based Activities in Adults with Severe Cerebral Palsy

PhD. Stud., Cand. Scient. San, Physiotherapist Helle Hüche Larsen¹, Ph.d., MSc, Physiotherapist Rasmus Frisk¹, Ph.d Maria Willerslev-Olsen¹, Professor, dr. med., Ph.d. Jens Bo Nielsen^{1,2}

¹Elsass Fonden, Copenhagen, Denmark, ²University of Copenhagen, Department of Neuroscience, ,

Background: Cerebral palsy (CP) is a neurodevelopmental disturbance characterized by impaired control of movement. Function often decreases and 15% of adults are classified as severely affected (Gross Motor Function Classification Scale III-V). Little is known about interventions that aim to improve functional abilities in this population.

Objective: To evaluate a 12-week intervention based on motor learning principles on functional ability in adults with severe CP.

Methods: 16 adults (36±10 years, GMFCS III-V) were enrolled and divided into an intervention group (Active group) and a standard care group (Control group). Primary outcome measure was Gross Motor Function Measure (GMFM-88). Secondary measures were neurological status. The Active group were measured at baseline, after the intervention and at one-month follow-up. The Control group were measured at baseline and after one month.

Results: Analysis showed statistically significant improvement in GMFM-88 for the Active group from baseline to post assessment compared with the Control group (group difference: 5 points, SE 14.5, p = 0.008, CI: 1.2 to 8.7). Improvements were maintained at follow-up. Results from the neurological screening showed no clear tendencies.

Conclusions: The study provides support that activities based on motor learning principles may improve gross motor function in adults with severe CP.

Abstract No. 445

Children / Youth and (Re-)habilitation - Oral Presentations (90) - Children: Needs and Education, September 9, 2021, 14:30 - 16:00

Promotion of Inclusiveness among Cwd Excluded From the Education System

Co-founder/ceo Miyoba Hamuhuma¹

¹*Enlight Abilities, Lusaka, Zambia*

Background: The focus is on children with disabilities. A study is hence proposed on this topic on communities within Zambia.

Methodology: Identifying restricting conditions, which mostly include; physical, intellectual disabilities and developmental disorders, visual impairments, hearing impairments and unknown disorders. In line with conducted literature review, some of the reasons for not being in school were; inadequate identification/assessment processes, inadequately trained teachers, insensitive school leaders, unsupportive communities and inadequate service provision in the community and beyond. Promoting inclusive communities, environments and services requires the elimination of all forms of discrimination against community members at high risk of exclusion. Children with disabilities have been identified as being at high risk of exclusion and marginalization in the communities where they live. In these, communities' diversity is not valued. This is a proposed case study of selected communities' in Zambia. The aim is to identify families with children with disabilities who are of school going age but not in school hence under-exclusion. Furthermore, the study shall identify gaps and available services in the communities.

Hypothesis: The majority of children with disabilities are not in school despite being of school going age. In addition, the available services are inadequate. This is however unlike provisions in the Convention on the Rights of Persons with Disabilities (CRPD) which the Zambian Government is signatory to, having signed the Convention in May 2008 and ratified it in February 2010. In addition, this exclusion of children with disabilities in the mainstream education system is equally not in tune with the Persons with Disabilities Act No. 6 of 2012 of the laws of Zambia.

Conclusion/Anticipated Impact and Relevance: Communities need to be sensitized in the model dubbed KEPA (Knowledge, Environment, Practice and Activity). This is key in inclusive development and ALL children will access services, which respond to their needs.

Abstract No. 449

Poster Presentations (60) - Health and Function 1, September 7, 2021, 10:00 - 11:00

Factors Associated with Dropout of Cardiac Rehabilitation in Primary Care

Researcher Marie Louise Svendsen¹, Research assistant Maiken Bay Ravn¹, Research director Thomas Maribo¹
¹*Defactum, The Central Denmark Region, Aarhus, Denmark*

BACKGROUND

Cardiac rehabilitation (CR) and medical treatment are integrated parts of care for patients with cardiac diseases, and CR is positively associated with patient prognosis. CR is organized in a three phase structure: the period during hospitalization (phase I), the period immediately after hospital discharge (phase II), and the maintenance period (phase III). However, dropout from CR is reported to be high (10%-60%). Factors associated with non-attendance to CR may include gender, socioeconomic status, primary diagnosis, and comorbid disease. However, research is scarce focusing on factors associated with dropout and in particular in the primary health setting.

This study therefore aims to examine the frequency that patients with cardiac diseases do not attend or drop out of phase II CR in the primary health setting, and what factors are associated with this.

METHODS

In a population-based cohort study based on Danish social- and health registries, we include all patients with cardiac disease discharged from a hospital in the Central Danish Region during 1/9 2017 – 31/8 2018 with a medically prescribed need for rehabilitation. Patients are followed with respect to the following endpoints in phase II CR:

1. Non-attendance to the initial CR meeting
2. Attends the initial CR meeting, but declines CR
3. Accepts, but do not attend the specific CR activities (patient education, supervised physical training, smoking cessation course, and clinical nutrition therapy)
4. Do not attend the final CR meeting

Risk factors include: age, gender, civil status, ethnicity, socioeconomic status, Charlson Comorbidity Index, index cardiac diagnosis, and municipality.

PERSPECTIVES

We expect to have data access in May 2020 and preliminary results in august 2020. The study will provide new knowledge about phase II CR in the primary health setting and potentially assist future efforts to facilitate adherence to CR.

Abstract No. 450

Poster Presentations (60) - Individual / Family Perspectives and Processes, Palliative Care, Psychosocial, September 8, 2021, 10:00 - 11:00

Children with Long-Term Illness Plan Their Own Health Improvement Projects

PhD Student Elin Salmiranta¹

¹Jönköping University, Jönköping, Sweden

I'm a mother to a child with a SCI (Spinal Cord Injury). Everyday health decisions are important for children with long-term illness (McPherson, 2007). I realized I wasn't doing a great job listening to my son and including him in day-to-day planning. I wanted to do something to help myself and other parents to better include our children in everyday health decisions.

The aim of the project was to create possibilities for children with long-term illness and their parents to jointly engage in day-to-day health decisions, which according to research increase participation (Nordenfors, 2012).

The specific aim was to increase GAS (Goal Attainment Scaling) for the participating children with 100%.

We used Nolan's Improvement Model and planned mini-projects together with 3 children and their parents about something important for the child (Dec 2017-Apr 2018). My son helped me with the design and planned his own project. Different methods were used, but in all projects, the child decided the aim, measurements, and ideas to test. In my son's project, we used a fishbone diagram to get ideas and a C-chart diagram to follow-up changes. We completed 3 PDSA cycles and improved the GAS score with 148%.

Conclusion:

- It was easy and exciting to plan projects with children
- All three children were engaged and liked the idea of having their own project
- The children came up with unexcepted goals and ideas

When the child decides the goal, participation becomes a side effect. The mini-projects were not directly about participation, but they did what we aimed to do – to create possibilities for children with long-term illness and their parents to jointly engage in day-to-day health decisions.

In my Ph.D. studies, I will continue to explore and work to enhance participation and inclusion in the system surrounding children with SCI.

Abstract No. 451

Health and Function - Oral Presentations (90) - Nutrition, September 9, 2021, 16:00 - 17:30

Nutritional Status in Patients with Brain Injury Admitted to Rehabilitation

Associate Professor, Head Of Clinical Nursing Research Lena Aadal^{1,2}, Ph D. Datamanager Lene Odgaard², Professor Henrik Højgaard Rasmussen^{3,4}, Associate professor Mette Holst^{3,4}, Professor Jørgen Feldbæk Nielsen^{1,2}

¹Department Of Clinical Medicine Aarhus University , Aarhus , Denmark, ²Hammel Neurorehabilitation and University Research Clinic, Hammel, Denmark, ³Centre for Nutrition and Bowel Disease, Aalborg University Hospital , Aalborg, Denmark, ⁴Clinical Institute, Aalborg University, Aalborg, Denmark

Introduction:

Brain injury increases metabolic and catabolic responses initiated by injured tissue, perfusion deficits, infection and release of hormones. Body Mass Index (BMI) and biochemistry insufficiently describes nutritional status after brain injury. Bioelectrical impedance analysis (BIA) is an additional tool to estimate body composition but so far unused in patients with brain injury.

Aim:

To describe the nutritional status in patients admitted for subacute neurorehabilitation after acquired moderate to severe brain injury (ABI).

Method:

This prospective, descriptive cohort study included patients consecutively admitted to a neurorehabilitation hospital (n=92). Measures of malnutrition were fat-free mass index (FFMI), weight loss, BMI, fat mass index (FMI), muscle strength and Biochemical markers according to recommended standards. Malnutrition was compared between admission and after 4 weeks using McNemars test.

Findings

The nutritional status improved over the four weeks period. At admission 42% was malnourished according to the GLIM criteria as 49% of the patients fulfilled at least one of the GLIM phenotypic criteria while it was the case in 82% in relation to the etiologic criteria. From admission to after 4 weeks of rehabilitation, low FFMI (< 14.6 kg/m² in women and < 16.7 kg/m² in men) decreased from 17 to 11%, weight loss >5% compared to habitual weight decreased significantly from 56 to 40%, whereas low BMI (<18.5 kg/m²) did not change. The biochemical nutritional markers, low FMI (3%), high BMI (44%), and high FMI (19%) did not change significantly after 4 weeks of rehabilitation.

Conclusion

According to the GLIM criteria for undernutrition we found an overall good nutritional status, even improving over the four weeks period of subacute inpatient neurorehabilitation in patients with ABI. FFMI and weight loss improved whereas BMI and biochemistry were unchanged after 4 weeks of rehabilitation. FFMI may be a sensitive indicator of nutritional changes during subacute neurorehabilitation.

Abstract No. 452

Approaches, Concepts and Theories in Rehabilitation - Seminar (60) - Acceptance and Value-based Interventions, September 7, 2021, 13:30 - 14:30

Acceptance and Value-based Interventions: Theoretical, Empirical, and Clinical Examples

Phd Sophie Lykkegaard Ravn^{1,2}, Psychologist, PhD-student Anders Aaby^{1,2}, Physiotherapist Lise Jarnbye¹

¹Specialized Hospital for Polio and Accident Victims, Roedovre, Denmark, ²Department of Psychology, University of Southern Denmark, Odense, Denmark

Background

Third-wave cognitive behavioral approaches, such as Acceptance and Commitment Therapy and similar value-based approaches, have gained popularity across health-care professions and settings. These approaches commonly focus on acceptance of the current situation as a foundation for engaging with life in a meaningful way based on your most important life values. Such approaches can be integrated into many parts of the rehabilitation process with great potential advantages for patients. At Specialized Hospital for Polio and Accident Victims, which is a specialized, multidisciplinary rehabilitation center for polio and accident victims, we are highly engaged in these approaches - both in the clinic and in our research.

Purpose

The purpose of this workshop is to provide participants with insights into how these approaches may be integrated into rehabilitation practice. Specifically, participants will gain insights into the theoretical foundation as well as empirical and clinical examples.

Method and Content

The workshop will be a combination of presentations and time for questions. Specifically, the workshop will consist of short presentations by a clinical physiotherapist and two psychologists working in research and clinic. The workshop will provide participants with a short introduction to the theoretical foundation underlying these approaches as well as recent research into acceptance processes following spinal cord injury. Further, the workshop will give both empirical and clinical examples from chronic pain rehabilitation. Finally, the workshop will provide clinical examples of these principles in multidisciplinary rehabilitation and further address life roles and value-based goal setting as well as related challenges.

Perspectives

We aim to illuminate how these approaches can be integrated in different ways into rehabilitation for the potential benefit of patients. By doing this, we hope to inspire participants to explore these approaches in greater depth and potentially apply some of the elements into their own work.

Abstract No. 453

Community-based Rehabilitation - Oral Presentations (60) - Involvement, Volunteers and Community-based Rehabilitation, September 7, 2021, 10:00 - 11:00

Værdibørsen: Volunteerism and Open Communities for Early Retirees And Flexjobbers

Project manager Stine Kristensen¹

¹Aarhus Kommune, , Denmark

Background/introduction

In Aarhus we have approximately 13.000 early retirees and 6.000 people who are approved for a flexjob. They all have chronic health-related problems which means they cannot keep a fulltime job. Consequently, they miss out on professional network and social interaction, and some experience feelings of shame and stigma regarding their position in society leading to loneliness and isolation. Furthermore, their state of health in general is poor compared to the general population.

Purpose

Værdibørsen aims to reduce loneliness among the early retirees and flexjobbers by offering them community and activities most often hosted by volunteers. By joining an activity, they become a part of a like-minded community where they can share interests, network and positive experiences.

Method and content

It is vital that both participants and volunteers are included in every part of the project, while the employee's main task is to support their work by managing recruitment of new participants and volunteers, offering rooms for the activities, help with practical issues and by supporting everyone involved when needed.

Værdibørsen is an open community: Everyone is welcome, and every contribution is valuable. It's the desire to be part of the community that drives the participants to join.

Perspectives

The open communities and the engagement of the volunteers creates a new sense of belonging among participants, which helps them to believe in their ability to contribute to the community and makes them feel important in relation to others. Some expand their network; some discover new skills and gain trust in themselves and some even end up volunteering.

We are currently working on two new subprojects:

1. Expanding to cover a larger area of the city using the same method, but in very different contexts.
2. Using the Værdibørsen-method to help long-term unemployed flexjobbers back to the labor market.

Abstract No. 454

Research in Rehabilitation - Oral Presentations (60) - Autism, September 7, 2021, 13:30 - 14:30

Not All Adults with Autism Look or Behave Like "Rain Man"

Psychologist Tina Winsley Brahe¹

¹*Department Of Clinical Medicine & Rehabilitation, Regional Hospital West Jutland, Denmark, Aarhus, Denmark*

The prevalence of an autism spectrum disorder (ASD) in both children and adults worldwide is assessed at 1-2%. However, research indicates that this number is rising, especially in adults. Within the health system it is a widespread assumption that ASD is detected in childhood which means that the awareness of identifying it in adults is reduced. The municipal job centers refer adults who have an impaired functioning to our hospital based Department of Clinical Social Medicine & Rehabilitation. Some have been diagnosed with other psychiatric diagnoses. ASD has not been suspected because these people have educations, have had jobs and relationships and are able to maintain eye contact. In short, their ASD does not present itself in the stereotypical way, many health care professionals expect. We frequently see women, who use social camouflaging techniques to disguise their autistic features, which is a phenomenon we also wish to address in this presentation. Our suspicion of ASD is raised through a clinical interview where we examine the quality of social communication and interaction across multiple contexts. This leads to a comprehensive assessment programme. Among several things we use golden standard tools such as ADOS-2 (Autistic Diagnostic Observation Schedule-2) and ADI-R (Autism Diagnostic Interview – Revised) to identify diagnosis and rehabilitation needs. However, the most important element of the examination is a detailed description on how ASD affects the person's functioning both in relation to work and everyday life. We wish to present how this is an important tool in helping people with ASD to become rehabilitated into our society. Also we will highlight the caveats that deserve attention in order to avoid jumping to false conclusions about the person's resources in functioning and to secure implementation of relevant help. A diagnosis of ASD in itself will never describe what an individual needs.

Abstract No. 456

Innovative and Assistive Technologies in Rehabilitation - Seminar (60) - Future Patient - Telerehabilitation of Cardiac Patients, September 8, 2021, 13:30 - 14:30

Motivation, Psychological Distress and QoL in the Future Patient Project

Associate Professor, Phd Helle Spindler¹, Professor Birthe Dinesen², Dr. Jens Refsgaard³, Dr. Malene Hollingdal³

¹Aarhus University - Department of Psychology, Aarhus C, Denmark, ²Aalborg University, Department of Health Science and Technology, Aalborg, Denmark, ³Regionshospitalet Viborg, Viborg, Denmark

Introduction:

In the Teledi@log project we showed that telerehabilitation (TR) is a promising rehabilitation format for cardiac patients as their motivation for lifestyle changes and self-care, psychological distress and quality of life was comparable to patients in conventional rehabilitation (CR).

Purpose:

Building on these findings, the Future Patient project examines motivation for lifestyle changes and self-care, psychological distress and illness perception in heart failure (HF) patients in telerehabilitation.

Method and Content:

In the Future Patient project HF patients (n= 140) are randomly assigned to either CR or TR. The TR group is supplied with relevant health care technology for three months, and both groups fill in questionnaires on motivation for lifestyle changes, and self-care, illness perception, and psychological distress pre- and post intervention.

Data will be analyzed with the aim of examining whether patients experience similar levels of motivation, self-care, psychological distress, and illness perceptions across the two groups, thus building on our current understanding of the impact of telerehabilitation on the outcome in HF patients. We expect to find that the psychological outcome of telerehabilitation in HF patients is comparable to the outcome in conventional rehabilitation on all parameters.

Perspectives:

Our results may contribute to our growing understanding of the impact of telerehabilitation on psychological aspects of the patient outcome, and as such these results may increase our understanding of whether all groups of cardiac patients may find telerehabilitation a viable replacement for conventional rehabilitation.

Abstract No. 457

Individual/Family Perspectives and Processes - Seminar (60) - Perspectives of Goal Setting in Rehabilitation, September 8, 2021, 12:30 - 13:30

Goal-Setting and Ethics

Professor, PhD MHealSc (Rehabilitation), Dean and Head of Campus for University of Otago, Wellington.

William Levack¹, Anthropologist, Phd Student Merete Tonnesen²

¹University of Otago, Wellington, New Zealand, ²Aarhus University, Aarhus, Denmark

'Ethics' is concerned with underlying principles and rules that guide persons in everyday life to do the right thing. An increased interest in goal-setting in practice and in research makes it important to compile current knowledge on ethics and goal-setting across settings, diagnoses, and continents. A debate on ethics allows us to question our practice, asking what principles and rules govern goal-setting, and what are the right things to do, potentially enriching our understanding of this complex intervention.

Ethical issues abound within goal-setting. Several interrelated implicit or explicit themes emerge when exploring ethical aspects in research on goal-setting:

The purpose and value of setting goals.

A common assumption is that persons are goal-driven and therefore motivated by goals. But are we all goal-driven? How does navigating between the person's goals and requirements from funders, organizations, and the state affect motivation?

The nature of the goal.

Literature exposes disagreement on what counts as a good rehabilitation goal – and to whom? Aspects such as measurability, temporality and achievability are entangled in ethical considerations in goal-setting: do goals have to be measurable and to what purpose, why ask a person for long-term goals when her future is enshrouded in uncertainty, who decides which goals are achievable?

A discourse of person-centeredness pervades the scene of rehabilitation, yet we do not seem to agree on what exactly person-centeredness means in goal-setting. In a person-centered intervention, what role does family play? Which roles do patient and professionals have?

The seminar is lead by two researchers (William Levack and Merete Tonnesen) giving a 40 minute overview of existing and ongoing research in this field, including own empirical examples from fieldwork.

Participants are invited to share their views and experiences in smaller groups, (45 minutes), allowing for a final debate in plenum (20 minutes).

Abstract No. 461

Poster Presentations (60) - Individual / Family Perspectives and Processes, Palliative Care, Psychosocial, September 8, 2021, 10:00 - 11:00

Relationship between Aspects of Life in Families with Disabled Children

Professor Ruta Dadelienė¹, Evelina Bartosevič¹, Assoc. prof. Aušra Adomavičienė¹

¹Vilnius University, Medical faculty, Institute of Health Science, Department of Rehabilitation, Physical and Sports Medicine, Vilnius, Lietuva

Background. One of the most common disorders of the nervous system in children is cerebral palsy, which strongly affects the quality of life of the whole family.

Purpose. To reveal the relationship between special needs and quality of life of parents, raising school-aged children with cerebral palsy.

Method and content: There were tested 68 parents raising children with cerebral palsy. Methods: Family Quality of Life Questionnaire; modified Canadian Occupation Performance Model.

Results: parents (55 percent) claimed that their children could independently access premises intended for recreation, making food and having a meal. More than half of respondents indicated that their children could not overcome the obstacles independently move out and return home. Even 56 percent of the parents received information on the compensatory equipment from other parents, 31 percent - by physical therapists, 22 percent – by occupational therapists. Parents (41 percent) attend public places with their children 1-2 times a week or less, 12 percent of families did not attend public places at all. Weak statistically significant correlations between the material well-being of the parents raising children with cerebral palsy, self-dependence skills and quality of life ($r=0.29$, $r=0.37$)

Conclusions:

From the parents' point of view, the special needs of school-age children with cerebral palsy are of key importance – the adaptation of environment in the residential accommodation, at education institutions and transport services, diversified information, material help, need for social services, leisure organization, and compensatory equipment.

Weak positive correlations ($p \leq 0.05$) were determined between the material well-being of the parents raising children with cerebral palsy, self-dependence skills and quality of life, material welfare and visiting public places.

The results of this study point out changes in some aspects of rehabilitation services and make the assumptions to future more detail analysis of families' life, raising school-age children with cerebral palsy.

Abstract No. 463

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (90) - Accessibility and Rehabilitation, September 8, 2021, 14:30 - 16:00

The global Changing Places Movement

Business Development Manager Andrew Lowndes¹

¹*Pressalit, Denmark*

People with profound and multiple learning disabilities, as well people with physical disabilities such as spinal injuries, muscular dystrophy and multiple sclerosis often need extra equipment (typically a changing table and hoist) and additional space to allow them to use public toilets safely and comfortably. Without this equipment and space, bathroom visitors often face undignified and unsanitary conditions. Consequently, disabled people might be presented with the choice of not going out, sitting in their own waste or lying down on dirty toilet floors to be changed.

This is a known problem among users of accessible bathrooms and countries like the UK have already installed more than 1,500 Changing Places in the built environment. For further information kindly, watch this video: <https://www.youtube.com/watch?v=aOCupH2ouNs>.

Our mission is to create practical toilet facilities in public places. Everyone has the right to live in the community, move around within it, and enjoy full access to the goods, services, education and employment on offer. However, for some people with disabilities the lack of a fully accessible toilet is denying them this right.

Changing Places meet the needs of the profoundly disabled as well as the carers who look after them. A Changing Places facility should be clean and fully equipped. They should be easy to find and made available in a variety of places such as town and shopping centres, motorway service areas and leisure facilities. Changing places toilets are in addition to standard accessible toilets.

The turnkey solution will require power, water and sewer services along with a ramp for wheelchair access. Users can easily locate and enter a changing place by using an app.

Abstract No. 464

Work and Employment - Oral Presentations (90) - Evaluation and Effect of Return to Work Interventions, September 8, 2021, 14:30 - 16:00

A Hospital based Return-to-Work Intervention for Breastcancer Patients: development and evaluation

Dr. OT - eur Ergonomist Huget Désiron³, prof. dr Angelique de Rijk⁴, MS-OT Elke Smeers³, prof. dr. Elke Van Hoof⁵, prof. dr. Lode Godderis^{3,6}

¹Act-desiron Bv, Hasselt, Belgium, ²University college PXL, hasselt, Belgium, ³KULeuven (dep. Public health and primary care), Leuven, Belgium, ⁴Maastricht University (CAPHRI), Maastricht, Netherlands, ⁵Vrije Universiteit Brussel, Brussel, Belgium, ⁶IDEWE, Leuven, Belgium

Background:

Employees confronted with cancer have many questions regarding their workability. A high proportion of breast cancer (BC) patients experience reduced workability leading to changes in work status, work schedules, work hours, and wages. They are in need for support regarding return to work (RTW).

Purpose:

A RTW-intervention to support BC patients to bridge the gap between healthcare and the workplace was 1) systematically developed using available theory and evidence and 2) evaluated regarding its feasibility.

Methods

The six steps of the “Intervention Mapping” protocol were used to develop and evaluate the BRUG-intervention. Evaluation of the BRUG-intervention was realised in a multi-centre study, for which a mimic Randomized Controlled Trial (RCT) design was used. Quantitative and qualitative methods including BC patients and hospital caregivers were combined for effect-and process-evaluation.

Perspectives

Systematic use of available theory and evidence led to the development of a RTW intervention for BC patients consisting of 5 phases, addressing BC patient needs. The evaluation of the RTW intervention’s feasibility contributed to contextualizing the concepts “early support” and “tailored care” to the situation of BC patients and thus to insights in how to improve the intervention. A roadbook, a patient’s logbook and a logbook for the BRUG-professional who guides the intervention as case-manager also were developed. In the evaluation of the intervention, 79 BC patients were included, 43 in the intervention group and 36 in the control group. The RTW-intervention was not effective due to lack of uptake and follow-up time. It appeared to be difficult to start RTW support early after diagnosis. The RTW support given was highly appreciated, due to its tailored character and the workplace visits.

The effect-and process evaluation enabled improvement of the intervention. Further research with a full RCT design with longitudinal follow-up is needed.

Abstract No. 465

Research in Rehabilitation - Oral Presentations (90) - Heart Rehabilitation, September 9, 2021, 16:00 - 17:30

Lifestyle, Cardiovascular Screening and Health in Patients with Rheumatoid Arthritis

PhD student, OT, MSc Julie Katrine Karstensen^{1,2}, Professor in Rheumatology rehabilitation, RN, PhD Jette Primdahl^{1,2,3}, Associated Professor, OT, PhD, Jeanette Reffstrup Christensen⁴, Professor in Rheumatology rehabilitation, PT, PhD, Ann Bremander^{1,2,5}

¹Danish Hospital for Rheumatic Diseases, Sønderborg, Denmark, , , ²Department of Regional Health Research, University of Southern Denmark, Odense, Denmark, , , ³Hospital Sønderjylland, University Hospital of Southern Denmark, Aabenraa, , , ⁴Research Unit of General Practice, Department of Public Health, University of Southern Denmark, Odense, Denmark , , , ⁵Clinical Sciences, Department of rheumatology, Lund University, Lund, Sweden, ,

Background

Unhealthy lifestyle habits increase the risk of cardio-vascular disease (CVD) and affects quality of life (QoL) in the general population. Compared with the general population patients with rheumatoid arthritis (RA) have an increased risk for CVD, and screening consultations are recommended. The combination of two or more unhealthy lifestyle habits increases the risk of morbidity as well as mortality in the general population, but the impact on patients with RA is not known. At the Danish Hospital for Rheumatic Diseases, all RA outpatients are invited to nurse-led CVD screening consultations, and in case of high risk, yearly follow-ups. The consultations encompass dialogue about lifestyle habits such as smoking, diet, alcohol use and physical activity level apart from measuring blood pressure, lipid status, body mass index and waist circumference. For patients with RA, barriers and facilitators to lifestyle changes may impact their choices in everyday life and have an impact on their meaningful occupations, health and QoL.

Purpose

The purpose of this study is to investigate the associations between unhealthy lifestyle habits, QoL and CVD risk among patients in a Danish and a Swedish RA cohort. Also, to explore barriers and facilitators for lifestyle changes in everyday life as part of rehabilitation for patients with RA.

Methods

Two cross-sectional studies and one explorative qualitative study based on a phenomenological and hermeneutic approach is planned. We analyse register data from a Danish and a Swedish RA cohort and participants with high risk for CVD from the Danish RA cohort will be interviewed. The interviews will be analysed using Malterud's systematic text condensation. The occupational science framework "Doing, being, becoming and belonging" will be used to interpret the results.

Perspective

The results can be used to facilitate and motivate patients with RA to a healthier lifestyle as part of their rehabilitation.

Abstract No. 466

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Assistive Technologies, September 8, 2021, 10:00 - 11:00

"Multiliving Chair" A New Concept for an Electric-Powered Multi-Functional Chair

CEO Jan Brinck², Project Manager Jacob Handberg Gohlke¹

¹Center For Assisted Living Technology - Municipality Of Aarhus, Viby J, Denmark, ²MultiLiving Care, Haldum, Denmark

Background

We tested a new concept for an electric-powered multi-functional chair (Multi Living Chair), which is based on an "armchair with wheels". The Multi Living Chair is designed and fitted, so it looks more like a furniture than an electric wheelchair. This makes the chair more homelike, so it fits into the citizen's own home and lowers the stigma of having a functional impairment. The idea with this chair is to make that citizens as self-reliant as possible, without the use of staff resources and without compromising on activity levels. The chair can help the citizens to stand up (forward tilt), to reach high shelves (elevation) and to rest.

Purpose

To uncover the advantages and disadvantages of the Multi Living Chair for elderly people (65+) with a functional impairment, who lives in their own home or nursing home.

To observe and monitor if there are ADL-activities, that the citizen will be able to carry out independently, when using the Multi Living Chair.

Method

We evaluated the Multi Living Chairs impact on two citizens well-being, mobility and independence after six to twelve weeks of use.

Results

The Multi Living Chair had a positive impact on independence in transfers and cooking. The citizen who was living in a nursing home reduced her need for help being transferred from chair to bed and chair to toilet. The citizen, who was living in her own home reduced her need for help to cook meals and experienced an increase in quality of life, autonomy and satisfaction with performing activities of daily living.

Conclusion

The Multi Living Chair has the potential to improve the citizens self-reliance and independence in transfers and specific activities of daily living. But the design for the chair needs improvements to be categorized as a medical device in the municipality.

Abstract No. 467

Work and Employment - Seminar (90) - Transition Engagement of Youth with Disabilities, September 7, 2021, 14:30 - 16:00

Needs for Occupational Assistance among Young Adults with ADHD

Assistant Professor, PhD, cand.scient.san.publ Cecilie Nørby Lyhne¹, Dr Pernille Pedersen², Professor Claus Vinther Nielsen^{1,2,3}, Associate Professor Merete Bjerrum¹

¹Aarhus University, Department Of Public Health, Aarhus, Denmark, ²DEFACTUM, Aarhus, Denmark, ³Department of Social Medicine and Rehabilitation, Regional Hospital West Jutland, Herning, Denmark

Background

Attention-deficit/hyperactivity Disorder (ADHD) is associated with impairments in social, educational and occupational functioning with the risk of early disability. Young adults with ADHD encounter specific challenges in choosing and following a career path. Focusing on their executive functioning, i.e. neurocognitive processes that maintain an appropriate problem-solving set to attain a later goal, is particularly important, since they are in a period of life, where occupational experiences and choices influence participation in work and education. Individual Placement and Support (IPS) is an evidence-based intervention effective in integrating people with mental disorders at the labour market through individual support provided by job specialists. The job specialist can enter a mentoring role for the single young adult with ADHD to promote participation in education and employment.

Purpose

To examine perceived aspects of importance among young adults with ADHD to participate and engage in occupational activities, and to explain how support from occupational specialists can assist them to deal with executive impairments.

Method and content

Individual interviews with 8 young adults with ADHD participating in IPS intervention were conducted. Interview transcripts were analysed using qualitative content analysis.

Perspectives

The analyses revealed that routines and structure in everyday life are important for young adults with ADHD to engage in occupational activities. Job specialists possess specific knowledge on the possibilities for occupation, and can fulfil the young adults' needs for continuous support. The job specialists can become a mastermind, thus accommodate the executive impairments among young adults with ADHD being a barrier for choosing and maintaining attachment to educational and work settings. There is a need for studies questioning how some young adults with ADHD successfully can fulfil their work role despite executive impairments. A focus on executive functioning is a valuable supplement to the focus on specific diagnoses in research and practice.

Abstract No. 468

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

Interventions Targeting Avoidable Hospitalizations - A Mixed Methods Systematic Review

Assistant Professor, PhD, cand.scient.san.publ Cecilie Nørby Lyhne¹, Associate Professor Merete Bjerrum¹, MSc in Statistics Anders Hammerich Riis^{2,3}, Research Director, PhD Marianne Johansson Jørgensen²
¹Aarhus University, Department Of Public Health, Aarhus, Denmark, ²Horsens Regional Hospital, Research Unit, Horsens, Denmark, ³Enversion A/S, Aarhus, Denmark

Introduction

The aging population and the increase in people living with chronic disease and comorbidity expand the demands for healthcare. To manage this demand, political institutions call for prevention and rehabilitation to reduce the amount of avoidable hospitalizations. The definition of avoidable admissions relates to ambulatory care sensitive conditions, i.e. conditions for which a large proportion of hospitalisations could be prevented by effective primary care interventions. To understand how and why interventions work, both quantitative and qualitative aspects should be considered. Therefore, the objective of this review was to synthesize evidence on effective and/or meaningful interventions targeting avoidable hospitalizations among adult residents (age: ≥ 18).

Methods

The mixed methods systematic review was conducted following the JBI methodology. A systematic search was undertaken in Scopus, PubMed, The Cochrane Library, SveMed+, CINAHL and Embase. Pre-defined criteria guided the study selection. All articles that matched eligibility criteria were critically appraised by two independent reviewers prior to inclusion in the final review. Data was synthesised through a convergent integrated approach.

Results

45 articles matched the eligibility criteria of which 25 articles were considered to be of acceptable methodological quality. From the 25 articles, 99 meaning units were extracted. The extracted meaning units was composed into four categories, which were synthesized into two integrated findings: 1) Addressing individual needs through care continuity and coordination to prevent avoidable hospitalizations, and 2) Division between treatment and prevention in the healthcare organization frames the opportunities to prevent avoidable hospitalization.

Perspectives

Interventions targeted avoidable hospitalizations focus on physical conditions and disease management, meanwhile, findings state the importance of considering the psychosocial aspects to prevent avoidable hospitalizations.

The systematic literature search yielded limited availability of evaluations of interventions, and few qualitative studies addressed the resident perspective. Studies should examine the resident perspective, and the working components in the implementation of interventions.

Abstract No. 469

Innovative and Assistive Technologies in Rehabilitation - Seminar (90) - Artificial Intelligence and Assistant Technologies, September 7, 2021, 14:30 - 16:00

Artificial Intelligence and Assistant Technologies for People with Disabilities

Rehabilitation Settings Mikkel Gammelgaard^{1,4}, Empowerment and Rights Susanne Bartel², Work Place & Industry Shalini Garg³

¹*Teknologi I Praksis, Aarhus, Denmark*, ²*Federal Association of Vocational Rehabilitation Centres, Berlin, Berlin, Germany*, ³*GGS Indraprastha University, New Delhi, India*, ⁴*Aarhus Municipality, Center for Assisted Living Technology, Aarhus, Denmark*

Technical developments in the field of digital assistance systems and Artificial Intelligence (AI) play an important role in inclusion processes of people with disabilities (PwDs).

The aim of that workshop is to discuss:

- different types and classification systems of AI in the context of rehabilitation
- The chances and risks of AI and assistive technologies for people with disabilities
- The importance of different cultural settings regarding their accessibility and acceptance
- The perspective of stakeholders, such as government, companies, end-users, researchers, health care professionals

Thematic Areas

Empowerment and Rights (S.Bartel)

- Impact of new technologies on empowerment of PwDs
- Acceptance of AI and Assistant Technologies by PwDs
- AI & ICT Accessibility
- Policy building for rights of PwDs
- Policies & laws for promoting rights of PwDs
- Implementation of UNDP rights of PwDs
- Ethical issues regarding AI & Artificial Intelligence

Work Place & Industry (S. Garg)

- Impact of new technologies on inclusion and equal employment opportunities for PwDs
- AI & ICT Accessibility
- New Technologies in the context of diversity & equity and Inclusive Culture
- HR Practices for PwDs

Rehabilitation Settings (M.S. Gammelgaard)

- Impact of new technologies on rehabilitation processes and the individual's life situation
- Acceptance of new Technology by rehab-experts
- Application in rehabilitation processes of AI and Assistant Technologies
- Finance Frames for AI & ICT in Rehabilitation Settings
- Improving health via AI and Assistive Technology

In the first part of the workshop, we would like to give an input on the subject based on our research activities and practical experiences in that field. Following the inputs, we would like to split the participants into 2 or 3 smaller groups to intensively work on the 3 thematic areas. Finally, we would summon the results in plenary.

Abstract No. 471

Leisure, Recreation and Physical Activities - Oral Presentations (60) - Inclusion and Accessibility in Sports and Physical Activity, September 7, 2021, 11:00 - 12:00

Fitness for All: Non-Disabled People's Response to Inclusive Fitness Centres

PhD student Helene Nikolajsen^{1,2}, PhD Emma Victoria Richardson³, PhD Louise Fleng Sandal¹, PhD Birgit Juul-Kristensen¹, Professor Jens Troelsen¹

¹University Of Southern Denmark, Odense, Denmark, ²University College South Denmark, Esbjerg-Haderslev, Denmark,

³University of Alabama, Birmingham, USA

Background:

In the last decade, the number of inclusive fitness centres has increased in the UK and USA. The focus of these centres has mainly been to build accessible environments and provide inclusive fitness equipment, staff training and strategies to facilitate disabled people's fitness participation with non-disabled peers on equal terms. Thus far, inclusive fitness centres have not gained much attention in Denmark. Therefore, the project "Fitness for All" was initiated, establishing three new pilot inclusive fitness centres across Denmark, including scientific evaluation of these centres.

Purpose:

To identify the expectations and preferences of non-disabled fitness users as input for upcoming Danish inclusive fitness centres.

Method:

Three focus groups involving 5-7 (total n=18) adult informants were conducted. Aged ranged between 19-75 years, including both men and women with different fitness centre experiences. The interviews were performed before the three specific non-profit and club-based inclusive fitness centres were built. Data were transcribed and subsequently coded and analysed according to Malterud's four-step method of systematic text condensation.

Results:

The informants had several preferences regarding their ideal fitness setting, but of most importance was a pleasant atmosphere which should make them feel welcome and comfortable. Further, they focused on how to structure and operationalise non-profit fitness centres. A social aspect and sense of community were key factors for the informants, and issues related to behaviour and 'unwritten rules' in a fitness centre were debated. Finally, the informants welcomed people with a physical disability, but at the same time, they predicted a lot of challenges with an inclusive fitness centre.

Conclusion:

The study adds essential knowledge, regarding how non-disabled people perceive the ideal inclusive fitness centre. They identify potential barriers, attitudes, and perceptions that may hinder inclusion of people with disability in upcoming Danish inclusive fitness centres.

Abstract No. 472

Outdoor Rehabilitation - Oral Presentations (60) - Nature and Outdoor Activities Related to Specific Target Groups, September 9, 2021, 10:00 - 11:00

Nature-Based Rehabilitation for Adults with Acquired Brain Injury: Literature Review

OT., Cand.scient.san. Pernille Vibholm², PT., Cand. Scient. san., PhD, Associated professor, Head of Clinical Physiotherapy Research Hanne Pallesen², OT, Cand. Scient. San., PhD. Associate Professor. Head of Studies for Master of Science in Occupational Therapy Jeanette Reffstrup Christensen¹

¹Research Unit for General Practice & Research Unit for User Perspectives and Community-based Interventions Department of Public Health University of Southern Denmark, Odense, Denmark, ²Hammel Neurorehabilitation Centre and University Research Clinic, RM, Hospital Unit Viborg, Silkeborg, Hammel and Skive, University of Aarhus, Aarhus, Denmark

Introduction: Reduced sensory-motor functions, depression, generalised anxiety disorder and personality disorder are common after acquired brain injury and contribute to impaired functioning, activity and participation and quality of life. These may have long-term consequences for the individual and their relatives in terms of social withdrawal and early retirement. Research suggests that nature-based interventions may benefit individuals. However, to our knowledge the research has not been overviewed for adults with acquired brain injury.

Purpose: The objective was to provide an overview of the existing knowledge of the benefits of nature-based rehabilitation for patients with impairments after acquired brain injury.

Method and content: Systematic searches were conducted across PubMed, CINAHL, PsycINFO and Scopus, and 7 studies were included for review. Results suggested that nature-based rehabilitation may benefit individuals with acquired brain injury, as both motor- and sensory-motor as well as cognitive functions were significantly improved. There were also improvements in quality of life but benefits on depression and anxiety were not clear.

The evidence-base was small and the methodical base, heterogenous. The studies used different approaches, small sample-sizes, short term studies, study designs, not randomised and various outcomes that made comparisons difficult. Some studies took place at hospitals, sometimes in non-natural environments and mostly not described thoroughly, which may complicate evaluation of the interventions further.

Perspectives: The studies did not take into account the actual complexity of the rehabilitation.

For the perspectives of nature-based rehabilitation to be conclusive, it is suggested that future studies should build on longitudinal complex nature-based rehabilitation that is developed on a standardised frame including approach, study design, sample sizes, setting and type of outcomes. We know now that nature-based rehabilitation may serve as a supplementary rehabilitation in individuals, who do not benefit from standard treatments. The perspectives for nature-based rehabilitation could be wider.

Abstract No. 475

Policy and Service - Oral Presentations (90) - Strategies, September 7, 2021, 16:00 - 17:30

Early Aid as a Strategic Direction in Rehabilitation In Russia

Dr Elena Starobina¹, **Ms Kristina Rozhko**¹, Dr Oksana Vladimirova¹, Dr Viktoria Lorer^{1,2}

¹Albrecht Federal Scientific Centre Of Rehabilitation Of The Disabled, St.Petersburg, Russian Federation, ²Pavlov First Saint Petersburg State Medical University, St.Petersburg, Russian Federation

Introduction

Common approaches to the organization of early aid to children and their families in various departments are laid down in the Concept of early aid development in the Russian Federation for the period up to 2020.

Purpose

Study of the state of the early aid system in the regions of Russia, development of statistical tools for periodic evaluation of this system for further improvement.

Method and content

Monitoring the development of regional early aid systems in all 85 regions of Russia for 2017-2018 was carried out. The following indicators were evaluated:

state of the regulatory framework – availability of regional plans/programs for early aid development, inclusion of early aid in the comprehensive rehabilitation system;

the availability of the early aid resource centers;

number of children in need of early aid services;

number of children who received early aid in the past year.

A form of statistical monitoring of early care was developed, which additionally included the following indicators:

number of organizations of various departmental affiliations that provide early aid services;

number of children in the target group who received early aid services in the past year in organizations of various departmental affiliations;

number of different specialists who provide early aid services in organizations of different departmental affiliation.

Data collection on this form is already ongoing as of 2019.

Perspectives

The data collected made it possible to characterize regional early aid systems. The results of the analysis of the received information revealed the need of many Russian regions for methodological assistance to improve the system of early aid to children and their families. For this purpose, the Federal scientific and methodological center for early aid to children and their families is being created on the basis of Albrecht Federal Scientific Centre of Rehabilitation of the Disabled.

Abstract No. 476

Health and Function - Keynote (60) - Disability Inclusive Measures from Two Cities in Dealing with COVID-19, September 8, 2021, 12:30 - 13:30

Disability Inclusive Measures from Two Cities in Dealing with COVID-19

Co-Chairperson, International & China Programmes Advisory Committee Joseph KWOK¹, **Senior Consultant Sheila PURVES¹**, Senior Consultant Hang Sau NG¹, Director Phyllis CHAU¹, Deputy Manager Vivian HO¹, Co-Director Xiaolin HUANG², Co-Director Min LU², Physical Therapist Nan XIA², Director Ke HUANG³, Senior Physician Tao Xu², Manager Kwun-ting, Mike Cheung¹

¹The Hong Kong Society For Rehabilitation WHO Collaborating Centre for Rehabilitation, , China, ²Hua Zhong University of Science & Technology, Tongji Medical College, Tongji Hospital, WHO Collaborating Centre for Training & Research in Rehabilitation, Wuhan,, China, ³International Cooperation of the China Academy of ICF, China Rehabilitation Research Center, Beijing, China

After more than a year of experiencing COVID-19 pandemic waves, countries are using social distancing, hygiene and masking, contact tracing and targeted community lockdowns and quarantine measures to balance disease spread and decrease the burden on hospitals. Vaccinations bring us all hope. However, the impact of public health controls has spared few, and among those hardest hit are people with disabilities. Many were marginalized prior to the pandemic. Now they are unemployed, social enterprises are collapsing, day rehabilitation programmes are sporadic, family and community support services are scarce and online education has become normal. People with disabilities are isolated in their homes. While most of us have somewhat adjusted to working and living online, many people with disability lack the equipment, space, privacy, skills or funds for an online presence.

This paper briefly outlines three studies undertaken over the past year, highlighting a variety of challenges to our path to inclusion. Our colleagues in a major hospital in Wuhan surveyed people with spinal cord injury after the severe lock-down period. Prof Huang Ke explores the efforts of local government and non-governmental disability groups to meet the social, educational and employment challenges in the same city. In Hong Kong, a survey undertaken in late 2020, flags the mental health effects of the pandemic on people with disability and chronic disease. The lessons learned will help us, in our different roles, to build a more inclusive society and prepare for a more equitable response to emergencies including economic recessions in the future.

Abstract No. 479

Work and Employment - Oral Presentations (90) - German Federal Employment Agency, September 7, 2021, 16:00 - 17:30

Vocational Rehabilitation - Sheltered Workshops in Transition

European Affairs Katharina Bast¹

¹*Federal Association of Sheltered Workshops, Frankfurt, Germany*

Work means being part of a meaningful process of being productive and creating value. However, when it comes to the goal of full inclusion for people with disabilities, one of the most difficult and sensitive issue is the right to work, as enshrined by Art. 27 of the United Nations' Convention on the Rights of People with Disabilities (UNCRPD). Even in countries with recruitment quotas and penalties, people with disabilities face huge difficulties in finding a suitable working environment. This is even more true when it comes to people with severe disabilities who need long term support. That is why the UNCRPD calls for an inclusive labour market where all people not only have the right to work but can also exercise it.

However, the promotion of an inclusive open labour market does not guarantee that everyone actually has access to it. The wide range of people with disabilities includes a huge group of people who, due to the severity of their health, functional, psychological, developmental and cognitive disabilities, need special support to exercise their right to work.

How can sheltered workshops and similar facilities of vocational rehabilitation support people with disabilities in exercising their right to work? How do they have to change in order to keep pace with societal, legal, medical and other developments? What are their biggest challenges and how can they continue their transition process to keep supporting people with disabilities to exercise their right to work?

This workshop presents the position of German Federal Association of Sheltered Workshops on this issue and invites the attendees to discuss the questions mentioned above.

Abstract No. 480

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Individuals and Assistive Technology, September 9, 2021, 11:00 - 12:00

Implementation of a Person-Centered Rehabilitation Model and use of Technology

Occupational Therapist And Teamcoordinator Carina Kolnes¹, Senior physiotherapist Hilde Sorli², Physiotherapist, MSc Lars Martinsen¹, Occupation therapist, MSc Truls Johansen²

¹Prosjekt Innovativ Rehabilitering, Indre Østfold kommune, Norway, ²Sunnaas Rehabilitation hospital, Nesodden, Norway

Project Innovative Rehabilitation, at The Inner Eastern County Medical Competency Center, Norway, is funded by the government, and has trailing research. The mission is to develop and implement a person-centered model for rehabilitation, to use technology to improve the rehabilitation process, and improve the interaction between the person, healthcare and the community. A Norwegian version of the model "Community Based Rehabilitation", is developed, with the aim to ensure persons ownership to the rehabilitation process within his/her particular environment. The project has established an Interdisciplinary Assessment- and Rehabilitation Team. The team has three main tasks, interdisciplinary assessment of functional ability, coordinate and initiate rehabilitation interventions. The aim is to change clinical practice, and the interdisciplinary team and use of technology are the main work methodologies. The project has identified three main technology concepts:

1. Motion-Controlled Commercial video games
2. Telerehabilitation / videoconferencing using tablets
3. Secure and effective information sharing

Implementation process for faster adoption: Products based on person's needs, networking, allocated time for technology training, small-scale trials, information security, fast implementation in daily routines, technology symposiums. The technology is applied in the person's home setting, assessed according to suitable technology. The experience with the use of a person-centered model is that more of the person's interests, valuable activities and motivational factors becomes a part of the rehabilitation process. Increased level of function and participation on several parameters is documented. The feedback from the persons in rehabilitation is that the use of technology enhances motivation and increases intensity, frequency of exercises and a more active participant in their own rehabilitation process. Experience with the model, is that coordination, interaction and technology makes the rehabilitation process person-centered, more effective and seamless. Systematic preparation and interaction between the project and the leadership in the municipalities, has been important for the successes.

Abstract No. 481

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Virtual Reality 1, September 7, 2021, 11:00 - 12:00

Virtual Reality for Adults with Autism

Innovation Consultant Mads Aarup¹

¹*Specialområde Autisme, Region Midtjylland, , Denmark*

Specialist Area Autism in Denmark has since September 2019 worked with Virtual Reality (VR) as a tool in collaboration with adults with ASD in five different units.

It is often an unforeseeable challenge for autistic people to venture into new, unfamiliar situations, maybe due to reduced visualization skills and executive function issues.

Many adults with ASD describe anxiety-like conditions or reactions in these unknown situations. The great discomfort can result in avoidance behavior – e.g. avoiding social events or education, despite wanting to participate. The purpose of using VR has been to test VR as a tool for working with communication, relationship building and exposure therapy. Specifically, we have had a desire to explore how existing VR technology can be used as an educational tool in collaboration between autistic adults and professionals. We believe it makes sense to work with VR because it opens up unique opportunities to simplify social contexts and gradually expose them to challenging situations.

After two months we evaluated the experiences and made a report based on a focus group interview. The cases in the report show examples of how it makes sense to use VR as a tool and also some possible challenges and advice for others who are interested in using VR. The report will be published in late February 2020.

The most evident outcome from our cases so far is that VR can be an exceptional tool for opening up communication and building trust and relationships between professionals and adults with ASD. The next step will be to also use VR as a social platform for people with autism to meet up and build relationships with each other. Our cases also show some of the challenges with using VR 360 video for exposure therapy, which might be due to the autistic target group.

Abstract No. 482

Poster Presentations (60) - Education and Professionalization in Rehabilitation, September 9, 2021, 09:00 - 10:00

Decision Aid for Disclosure for Employees with a Chronic Disease

Prof. Dr. Mathilde Niehaus¹, Dr Jana Bauer, Veronika Chakraverty, Anja Greifenberg
¹University, Cologne, Germany

Background

In the light of demographic change and resulting skills shortage the importance of the topic “working with chronic diseases” is increasing. Employees, diagnosed with a chronic disease, are confronted with the problem of whether, when and in what way to communicate their condition at the workplace. The considerations involved in this decision process are very complex.

Purpose

For many affected persons the internet is a welcome advisor, as the access to information is simple and anonymous. However, the reliability of this information is not guaranteed. Therefore, the aim of the present project is the construction and practical implementation of a scientific-based decision aid as a part of an online portal dealing with chronic diseases in working life.

Methods

To ensure the scientific basis and target group orientation of the decision aid we chose a multi-stage procedure for the conception including analysis of the literature and expert surveys and including affected persons.

Results

The conception is completed and format as well as content areas of the decision aid are defined. In line with motivation and decision theories, we chose a tripartite structure of the decision aid addressing positive and negative consequences of a decision, the likelihood in which they occur and ways to deal with them.

Abstract No. 483

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

Staff Survey to Promote Inclusion Across the University

Prof. Dr. Mathilde Niehaus¹, Susanne Groth

¹University, Cologne, Germany

Background

By ratifying the UN Convention on the Rights of Persons with Disabilities (UN CRC), Germany made a binding commitment to comprehensively implement equal participation and equal opportunities for people with disabilities. Action plans are a suitable instrument for implementing the UN-BRK.

Objective

As part of the Inclusion Action Plan of the University, the goal was set to sensitize employees from science, technology and administration to the topic of "Working, collaborating and managing with disabilities/health impairments" by a staff survey.

Methods

Within the framework of participatory workshops, actors from the company integration management, the company health management, the diversity unit, HR, and the representatives of the severely disabled, and employees with disabilities have developed an employee survey as a part of a sensitisation campaign.

Results

A survey on "Work with disabilities/health impairments" is intended to determine what information is needed for employees with long-term health impairments/disabilities and what obstacles prevent people from reporting a disability in the workplace. Through information, explanations and a built-in knowledge quiz, the participants in the survey should learn more about the topic. More than 500 employees took part in the survey in February 2020 .

Conclusions

The awareness-raising campaign should contribute to a culture of attentiveness of all employees to the issue of "work with disabilities/health impairments". The involvement of relevant stakeholders is crucial for the development as well as for the acceptance of the measure in the university.

Abstract No. 484

Work and Employment - Oral Presentations (90) - Evaluation and Effect of Return to Work Interventions, September 8, 2021, 14:30 - 16:00

Practice-Based Evidence” to Maintain/Regain Employment for Cancer-Patients

Dr. Ot-*eur* Ergonomist Huget Désiron^{1,2,3}, Phd sc. To Simons¹, OT Kirsten Van kelst⁴, OT - MPH Theo Brunois⁴, OT - MPH Thomas Otte⁴, OT Stéphane Camut⁵, prof.dr. Dominique Van de Velde⁶, prof. dr. Annemie Spooren⁷, prof. Dr. Lode Godderis²

¹Act-desiron Bv, Hasselt, Belgium, ²University college PXL, Hasselt, Belgium, ³KULeuven (dep. Public health and primary care), Leuven, Belgium, ⁴National Institute for Health and Disability Insurance, Department of sickness and invalidity benefits, , Brussels, Belgium, ⁵Collège d’Ergothérapie de Bruxelles, , Brussels, Belgium, ⁶Faculty of Medicine and Health Care Sciences, Department Occupational Therapy. Ghent University, , Ghent, Belgium, ⁷PXL University of applied Sciences, Department of Health Care, Centre of expertise in innovation in care, Hasselt, Belgium

Background

For cancer-survivors at working age, labour-participation is part of their quality of life (QoL). Scientific evidence emphasises on the importance of early administrated, hospital-based support of RTW but the implementation of available knowledge in oncological healthcare appears to be limited.

Objectives

This study inventories practice based evidence to understand what barriers hinder health-care professionals (HcP) to apply the available knowledge and what they perceive as ‘good practice’.

Methods

A scoping review updated literature that founded a Belgian mimic RCT on hospitalbased RTW-support for cancer-patients was used to develop two qualitative studies: 1) in dept interviews with leaders of multidisciplinary teams in oncological care in Belgian hospitals (n = 79); 2) focus group-discussion (n=44) with multidisciplinary groups of HcP involved in direct patient-contact with cancer survivors. Analyses of transcribed recordings of both studies will be realised by using Nvivo, with contribution of the members of the research-committee (all co-authors).

Results

Analysis of the first study-part reveals the low focus on RTW in hospitals. Few hospitals provide some kind of RTW support (often delivered by volunteers or external organisations) but a great part of the interviewees indicate that they regret to be unable to do so in a systematic way. The need for multidisciplinary team-support is recognised but not realised due to lack of time, finances, knowledge, and specific (assessment-)instruments.

The second study’s focusgroup-discussions are planned in January 2020. Full results will be available in July 2020.

Impact

The identification of the barriers and facilitators that influence the way in which oncologic care-practice can or cannot integrate scientific evidence enables not only to set up policies that enhance hospital based quality of RTW-support. It creates a practice based foundation that will provide knowledge to construct the following steps of an implementable guideline.

Abstract No. 485

Leisure, Recreation and Physical Activities - Oral Presentations (60) - Benefits of Sports Activities for Persons with Disabilities, September 7, 2021, 12:30 - 13:30

'The Danish Spinal Cord Injury Shoulder' (DanSCIS) Study

PhD, Assistant Professor Camilla Marie Larsen^{1,2,3}, PhD, Associate Professor Birgit Juul-Kristensen², PhD, Associate Professor Helge Kasch^{4,5}, PhD, Professor Jan Hartvigsen^{2,6}, PhD, Associate Professor Lars Henrik Frich^{7,8}, PhD, Associate Professor Eleanor Boyle², PhD fellow Lasse Østengaard^{9,10}, PhD, Professor Fin Biering-Sørensen¹¹

¹Health Sciences Research Centre, UCL University College, Odense, Denmark, ²Department of Sports Science and Clinical Biomechanics, University of Southern Denmark, Odense, Denmark, ³OPEN, Odense Patient data Explorative Network, Odense University Hospital, Odense SV, Denmark, ⁴Spinal Cord Injury Centre of Western Denmark, Department of Neurology, Viborg Hospital, Viborg, Denmark, ⁵Institute of Clinical Medicine, Aarhus University, Aarhus, Denmark, ⁶Nordic Institute of Chiropractic and Clinical Biomechanics, Odense, Denmark, ⁷Department of orthopaedic surgery and traumatology, Odense University Hospital, Odense, Denmark, ⁸Department of Clinical Research, University of Southern Denmark, Odense, Denmark, ⁹University Library of Southern Denmark, University of Southern Denmark, Odense, Denmark, ¹⁰Centre for Evidence-Based Medicine Odense, University of Southern Denmark, Odense, Denmark, ¹¹Department for Spinal Cord Injuries, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark

Background

There is lack of knowledge, on the extent of shoulder and neck symptoms, amounts of leisure time physical activity (LTPA), and quality of life (QoL) in individuals with long-term spinal cord injury (SCI). This is important information for optimising rehabilitation, injury prevention and policymaking.

Purpose

To describe the prevalence of shoulder and neck symptoms, weekly minutes of LTPA performed at mild, moderate, and heavy intensities, QoL, socio-demographic and injury characteristics of individuals with SCI.

Method and content

Individuals with SCI for >2 years were included from three Danish SCI rehabilitation centers. Self-reported data regarding shoulder and neck symptoms, LTPA, QoL (general QoL, physical health, mental health) (scale 0-10), socio-demographic details, SCI characteristics, and medical history were collected.

Results

1,517 out of 2,454 potential participants (62%), age=56.2 ± 16.1, 37% female, 42% tetraplegia, 23% complete SCI were included. Participants and non-participants showed no differences on sex/injury/type/severity. Shoulder and neck symptoms within the past three months were reported by 63% and 67%, with 51% reporting shoulder symptoms within the past week. Among those with symptoms, 61% and 56% had experienced shoulder and neck symptoms, respectively, for more than 30 days during the past three months. Symptoms often prevented participants from performing their usual activities (shoulder symptoms 46%, neck symptoms 41%). Number of minutes/week of LTPA performed at mild to heavy intensities ranged from (median, interquartile range) 0.0 (90.0) to 180.0 (380.0), lowest for heavy. Mean (SD) QoL scores ranged from 5.4 (2.6) to 6.7 (2.6).

Perspectives

The DanSCIS study describes a mixed population of individuals with long-term SCI. A high prevalence of self-reported shoulder and neck symptoms was found. The number of weekly minutes of LTPA performed at heavy intensity was limited. Further analyses on the association between shoulder/neck symptoms, LTPA and QoL, will be performed.

Abstract No. 486

Innovative and Assistive Technologies in Rehabilitation - Seminar (60) - The International Society of Virtual Rehabilitation, September 9, 2021, 13:30 - 14:30

The International Society of Virtual Rehabilitation

Phd Iris Brunner¹

¹*Aarhus University, Hammel Neurocenter University Hospital, Hammel, Denmark*

Mission

The International Society for Virtual Rehabilitation (ISVR) has as its main purpose to provide a forum for the virtual reality (VR) community. The ISVR wants to encourage research and education in virtual rehabilitation and tele-rehabilitation. This is achieved through scientific meetings, tutorials, publications, postings on the Web, awards, sponsored pilot research, and other exchange of information.

Target group

The ISVR is a multidisciplinary forum for engineers, scientists and clinicians who are interested in employing new technologies for physical, psychological, cognitive and social rehabilitation applications. The purpose of the society is to facilitate interaction between the communities interested in the field in order to promote discussion, facilitate standardization, create opportunities for collaboration, represent the virtual rehabilitation community and provide recognition for excellence.

The ISVR wants to

- promote discussion of key issues
- devise a common reference set of terminology/standards/definitions
- encourage clarity in research paradigms
- create opportunities for collaboration and networking through newsletters, discussion forums and more
- represent the community with respect to funding, government policies, consumer groups and other bodies
- provide recognition through awards for exceptional member activities

Activities

The society has two main sponsored conferences, the International Conference on Virtual Rehabilitation (ICVR) and the International Conference on Disability, Virtual Reality and Associated Technologies (ICDVRAT), and a number of other affiliated conferences. A newsletter is published 3-4 times a year. The Society website aims to provide a virtual meeting place and source of information for everyone interested in the virtual rehabilitation field and the technologies associated with this.

The Society is run by members for its members – the more members it has, the more it can grow and the more vibrant the community can become. So visit the membership page and see how to join us.
<https://isvr.org/>

Abstract No. 488

Education and Professionalization in Rehabilitation - Oral Presentations (60) - Formalized Education, September 9, 2021, 13:30 - 14:30

Health Promotion for Rehabilitation Workers: Perceived Barriers among Municipal Leaders

M.Sc. Mikkel Iwanoff Kolind¹, Dr Camilla Marie Larsen², Dr Jeanette Reffstrup Christensen³

¹Department of Sports Science and Clinical Biomechanics, University of Southern Denmark, Odense, Denmark, ²Health Sciences Research Center, UCL University College, Odense, Denmark, ³Department of Public Health, University of Southern Denmark, Odense, Denmark

Background

Danish rehabilitation workers in eldercare are throughout the workday exposed to working in awkward postures, a large amount of manual work and long periods of standing and walking. Moreover, these workers are characterized by a high prevalence of obesity and low physical capacity. Unsurprisingly this leads to disproportionately high rates of musculoskeletal injury/disorders (MSD) (e.g. neck- and shoulder pain). Workplace Health Promotion Programmes (WHPPs) have shown to be an effective countermeasure, improving health, decreasing MSD and facilitating a healthier behavior and lifestyle of rehabilitation workers. However, a common problem with implementing WHPPs are low participation rates, with one cited reason being a lack of support from leaders.

Purpose

To explore perceived barriers of implementing WHPP for rehabilitation workers from the perspective of Danish leaders in eldercare.

Methods

A survey of leaders within municipal eldercare services was conducted. Respondents filled out an online questionnaire on perceptions of the potential health benefits of WHPPs and the feasibility of implementation. The questionnaire included a free-format comments section. A qualitative sub-population analysis on perceived barriers of implementation was performed based on comments of respondents holding a negative view on the feasibility of WHPP implementation.

Results

Out of 698 possible participants 393 (56.3%) responded to the questionnaire; 18.1% of respondents expressed a negative view on the feasibility of WHPP implementation and 58.3% of these chose to add a free-text comment. Comments revealed that organizational issues were the most frequently expressed barrier for implementation of WHPP. Other barriers were a lack of motivation among the rehabilitation workers, having established competing offers and a notion that health was a personal matter, not a corporate responsibility.

Perspective

Addressing especially organizational issues is of critical importance in ensuring leader support when implementing WHPPs targeting rehabilitation workers.

Abstract No. 489

Poster Presentations (60) - Education and Professionalization in Rehabilitation, September 9, 2021, 09:00 - 10:00

Exploring Avenues for Cross-Sectoral Knowledge Transfer in Neurorehabilitation in Denmark

MSc in Physiotherapy Jon Damsager Lauesen¹, Head of Therapies, Project Manager Hanne Munk¹

¹Department Of Neurorehabilitation/TBI Unit, Rigshospitalet, Copenhagen, Denmark

Background

In a Danish national survey from 2017 evaluating formalized rehabilitation interventions for people with acquired brain injury Danish Health Authorities determined, that ministerial efforts towards creating cohesion and quality in neurorehabilitative interventions were unsatisfactory. One recommendation from the report stated that hospital-based highly specialized neurorehabilitation units should disseminate their knowledge and that trials with hospital-based mobile units should be attempted in cooperation with municipalities.

Purpose

Exploration of different designs for cross-sectoral knowledge transfer from a highly specialized hospital-based neurorehabilitation unit with the purpose of supporting enhancement of competencies in neurorehabilitation in community-based health professionals.

Methods

The project comprises of three components. Component one and two are tested in cooperation with eight selected municipalities from the Capital Region and the Zealand region of Denmark. The municipalities were selected based on population, geographical location and organization of neurorehabilitative interventions. Component 1 – Course: A 5-day course for health professionals from rehabilitation centers in the selected project municipalities.

Component 2 – Multidisciplinary mobile unit: On-site consultation for municipal-based health professionals in the selected project municipalities regarding potential rehabilitative interventions for the subject in case. The consultation is performed by a multidisciplinary mobile unit comprising health professionals from a highly specialized hospital-based neurorehabilitation unit.

Component 3 – Hotline: The telephone hotline offers counseling regarding neurorehabilitation to municipal-based health professionals in east Denmark, the Faroe Islands and Greenland.

Evaluation of the individual components will be conducted through questionnaires supplemented with interviews. Assessment of feasibility will be through evaluation of activity, resource consumption and user satisfaction

Perspectives

Experiences from this project may help in identifying appropriate and effective ways for cross-sectoral knowledge transfer within the field of neurorehabilitation in Denmark. This may lead to enhanced cohesion and quality in the neurorehabilitative interventions for the benefit of the patients and their relatives.

Abstract No. 490

Work and Employment - Seminar - RI Guideline Concerning Accessibility in Private Enterprises 1, September 9, 2021, 14:30 - 16:00

Workplace Accessibility in Germany - Legal Perspectives

Prof. Dr. Felix Welti¹, René Dittmann

¹*University Of Kassel, , Germany*

The Right to Work according to Art 27 CRPD is a social human right for persons with disabilities. It includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities.

Designing accessible workplaces is a great challenge for legislation, society, employers and trade unions. In German law a participative approach is outlined to reach this goal. Employers and Work Councils and Employers and disabled persons representatives (Schwerbehindertenvertretung) shall negotiate about inclusion agreements for the workplace (§ 166 SGB IX). They can work together with the inclusion office, which gives financial subsidies for reaching workplace accessibility. In addition, the works council and the Schwerbehindertenvertretung can participate in the Health and Safety committee to concretize the employers duties for workplace accessibility according to labour law.

The participative approach in German industrial relations is adaptive for the participation of disabled persons in designing an inclusive and accessible workplace.

Abstract No. 491

Health and Function - Oral Presentations (60) - Stroke 1, September 7, 2021, 11:00 - 12:00

Application of ICF in Stroke Rehabilitation: the Hong Kong Experience

Miss. Yuk-mun Ng¹, Miss. Jackie CY Kwan¹, Mr. Mike KT Cheung¹, Miss. Kit-han Liu¹, Dr. Pamela PY Leung^{1,2}
¹The Hong Kong Society for Rehabilitation, , Hong Kong, ²World Health Organization Collaborating Centre for Rehabilitation, ,

Background:

Stroke is one of the leading causes of disability worldwide. Stroke rehabilitation is one of the most effective methods for reducing disability. It is not limited to the biological function but also the psychological, physiological and social function. The International Classification of Functioning, Disability and Health (ICF) is advocated as a tool to structure holistic rehabilitation and a universal language to aid communication within the multi-disciplinary team (MDT).

Purpose:

This study aimed to develop a holistic and person-centered rehabilitation program utilizing the framework and tools of ICF for patients with stroke in the community and investigate its preliminary feasibility.

Method:

A MDT is formed by nurses, physiotherapists, occupational therapists, speech therapists, social workers and vocational counselors. The members of MDT selected appropriated cores from the ICF Core Set on Stroke and established the stroke-related functional profile. Rehabilitation modules targeted on various sub-domains of the activity and participation domain were developed based on this profile. Case management approach was adopted to guide and monitor the rehabilitation journey for the patients with stroke. Focus group was conducted to capture team members' opinions on the implementation of the service model.

Perspectives:

More than 50 codes from body functions, activity and participation were selected and formed the stroke-related functional profile. Eight service modules aiming at the enhancement of patients' performance of activity and participation as well as secondary prevention and long-term maintenance were developed. 12 patients with stroke were enrolled in the pilot phase. The results of the focus group indicated that the ICF-based stroke rehabilitation is effective to guide the design of personal and holistic rehabilitation plan and enhance the communication within the MDT. Further revision of the design and use of stroke-related functional profile should be considered to increase the operability of applying this model in the clinical practice.

Abstract No. 492

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Individuals and Assistive Technology, September 9, 2021, 11:00 - 12:00

Removing “Special” From Assistive Technology: The Hope for Reducing Exclusion

Executive Director Abdul Busuulwa^{1,2}

¹*CBR Africa Network, , Uganda,* ²*RI Global, , Uganda*

Background

This paper seeks to present an argument that removing the tag of “special” from Assistive Technology can go a long way in reducing the exclusion of persons with disabilities from social life. To consider assistive technology as special carries along the negative labelling of persons with disabilities, who are often its users, as a group different from other people. As a result, some end up rejecting assistive technology or use it seldom only in situations where they are accepted as ordinary human beings.

Although in some traditional Assistive Technology devices “special” is inevitable because of what they are purposed to serve, say aiding communication, mobility and memory, there are other types where the tag of special should not actually persist. This is particularly so in Information and Communication Technology, some examples of which include e-book readers, voice browsers, screen magnifiers and speech recognition software that can be used by anybody who is not necessarily having a disability.

Purpose

This paper advocates for improvements in aesthetics, affordability, operability and portability of Assistive Technology.

Methods and Content

The paper will be developed using literature review, combined with both personal and professional experience of people in Uganda that use Assistive Technology in pursuit of education and employment careers.

Perspectives

The paper brings out the challenges associated with labelling technology as special, the rationale for removing this label from Assistive Technology and some suggestions for going about the process of removing “special” from technology.

The paper concludes with demonstrating how eliminating “special” from Assistive Technology is vital for the social inclusion of persons with disabilities, supported by the 2030 Agenda on Sustainable Development with its overarching principle of “leaving no one behind”; and the CRPD with its principles of non-discrimination, accessibility, full and effective participation and inclusion in society, and equality of opportunity.

Abstract No. 493

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Seeing and Hearing, September 8, 2021, 09:00 - 10:00

Speech Technology: The Gateway to Inclusion for People with Disabilities

Executive Director Abdul Busuulwa^{1,2}

¹CBR Africa Network, , Uganda, ²RI Global, , Uganda

Background

From time immemorial, speech has been the primary means of communication between humans. It is used to convey information, emotions and feelings. In modern times, however, technology has transformed speech into several user interfaces hitherto unknown; hence the talk of speech technology.

Speech technology is the development of systems to automatically recognize, generate and understand speech. This comes in two forms – speech recognition (automatically converting speech sounds to text) and speech synthesis (automatically generating speech sounds from text). Very soon speech interface will replace both the keyboard and mouse for issuing input commands to the computer (speech recognition). The keyboard, although a popular medium, requires a certain amount of skill for effective usage. The mouse, on the other hand, requires a good hand-eye coordination. On the other hand, Text on the screen of a computer and/or mobile phone can be read using speech (speech synthesis).

The central argument of this paper is that speech technology is an enabler of productivity, especially through communication and via information retrieval, for all the different categories of persons with disabilities. it is largely used as part of Assistive technology.

Purpose

To demonstrate the usefulness of speech technology for persons with disabilities.

Methods and Content

Using literature review and a phenomenological study on persons with disabilities in Uganda, this paper tackles the history of speech technology, its application in modern times and it spells out the functional limitations of people with disabilities that are reversible using speech technology. Speech technology is specifically vital for enabling persons with disabilities to access education and employment opportunities, the two aspects of development this paper considers most important.

The paper comes up with relevant conclusions and recommendations on enhancing the use of speech technology for persons with disabilities in their day today lives.

Abstract No. 494

Community-based Rehabilitation - Oral Presentations (60) - Sound and Music as Inspiration in Community-based Rehabilitation, September 8, 2021, 09:00 - 10:00

Music Made for Walking

Musician Martin Jantzen¹, Physiotherapist Birgitte Brabrand

¹*Parkinson Pod / Music Made For Walking, Kgs. Lyngby, Denmark*

To be able to walk is what made us humans - it is a function most of us want to keep as long as possible.

In Parkinsons disease gait is one of the functions most typically affected: rigidity and tiny steps, loss of balance, slow tempo, tendency of freezing.

An international meta-analyse published january 2018 focused on the effect of rhythmic cueing on gait - for instance from rhythmic music. It concluded that listening to a rhytm while walking 20-45 minutes 3-5 times a week will improve function of gait in patients with parkinson - walking speed, balance, steplength improves.

A physiotherapist and a musician has joined and developed Music-Made-for-Walking: 7 pieces of rhythmic music especially designed for walking. The music is made in 4 tempi: 102, 107, 114 and 120 beats pr minute (BPM) which is equivalent with steps pr minute when walking.

The music is available on Spotify, Apple Music, YouSee Music, etc. and has been streamed 70.000 times in Denmark and Norway since the introduction in january '19.

Perpective: Parkinson patients NOT only in Denmark and Norway but all around the world could benefit from the music and most likely other patientgroups could as well: rehabilitation after heart-disease, osteoporosis, osteoarthritis, multiple sclerosis, rehabilitation after lung-diseases.

Abstract No. 495

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (90) - Accessibility and Rehabilitation, September 8, 2021, 14:30 - 16:00

Early Mobilization, Using a Robot to Combine Transfer with Rehabilitation

Product Specialist and Physical Therapist Britta Geleijns¹, CEO Lone Lindquist¹

¹*PTR Robots, Odense, Denmark*

A significant challenge in early mobilization is to secure the patient and the caregiver from potential fall risk and unhealthy overload.

Patient handling and transfers involve a significant risk for both patient and caregiver and therefore the patient transfer is often performed passive for the patient or not at all as the risk involved is too high for the caregiver. Performing safe rehabilitation is often planned in a rehab area remote from the patient's known surroundings as the equipment used is placed there.

Various types of equipment are used for rehabilitation and it is a constant challenge for the caregivers to have the right equipment at the right time along with sufficient helping hands to meet the individual patient needs to perform the transfer and/or rehabilitation in a safe manner.

With the development of a robot for patient handling and rehabilitation, the aim is to address the challenges mentioned and integrating safe rehabilitation into transfers and daily care routines by the following robot characteristics and features:

Mobility and flexibility, always allowing ideal positioning of the robot around the patient, to provide safe transfer and enabling the patient's own resources and allowing a direct extension into balance-, sit-to-stand- and/or gait training.

Stability and safety, gives the caregiver more control allowing a focus on the patient's needs opening up for turning passive transfers into early mobilization with the appropriate patient involvement for the most beneficial rehabilitation.

New standards for patient handling, transfer and rehabilitation, can be set with further integration of technology into the robot like; autonomous navigation for fleet management and resource planning, sensor technology for robot interaction with patient and caregiver, artificial intelligence for diagnostics and individual rehabilitation planning.

Results from first user and field tests are indicating the direction and potential as described and to be presented.

Abstract No. 498

Work and Employment - Seminar - RI Guideline Concerning Accessibility in Private Enterprises 1, September 9, 2021, 14:30 - 16:00

Towards Inclusive Work Organizations -Sustainable Work for All-

Drs. Henny Mulders¹, MSc Gemma van Ruitenbeek¹, Professor Dr. Bert Wagener²

¹Center Inclusive Work Organization, Maastricht University, Maastricht, Netherlands, ²Hochschule der Deutschen Gesetzlichen Unfallversicherung (HGU), Bad Hersfeld, Germany

Work is essential for participation in modern society. Work has also been proven to be a key element in recovery of physical and mental disorders.

However, including people with disabilities into the world of work still presents a great challenge for work organizations all over the world. People with disabilities do not fit into regular jobs that are even becoming too demanding for an increasing number of workers without disabilities. There is a need for innovative work redesign aimed at a better fit of work to individual abilities and ambitions, in order to promote sustainable employability for all people.

Efforts of professionals to (re)integrate people with disabilities into regular jobs are predominantly 'supply oriented', supporting people individually in their search for a suitable job. These efforts are in need of a complementary 'demand oriented' approach, aimed at supporting employers to create suitable jobs. For this purpose in the Netherlands the method 'Inclusive Work Redesign' (IWR) has been developed. During the last decade this approach was applied in 'inclusive consulting' of a large number of organizations in very different branches of public and private enterprises. Supported by the European Social Fund, researchers and social security practitioners from Germany and The Netherlands recently started a transnational co-operation to explore the feasibility of the Dutch approach in the German context of work and social security.

We would like to present the method inclusive work redesign, and its application, in a workshop with participants of the congress who have a special interest in promoting labor participation of persons with disabilities.

see further: www.inclusievearbeidsorganisatie.org (English)

Abstract No. 501

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (90) - Accessibility and Rehabilitation, September 8, 2021, 14:30 - 16:00

Increased Self-Reliance on ADL in Sclerosis Patients Using Ceiling Hoist

Occupational therapist Mai-britt Krog Birk¹, Occupational therapist Julie Schjødt Laursen¹, Occupational therapist Ninna Møller Jespersgaard¹

¹VIA University College, Ergoterapeutuddannelsen, Aarhus V, Denmark

Background: Multiple sclerosis (MS) is a neurologically progressive disease affecting the central nervous system. A weakened level of body functioning results in a need for compensatory measures, including aids. 'Going to the toilet' is a private activity where independence is essential.

Purpose: The purpose is to investigate what experiences people with MS have with performing the activity, and how this audience experiences to use an aid rather than personal help. The study contributes to whether Gait Trainer can be used for this audience to gain independence when performing the activity. The focus is on whether Gait Trainer can be implemented in occupational therapy practices when working with independence in performance PADL-activity.

Problem: How do people with multiple sclerosis experience performing the basic activity 'going to the toilet', and what experiences do they have with the use of aids rather than personal help? Can Gait Trainer help the audience become independent in this activity?

Method: Qualitative lifeworld research design with a phenomenological hermeneutic approach. The data collection was done through individual interviews and a group interview with three informants.

Results: The results from the data collection present that it is difficult to accept the need of aids, but that aids are preferred over personal help. This result highlights the importance of simple aids. In this regard, Gait Trainer is a comprehensive aid to use for the activity, but that its strength is in rehabilitation.

Conclusion: The activity 'going to the toilet' is experienced as a private activity and it's desirable to be independent. It was concluded that personal help is perceived as cross-border for the audience, which is why it's preferable to use simple aids instead. In addition, it can be concluded that Gait Trainer, in its current design, is not advantageous for use in the activity for people with MS.

Abstract No. 504

Innovative and Assistive Technologies in Rehabilitation - Seminar (60) - The International Society of Virtual Rehabilitation, September 9, 2021, 13:30 - 14:30

Virtual Reality Based Rehabilitation in 2020

Mr. Mikkel Gammelgaard^{1,3}, Mrs. Iris Brunner²

¹*Teknologi I Praksis, Aarhus, Denmark*, ²*University of Aarhus, Hammel Neurocenter, Hammel, Denmark*, ³*Aarhus Municipality, Center for Assisted Living Technology, Aarhus, Denmark*

In recent years, virtual reality (VR) has been increasingly used as a tool in various types of rehabilitation, such as cognitive-, physical- and psychosocial rehabilitation. Most often VR is used to create virtual environments with different therapeutic purposes depending on the specific type of rehabilitation. For instance, when treating anxiety, VR has been used as a tool in exposure therapy, with the purpose of creating easily accessible and safe environments for the patient. Feasibility and effectiveness of VR-based rehabilitation have been examined in several scientific studies. Both strength and limitations of integrating VR into rehabilitation were found.

Furthermore, recent examples from different practical VR applications in rehabilitation provide insight into the unique opportunities that VR creates, but also sheds light on limitations of the technology. We have not seen the full potential of VR-based rehabilitation yet, as both the technology and knowledge evolve continuously at an increasing pace.

With this workshop, we want to address the applications of VR-based rehabilitation, including cognitive-, physical- and psychosocial rehabilitation. Different experts will provide the participants with insights from the following areas:

- The technological features of VR
- Different modes of application of VR-based rehabilitation in practical settings
- Overview of scientific studies in VR-rehabilitation and their results.
- An outlook on the future of VR rehabilitation
- Possibilities and limitations of VR-based rehabilitation

First part of the workshop will introduce 2-3 experts in the field representing scientific, practical and development aspects of VR-based rehabilitation. In the second part of the workshop, we want to involve the participants to experience VR-based rehabilitation platforms. Finally, we want to create an open discussion using a Fireside Chat format involving the experts as the panel.

Abstract No. 509

Health and Function - Oral Presentations (60) - Stroke 2, September 7, 2021, 12:30 - 13:30

Implementing High-Intensity Gait Training in Inpatient Stroke Rehabilitation in Norway

PT, MSc., DHSc. Jennifer Moore³, PT, BSc. Joakim Halvorsen¹, PT, PhD Elisabeth Bø², PhD Jan Egil Nordvik⁴, PT, MSc. Anne Spendrup Erichsen², PT, MSc. Ingvild Rosseland¹, PT, PhD Thomas George Hornby⁵

¹Forsterket Rehabilitering Aker, Oslo Kommune, Norway, ²Enhet for Rehabilitering, Oslo Universitetssykehus, , Norway, ³Regional kompetansetjeneste for Rehabilitering, Sunnaas HF, , Norway, ⁴Catosenteret, Son, Norway, ⁵Indiana University School of Medicine, Indianapolis, United States

Background: Research on high-intensity gait training (HIGT) in stroke rehabilitation demonstrates substantial impact on walking function including improved gait speed, walking distance, balance, aerobic capacity, and stepping activity. HIGT was also strongly recommended in the clinical practice guideline for improving walking function in ambulatory chronic stroke, spinal cord injury, and brain injury, recently published by the American Physical Therapy Association (Hornby et al. 2020). While this evidence may advance our knowledge about interventions to improve walking recovery, a recent systematic review identified that even when research recommendations were available they were not used by the clinicians about two-thirds of the time (Mickan et al. 2011). This lack of translation into routine clinical practice indicates that patients may not benefit from research advances without innovative implementation efforts. **Purpose:** The purpose of the investigation was to determine the comparative effectiveness of providing high-intensity training on locomotor capacity early poststroke as compared with usual care. The implementation methods and results of translating HIGT to inpatient rehabilitation in Norway will be presented.

Method: In this project, HIGT was implemented into inpatient stroke rehabilitation at two rehabilitation units in Norway, representing both specialist- and primary healthcare. At first, usual care was monitored in a cohort of individuals with subacute stroke (n=56) undergoing inpatient rehabilitation. The functional changes from usual care were then compared to those observed in a second cohort (n=54) after HIGT was implemented.

Perspectives: HIGH was successfully implemented and are now the standard care at both rehabilitation units. The results demonstrated significant gait-related benefits favoring HIGT, and were recently published Stroke (Moore et al. 2020). Additional research should be conducted on use of HIGT in differing clinical and community contexts.

Abstract No. 516

Research in Rehabilitation - Oral Presentations (90) - Heart Rehabilitation, September 9, 2021, 16:00 - 17:30

Move Heart Rehabilitation Closer to Home – Gain High(Er) Compliance

Senior Registrar, Ph.d. Malene Hollingdal¹, CEO Marianne Balsby², CEO Mette Bredsgaard³, Senior Doctor, Ph.d. Jens Refsgaard¹

¹Viborg Regional Hospital, Department of Cardiology, Viborg, Denmark, ²Healthcare Center Skive, Skive, Denmark,

³Healthcare Center Viborg, Viborg, Denmark

Our theory was that we could increase participation in rehabilitation by moving physical training to local health care centres.

In general, participation in rehabilitation after heart disease (ischemic and heart failure) was too low. Patients expressed a wish for local training. The most vulnerable and sick patients do not have the strength to travel far for training and therefore often turned down the offer for training. Also, patients with jobs had problems combining work and rehabilitation.

The training was moved to local health care centres in collaboration with the municipalities. This kind of collaboration is fairly new and needs to overcome barriers regarding data exchange, compliance with national guidelines for rehabilitation, safety issues, opposition against changes, and cost barriers. The design was a 12 month comparative study.

Readers will be introduced to the process of starting the collaboration, what to be aware of when establishing such collaboration, good advice and pitfalls, patient outcomes (rehabilitation in hospital contra health care centre), and cost implications from programme start until now. On a final note, we will outline the continuous expansion of the model.

Participation in rehabilitation increased by 100% in the Skive local health care centre (farthest from the hospital) and by 30% in the Viborg local health care centre (closest to the hospital). The cost was the same at the hospital and locally in Skive and was reduced by 30% in Viborg even though the amount of patients trained increased significantly. There were no serious adverse events and the national guidelines were observed. Patient satisfaction was very high.

This regime is now distributed throughout the Central Denmark Region (population 1.2 million) and is in the process of becoming a national regime. We believe that this approach can be applied to much collaboration about rehabilitation.

Abstract No. 517

Innovative and Assistive Technologies in Rehabilitation - Seminar (60) - Future Patient - Telerehabilitation of Cardiac Patients, September 8, 2021, 13:30 - 14:30

Listen to the Patients: Code Signing Telerehabilitation Program for Heartfailure

Senior Registrar, Ph.d. Malene Hollingdal¹, CEO Marianne Balsby², CEO Mette Bredsgaard³, Senior Doctor, Ph.d. Jens Refsgaard¹, Professor, Ph.D. Birthe Dinesen⁴

¹Viborg Regional Hospital, Department of Cardiology, Viborg, Denmark, ²Healthcare Center Skive, Skive, Denmark,

³Healthcare Center Viborg, Viborg, Denmark, ⁴Laboratory of Welfare Technologies- Telehealth & and Telerehabilitation, SMI, Department of Health Science and Technology, Aalborg University, Denmark, Aalborg, Denmark

Hypothesis:

Participation in the tele rehabilitation program will increase patient's quality of life. Monitoring of physical and psychological parameters will contribute to early detection of worsening symptoms and prevent rehospitalisation when in the program.

Method:

Participatory Design Process

Data collection:

- 8 workshops (each workshop lasted 2,5 hours) with HF-patients, relatives, healthcare professionals, companies, and researchers
- Cultural probes, observations, scenarios and focus group interviews

Time:

- November 2015 to June 2016

Clinical Test of Tele rehabilitation Program:

The program has been tested in a randomised controlled trial with 140 patients. The intervention group has tested the telerehabilitation program and the control group has followed traditional rehabilitation.

Qualitative interviews:

Twelve patients (8 males and 4 females) who have participated in the telerehabilitation group has been interviewed in their homes. The interviews lasted from 60-75 minutes. All interviews were recorded and transcribed. The data were analysed in NVivo 12.0.

Results from interviews:

Feeling of security: "I feel safe and secure by having the support from the technology"

Individualised rehabilitation: "The program can be tailored for my needs in the rehabilitation process", " The program makes good sense to me"

Digital toolbox: "The Heartportal is a usefull toolbox for me mastering my own disease", "Looking at my steps taken, hours of sleep and weight give me an overview of my own data.... I am able to detect worsening of my symptoms"

Rehabilitation activities is being integrated to everyday life: "Doing telerehabilitation makes it possible to integrate activities into my everyday life"

Technology: "It is confusing when the technology is down".

I-health literacy increased in the telerehabilitation group and using step counters motivated the patients to increase steps taken pr day throughout the study period.

Prospects:

The telerehabilitation protocol and IT-portal can easily be adapted to other patient groups.

Abstract No. 519

Policy and Service - Seminar (90) - Right to Health for disabled Persons, Contributions, Governance Structure, Economic Incentives, September 8, 2021, 16:00 - 17:30

The Governance Structure of Rehabilitation - Does It Matter?

Head of Health Jens Bejer Damgaard¹

¹*Holstebro Kommune, Holstebro, Denmark*

It is well known from social science that governance structures influence not only the quality but also the amount of services being produced in an institutional setting. Institutions –defined as rules – matter.

Several studies have examined the influence of institutions in the health care sector.

Knowledge and assumptions from economic theory applied to social science suggests that institutions influence behavior of health care workers. However, they do not only work at an individual level.

Institutions may also shape the services in health - and rehabilitation – in a society.

This leads to two theoretical controversy positions: First, social workers positioned high in a hierarchical (public) governance structure may seek to increase quality, not necessarily towards what patients/citizens want but more towards what brings high prestige. Social workers positioned in the lower end of a hierarchical (public) governance structure may also avoid adoption to the demands of patients/citizens. As street-level bureaucrats they may seek to maximize a way getting through another working day.

A natural question is therefore: Is it possible to identify performance results of social workers between different governance structures?

Second, governance structures at a national level may differ according to the nature and content of specific rehabilitation services. Rehabilitation being an activity seeking a specific (rehabilitation) goal, in a specific period of time, between patients/citizens and relatives and health professionals may include several services. Among the services are typically physiotherapy and ergo therapy. However, whereas the former can be found in a private as well as in a public governance structure the latter only appears, in Denmark, as a public service.

This leads to two simple questions. The first question is: Why? Why are there no private ergo therapists in Denmark? The second question is: Is Denmark a unique case or is it a more common phenomenon?

Abstract No. 520

Leisure, Recreation and Physical Activities - Oral Presentations (60) - Inclusion and Accessibility in Sports and Physical Activity, September 7, 2021, 11:00 - 12:00

Inclusion in Physical Education as Experienced by Children and Parents

Associate Professor Terese Wilhelmsen¹

¹*University Of Sout - Eastern Norway, Drammen, Norway*

This presentation is based on multimethod research project exploring inclusion in physical education (PE) as experienced by children with disabilities and their parents. The data is based questionnaire responses (64 children and 72 parents) and in-depth interviews (15 children and 26 parents). The presentation provides insight into the complexity of physical, social and pedagogical inclusion in PE. The interview data illuminated the situational complexity of and fluctuation in inclusion as experienced by children and parents, as well as how the children navigated exclusive situations in PE. Parents also reported how lack of school routines that ensure systematic PE-related collaboration limits parents' ability to make informed decisions-making in terms of their child's education, and the parental labor involved in securing quality education in PE for their children with disabilities. The survey data reported by children showed that physical inclusion in PE was not sufficient to secure social and pedagogical inclusion and a mastery climate seems to be a particular robust inclusion-supportive climate for children with different motivational profiles and abilities. Finally, the parental survey showed that parents' satisfaction with social and pedagogical inclusion in PE was associated with their attitudes towards inclusion in PE, perceived PE-related information sharing, degree of physical inclusion and children's type and/or degree of disability and physical inclusion.

Abstract No. 521

Leisure, Recreation and Physical Activities - Seminar (60) - Physical Education, Sports and Inclusion, September 9, 2021, 12:30 - 13:30

Danish Development Projects Concerning Guidance in Inclusion in Physical Education

Consultant Tine Soulié¹

¹*Videnscenter Om Handicap, Taastrup, Denmark*

Videnscenter om handicap, Denmark (a competence-center about active life for people with disabilities) has taken part in three development projects concerning 'Inclusion in Physical education at school': 'Alle til idræt', 'Alle elever med i idrætsfaget' and 'TIBIS'.

In all the projects there has been a main focus on: The mindset; Choice of content and teaching method and The "Activity-wheel".

The mindset

Inclusion is an equal interaction of common goals defined by both individual and common needs. All people are as far as possible met based on their particular needs.

The ambition must always be equal access and full participation for all pupils in PE through an inclusive teaching environment. Full participation involves that students are:

- physically and bodily involved;
- socially involved with other students;
- feeling themselves included;
- involved in decisions about the learning processes

Choice of content and teaching method

In the preparation of the inclusive physical education, the choice of the content and teaching methods is made on the basis of the goals set for the physical education and all the students' learning conditions.

The "Activity-wheel"

The "Activity-wheel" – is a model for organization and adaptation of activities.

The presentation will give an overview about the projects and the 3 main focus areas

Abstract No. 522

Community-based Rehabilitation - Oral Presentations (60) - Rhythm and Dance in Community-based Rehabilitation, September 8, 2021, 11:00 - 12:00

Rehabilitation in Harmony with Mind, Body and Soul!

Music teacher at Aarhus Music School and certified RGM practitioner Per Holm Dahl, Innovation Consultant
Mette Taarsted Soelberg

¹*Health And Care, Aarhus Municipality , Aarhus, Denmark*

This session aims to demonstrate an innovative way of rehabilitation using music, dance and rhythm to improve the condition of the brain and both motor and cognitive skills.

The Ronnie Gardiner Method (RGM) has been used in hospitals, rehabilitation centers and practices as part of health care programs for patients with brain damage and conditions of the central nervous system such as stroke, multiple sclerosis, dementia and Parkinson's disease.

As a part of the development of a Culture and Health Strategy in the Municipality of Aarhus, health care professionals and music practitioners have been trained in the RGM with the purpose of integrating a new meaningful method in rehabilitation using arts.

At this session we will present the RGM in a professional practice perspective.

Abstract No. 524

Poster Presentations (60) - Health and Function 1, September 7, 2021, 10:00 - 11:00

Cardiac Rehabilitation in Primary Health Settings – Analysis of Drop-Out

Ph.d.-student Maiken Bay Ravn¹, Researcher Marie Louise Overgaard Svendsen¹, Head of Research Thomas Maribo¹

¹*Defactum, Aarhus, Denmark*

Background

Cardiac rehabilitation (CR) and medical treatment are integrated parts of the intervention for cardiac patients, and is a class 1A recommendation. Since 2017 all phase II CR services have been allocated to primary health settings in Central Denmark Region. However, drop-out from CR in the primary health settings is reported to be relatively high and little is known about reasons for drop-out of CR in primary health settings.

Aim

The aim is two-fold:

Part 1: To identify patients' causes for drop-out of CR-programs.

Part 2: To examine health professionals' perspective on how to facilitate patients' adherence to CR in the primary health settings.

Method

Part 1: A qualitative audit of patients' notes from all patients who dropped out of CR in the primary health settings in Central Denmark Region in 2018.

Part 2: Two focus group discussion with health professionals working with CR in primary health settings. Examples were extracted from the audit and used as discussion aids to facilitate reflection.

Results

A total of 199 patients dropped out and were included in the audit. Only notes where a reason for drop-out could be identified were included in the qualitative analysis. Four themes were identified as causes for drop-out: Organisation of CR, logistical, intrapersonal and clinical reasons.

Eleven health professionals participated in the subsequent focus group discussions. In their perspectives facilitating adherence to CR is more than motivating the patients. Bringing the person at the centre and building a good working relationship to the patient is key. The barriers for adherence are different, so going into dialog and gain insight into what their preferences and challenges are can facilitate adherence. CR should also be initiated early in the treatment during hospitalisation and all involved should have insight into CR and address it as an important part of the treatment.

Abstract No. 526

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

Analysis of Descriptive Answers in the National Survey on Disabilities.

Dr. Yayoi Kitamura¹

¹*National Rehabilitation Center, Tokorozawa, Japan*

【Background】

Since policy making based on data is recommended, the layout of National Survey on Disabilities which is started in 1955 is reviewed. Up to now, the descriptive answers of the needs of persons with disabilities in this survey have not been analyzed nor published.

【Purpose】

This study aims to identify the varying needs of different types of disabilities, using the free descriptions in the 2011 National Survey on Disabilities (Ministry of Health, Labour and Welfare).

【Method and Material】

Data from the National Survey on Disabilities in 2011 was provided by the Ministry as Excel (Microsoft) spreadsheet software data and was analyzed in this format (Excel). This study was submitted for review by Ethical Review Board, but a review was determined to be unnecessary because the study does not handle personal information, but is a secondary analysis.

【Results】

According to the results, concern regarding housing after parent death and economical support was common. On the other hand, persons with visual disability experienced a lack of services, persons with autistic disability experienced difficulty in personal relationships, and persons with chronic diseases were troubled by worsening the disease progression.

【Perspectives】

Classification of descriptive answers of the National Survey on Disabilities according to contents in order to show the common and special needs according to disability type, is recommended for National Surveys in the future.

Abstract No. 527

Individual/Family Perspectives and Processes - Seminar (90) - The Concept of Learning and Coping in Rehabilitation, September 9, 2021, 16:00 - 17:30

Learning and Coping in a Scandinavian Setting

Sundhedsfremmekonsulent Inga Bøge¹

¹*Holstebro Kommune, Holstebro, Denmark*

Subtitle:

Narrative competences - to prioritise the voice, history and perspective of the patient

Description for abstract submission

In rehabilitation great focus is drawn on how to support patients living with chronic disease in living a meaningful and independent life. To ensure patient centred interventions, various pedagogical approaches have been developed and applied in clinical practice.

'Learning and coping' is a generic patient education method developed in Scandinavia where health professionals and 'experienced patients' (peer modelling) teach side by side in patient education sessions across different chronic diseases.

The partnership aims to link health professional knowledge with narratives told by the experienced patients. On a theoretical foundation, narratives are applied into the patient education sessions as an opening for discussions of what is meaningful for the patient living with a chronic disease.

'Learning and coping' are applied in several regions in Norway, Sweden and Denmark and the method is applied in both hospital and community based rehabilitation. Studies have shown that 'Learning and coping' improves adherence to rehabilitation interventions especially among patients with low socioeconomic status.

The workshop welcomes health professionals and researchers with interest in patient education, chronic disease and patient centred care. At the workshop you will be invited to engage actively in discussions on dilemmas raised when narratives are applied in a rehabilitation setting.

Learning and coping is based on theories that improves health professionals' communicative, reflexive and creative competences in a health care system often limited to provide standard care. In cooperation with an 'experienced patient' Inga Bøge from Denmark will give practise examples of how 'Learning and Coping' is applied in a community based rehabilitation programme for chronic obstructive pulmonary disease.

Abstract No. 528

Policy and Service - Oral Presentations (90) - Strategies, September 7, 2021, 16:00 - 17:30

Community and Specialized Rehabilitation Services Well Combined to Modernize NHS

Dottor. alessandro Giustini¹

¹*Gruppo riabilitativo Santo Stefano, Arezzo, Italia*

National Health Services are quickly changing following new problems and expectations from people in any Country : ageing, growing number and ageing for disabled people, health chronic problems creating complex disabilities , new awareness regarding Health Rights and so on.

In the past CBR was a relevant key to face this growing problem in developing Countries; actually this term “Community” remain very critical but changing its meaning .

Rehabilitation is going through a very deep developing process in recent years as mentioned before : new technologies are a very powerful paradigms (and motive power) in this development .

Scientific evidences and experiences in many clinical fields, technology developments in robotic devices and virtual reality , educational and methodological improvements can provide efficacy and effectiveness , sustainability and accessibility both for intensive specialized cares and in other settings and interventions in the Community Network .

Critical could be in some Countries (both in case of developing Countries or yet developed and “hold” European Countries) the possibility for Rehabilitation to work better and better together Community Services , mostly trough Primary Rehabilitation Services .

This is firstly a perspective for developing Countries to offer light interventions , close to home and life for disabled persons involving other community bodies (work places , transportation, education network , voluntaries, associations , charity...) connecting competencies and interventions with specialized Rehabilitation facilities.

We have to share ideas among different rehabilitation-habilitation related disciplines (clinicians ,neuroscientists, teachers, engineers, psychologists, therapists, social workers ..) and among policy makers to understand how Rehabilitations activities can cooperate with Community: from intensive Hospital up to Community for better recovery in life, and from Community services and interventions up to participation for disabled people . In the same time avoiding financial wastes or lack of needed treatments.

Abstract No. 529

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Technology and Case-management in Rehabilitation, September 7, 2021, 13:30 - 14:30

New-Technologies in Rehabilitation in Developing and Developed Countries?

Dottor. alessandro Giustini¹

¹*Gruppo riabilitativo Santo Stefano, Arezzo, Italia*

Rehabilitation future is based on specific medical interventions and services, and in the same time on individual active and motivated involvement of disabled persons and caregivers in the lifelong and community context .

In relation to the actual condition for Developing Countries (having limited investments in specialized services) and in the same time in Developed Countries going toward a “Super aged “condition (disabled people very well ageing and aged people facing many disabilities) community role is fundamental everywhere for Rehabilitation Primary Cares connecting with existing specialized ones, focusing on individual outcomes regarding activity and participation and in the same time on financial sustainability and equity in any economic situation.

Personal and motivated involvement in recovery and maintenance of functioning for patient ,family and care-givers, suitable programmes of cares and follow-up , simple devices, involvement of community , of other professionals not only health, aiming also to modify as necessary the environment ; all these tools must be under a PM&R leadership from acute phases up to long term conditions.

In developed or developing Countries, regarding different economic situations and different Health Services organizations this network connects with the questions about the future meaning and organization of Primary Rehabilitation Cares in acute or chronic conditions of experiencing disability . Rehabilitation facilities and their features (in and out patients, hospital conditions or not, short or long treatments, technological and multi-professional equipments..) needs to be stratified in any Country according to epidemiological (and economical) priorities: primary rehabilitation cares, integrated with that community network , is the fundamental level for appropriateness and sustainability and also for accessibility mainly in “super aged society “. New Technologies and mainly Tele Care and Tele Rehabilitation could be surely a fundamental tool, connecting Health Services and Social Agencies, families and associations , in this perspective.

Abstract No. 533

Individual/Family Perspectives and Processes - Seminar (90) - The Concept of Learning and Coping in Rehabilitation, September 9, 2021, 16:00 - 17:30

Learning and Coping in a Scandinavian Setting

Head of Health Promotion and Prevention Margit Andersen¹

¹*Municipality of Ikast-Brandø, Denmark, , Denmark*

Subtitle:

Equal partnership between health professionals and experienced patients creates quality in patient education

Description for abstract submission

In rehabilitation great focus is drawn on how to support patients living with chronic disease in living a meaningful and independent life. To ensure patient centred interventions, various pedagogical approaches have been developed and applied in clinical practice.

'Learning and coping' is a generic patient education method developed in Scandinavia where health professionals and 'experienced patients' (peer modelling) teach side by side in patient education sessions across different chronic diseases.

The partnership aims to link health professional knowledge with narratives told by the experienced patients. On a theoretical foundation, narratives are applied into the patient education sessions as an opening for discussions of what is meaningful for the patient living with a chronic disease.

'Learning and coping' are applied in several regions in Norway, Sweden and Denmark and the method is applied in both hospital and community based rehabilitation. Studies have shown that 'Learning and coping' improves adherence to rehabilitation interventions especially among patients with low socioeconomic status.

The workshop welcomes health professionals and researchers with interest in patient education, chronic disease and patient centred care.

At the workshop you will be invited to engage actively in discussions on dilemmas raised when narratives are applied in a rehabilitation setting.

In this presentation from Denmark, you will hear about the theoretical components in 'Learning and coping' and what competences are required of health professionals and experienced patients to apply the patient education method in clinical practice.

Abstract No. 534

Leisure, Recreation and Physical Activities - Seminar (60) - Physical Education, Sports and Inclusion, September 9, 2021, 12:30 - 13:30

Children with ADHD/ADHD-Symptoms and Target-Shooting Sport in Denmark

PhD Annegrete Månsson¹

¹University of Southern Denmark, Odense, Denmark

This study investigated the influence of practicing target-shooting sport on children with ADHD and ADHD-symptoms. The intervention consisted of a co-operation between schools and shooting associations across Denmark. The children practiced target-shooting sport at local shooting associations once a week for six months during regular school hours. The teachers followed the children to the shooting associations, and the shooting instructors taught the children in the target-shooting sport. The children were all 10-14 years of age, either with a diagnosis of ADHD or with serious ADHD-symptoms.

A Mixed methods approach was applied: a quantitative study, consisted of a non-randomized controlled open-label study and a qualitative study, designed as a case study, consisted of interviews and observations. The quantitative study included 128 children. The qualitative study included observations in two schools and two shooting associations during a school year. Furthermore, interviews with six children, their teachers, parents, and shooting-instructors.

The overall conclusion of this study is that the children with ADHD and ADHD-like symptoms experienced a bodily calmness and improvement in their attention through their participation in target-shooting sport during school hours. The children experienced new activity and participation possibilities based on this. This finding is supported by the parents' experience that the children's ADHD related difficulties were reduced, but also by the objectively found decrease in inattention as measured by a computer-test (Qb-test).

However, this result has to be interpreted with care due to the lack of random group allocation.

Furthermore, this finding is supported by the children's specific descriptions of how they through their target-shooting sport learn to be better at focusing at one thing at a time. Also, they report that they experience a calmness that they can transfer to other situations than merely during the target shooting situation.

The seminar is held in cooperation with Tine Soulié.

Abstract No. 537

Individual/Family Perspectives and Processes - Seminar (60) - Perspectives of Goal Setting in Rehabilitation, September 8, 2021, 12:30 - 13:30

Shared Decisions and Motivational Interviewing in Goalsetting. A Practice Example

Project manager of quality and data Johan Riisgaard Laursen¹, Physiotherapist Lisbeth Skovly Nielsen¹,
Postdoc. Brian Clausen¹

¹Sano Denmark, Middelfart, Denmark

Background

Sano (Middelfart) is conducting goal oriented multi-professional team rehabilitation (physical- and occupational therapists, nurses and psychologists) for approximately 300 patients with rheumatic diseases per year. Admission criteria at Sano includes diagnosed with rheumatic disease and be self-reliant. Goal setting is an essential part of team rehabilitation and patient involvement in goal setting, also known as Shared Decision Making (SDM), it has a positive impact on adherence to rehabilitation and motivation to achieve goals. SDM can prevent rehabilitation goals from being pushed in a direction of HP's preference and profession.

Motivational Interviewing (MI) can be used to facilitate SDM. MI consist of four key components. Engaging - the HP express empathy through reflective listening, Focusing -the HP assists patients in prioritizing goals and indicate discrepancy between the patient's goals and behavior. Evoking -the HP support the patient's self-efficacy on overcoming the discrepancy. Planning -the HP and the patient create a detailed plan.

Purpose

This practice example describes the process of systematically practicing and improving the HP team's skills in assisting and facilitating SDM in goal setting, using MI for patients at team rehabilitation.

The project's success criteria were:

- Providing HP's with a structured goal setting process e.g. role distribution.
- Improvement in HP's MI skills
- That the HP's felt comfortable in engaging in shared decisions and goal setting

Method

An external consultant and expert in MI was assigned from January to July 2019. The consultant's focus was to assess and develop the HPs MI skills. Super vision consisted of three group sessions and weekly peer-to-peer supervision in smaller groups. Supervision was based on observation and voice recordings of goal setting conversations

Perspective

We expect, patients and HP's to experience a common starting point for the rehabilitation course and that SDM in goal setting increases patients' motivation for achieving their goals.

Abstract No. 539

Health and Function - Oral Presentations (90) - Disaster, Refugees, Ex-prisoners, September 8, 2021, 16:00 - 17:30

Refugees with Disabilities; Global Situation and a Canadian Case Study

Prof. Mathieu Simard^{1,2,3}

¹RI Canada, Quebec, Canada, ²McGill University, Montreal, Canada, ³UQAC, Chicoutimi, Canada

Background:

The current global context is characterized by a crisis of forced displacement due, in part, to the consequences of economic distress and the overflow of wars in Syria and other countries. According to 2019 data from the High Commissioner for Refugees, there are 41.3 million internally displaced people and 25.9 million refugees worldwide. Despite increasing needs, the reception of refugees in high-income countries presents challenges. Refugees with disabilities face specific barriers and challenges during the migration process. We will apply a structured health vulnerability lens to examine the situation in a high-income host country. In practice, the immigration admission policies of Canada are restrictive with respect to people with disabilities. It is important to examine Canada's integration (and exclusion) principles and practices in relation to refugees who experience impairment and disability.

Purpose:

We investigate how refugees with disabilities are treated globally and present empirical and theoretical findings of research performed within the Canadian refugee system through the theoretical lens of structured health vulnerabilities.

Methods and content:

The first component is a conceptual investigation drawing together insights from scholarship on structural (in)justice, social vulnerability and disability in context of humanitarian crisis. Results from an interview-based, qualitative inquiry conducted in 2020 in Canada will also be presented.

Perspectives:

The global perspective raises serious concerns in regards to the risks exposures of refugees with disabilities, and an intersectional approach outlines specific structured vulnerability to specific groups such as women and children refugees with disabilities.

The study in Canada identified a series of points within the refugee claim and review pathway that raise questions related to structured health vulnerabilities. Our analysis illuminates structures of the system that warrant scrutiny and remediation. It also illustrates structures and policy shifts revealing that attention to these structural barriers can promote health justice.

Abstract No. 540

Individual/Family Perspectives and Processes - Seminar (90) - The Concept of Learning and Coping in Rehabilitation, September 9, 2021, 16:00 - 17:30

Learning and Coping in a Scandinavian Setting

Business Developer Helene Landin¹, Coordinator Lena Urde Trulsson²

¹Region Östergötland, Linköping, Sweden, ²Region Skåne, Helsingborg, Sweden

In rehabilitation great focus is drawn on how to support patients living chronic disease in living a meaningful and independent life. To ensure patient centred interventions, various pedagogical and didactical approaches has been developed and applied in clinical practice.

'Learning and coping' is a generic patient education method developed in Scandinavia where health professionals and experienced patients (peer modelling) teach side by side in patient education sessions across different chronic diseases.

The partnership aims to link health professional knowledge with narratives told by the experienced patients. On a theoretical foundation, narratives are applied into the patient education sessions as an opening for discussions of what is meaningful for the patient living with a chronic disease.

'Learning and coping' are applied in several regions in Norway, Sweden and Denmark and the method is applied in both hospital and community based rehabilitation. Studies have shown that 'Learning and coping' improves adherence to rehabilitation interventions especially among patients with low socioeconomic status.

The workshop welcomes health professionals and researches with interest in patient education, chronic disease and patient centred care.

At the workshop you will be inspired to include narratives in rehabilitation interventions and hear practice examples of the method applied in Norway, Sweden and Denmark. You will be invited to actively engage in discussions on dilemmas raised when narratives are applied in a rehabilitation setting.

(Swedish sub-title:)

Co-production of person centred care

Swedish healthcare aims to be person-centred. Part of person-centered care is to provide individualized information and education regardless personal background. In this part of the session we will focus on the partnership with patients and next of kins in 'Learning and Coping' groups to raise motivation and hope as well as strengthening self-management abilities.

Abstract No. 545

Policy and Service - Seminar (60) - Habilitation, September 8, 2021, 13:30 - 14:30

A New Professional and Political Paradigm for Habilitation

Forbundsformand Benny Andersen¹

¹*Socialpædagogerne, Copenhagen, Denmark*

The keynote presentation argues that we need a coherent and ambitious professional and political paradigm for habilitation of people with congenital cognitive disabilities.

People with congenital disabilities often experience that efforts to support them are uncoordinated and that it is up to them (or their relatives) to create coherence. This can cause confusion, frustration and aggravation of their condition – resulting in lower life quality, poorer health and social relationships, lack of participation, etc.

The concept of rehabilitation has set a paradigm for supporting especially elderly citizens in maintaining their ability to function and remain self-reliant. The main focus of rehabilitation is restoration of functions from a health perspective, and support efforts are typically temporary.

Unlike rehabilitation, the concept of habilitation is practically invisible in the public and professional debate. Habilitative efforts are aimed at people with disabilities who need support to develop and use their capabilities and potential. Without a habilitating effort, skills will be impaired or lost. These efforts are typically life-long, although varying over time.

The concept of habilitation holds unfulfilled and important potentials for the professional, political and ethical development of social efforts for people with congenital cognitive disabilities. The potentials can be fulfilled by insisting on the following core values:

- The person who needs support is before everything else a human being – not a diagnosis, patient, or object of professional care.
- The purpose is to ensure dignity and life quality.
- The professional approach is curious and respectful of the life story, hopes, dreams and resources of the individual person.
- The efforts adapt to the person's needs – not the other way around.
- The efforts are designed from a life phase perspective: Different phases of life involve different requirements and solutions.

The keynote presentation will elaborate on these thoughts.

Abstract No. 546

Work and Employment - Oral Presentations (60) - Individual Placement and Support, September 8, 2021, 11:00 - 12:00

Individual Placement and Support (IPS): Results from a Randomized Trial

Ph.d. Thomas Nordahl Christensen¹

¹*Mental Health Center Copenhagen, Hellerup, Denmark*

Introduction: Individual Placement and Support (IPS) is an evidence-based employment service integrated within community mental health teams for people who experience severe mental illness. Moreover, it has been suggested that the vocational effects can be further enhanced by supplementing IPS with cognitive remediation and work-related social skills training (IPSE).

Purpose: To investigate the effects of IPS vs IPSE vs service as usual (SAU) on a population of individuals with severe mental illness in Denmark.

Methods: The trial was an investigator-initiated randomised, three-group parallel, assessor-blinded, multisite trial. 720 participants with severe mental illness were recruited from early intervention teams (OPUS teams) or community mental health services in three Danish cities and were randomly assigned to receive IPS (N=243), IPSE (N=238), or SAU (N=239) from November 2012 to August 2017.

Results: Over the 18-month follow-up period, participants in the IPS group were more likely than those in the SAU group to work competitively or be enrolled in education (59.9% vs 46.5%; SRD, 0.134 [95%CI, 0.009-0.257]; P=.002). The difference between IPSE and SAU was (59.1% vs 46.5%; SRD, 0.126 [95%CI, 0.003-0.256]; P=.03). There was no difference between IPS and IPSE in any vocational outcomes, and the 3 groups showed no differences in any non-vocational outcomes, except that the IPS and IPSE groups were more satisfied with the services received than the group receiving SAU (IPS vs SAU: SRD, 0.310 [95%CI, 0.167-0.445]); IPSE vs SAU: SRD, 0.341 [95%CI, 0.187-0.478]). Further, results from 30 months follow-up and the cost-effectiveness of the interventions will be presented.

Discussion: IPS and IPS supplemented with cognitive remediation and work-related skills training are viable routes to increase employment and study rates and should be available for all people with severe mental illness who have interest in working or studying.

Abstract No. 547

Health and Function - Oral Presentations (90) - Veterans and Victims, September 7, 2021, 14:30 - 16:00

An Inclusive Response for Victims of Crime with Disabilities

Executive Director Katherine Yoder¹

¹*Adult Advocacy Centers, Columbus, United States*

Presenters will provide a look into the Adult Advocacy Centers (AACs). The Adult Advocacy Centers are the first centers that will be equipped to provide holistic, accessible and trauma-informed services to adult crime victims with disabilities in a universal and multi-sensory environment. The AACs will work in partnership with state, regional and community agencies to coordinate a response that promotes the safety and well-being of all individuals. To provide these services, the AACs will facilitate multi-disciplinary teams (MDTs) within local communities. A deeper look into this unique approach to victim services will assist participants in understanding best practices for survivors.

Abstract No. 548

**Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Virtual Reality 2,
September 8, 2021, 11:00 - 12:00**

Virtual Reality Technology on Fall Prevention Program for Older Persons

Mr. Wing Ip¹

¹Director, Eden Initiative (HK) Limited, , Hong Kong, ²Project Assessor, Global Disability Development Fund / Africa Fund, , Hong Kong, ³PhD candidate, University of Southern Queensland, , Australia, ⁴Clinical Educator, The University of Queensland, , Australia

Virtual Reality (VR) technology has potential for reducing the risk of falls in aged care services. There are indications of a positive training effect as a cognitive-motor intervention method to improve the postural balance and cognition on safe walking. There is little evidence, however, supporting the long-term effect of VR application or the existence of a research-based training protocol on fall prevention program using VR among PLWD and MCI. The project seeks to examine this gap by addressing the research question: What are the effects of VR technology on reducing the risk of falls in older persons with cognitive impairment? This study adopts a positivist framework which guides the researcher to investigate the potential for the novel approach of VR application to change the fall risk factors in the experimental research. The research aims to deduct the cause-effect relationship between the VR technology intervention and the postural balance and cognitive performance on fall prevention. A quantitative methodology research design will be applied to investigate how the participants experience the Cave Automatic Virtual Environment "CAVE" VR intervention program in a randomized control trial experimental study. Participants will be recruited from the community aged care facilities in Hong Kong. The participants will receive six weeks of fall prevention training with or without "CAVE" VR intervention. The collected data will be analyzed statistically and used to examine the changes of the dependent variables when the independent variables are different. As the study involves human subjects, the university ethical approval and the organizational approval will be sought prior to data collection. Findings from this project are expected to provide evidence about the effectiveness of innovative "CAVE" VR intervention with guiding principles and recommendation(s) on fall prevention program among PLWD and MCI in aged care services.

Abstract No. 549

Poster Presentations (60) - Ageing and Rehabilitation / Policy and Service, September 7, 2021, 10:00 - 11:00

Multi-Professional Support for Returning Home

Assistant Professor Riho Hirose¹, Assistant Professor Naoto Kiguti²

¹Mejiro University, Saitama City, Japan, ²Ibaraki Prefectural University of Health Sciences, Inashiki Town, Japan

Many clients admitted to an acute care hospital are discharged home after intensive rehabilitation in a convalescent hospital. However, prolonged hospitalization has been reported to lead to cognitive dysfunction caused by dementia and difficulty in discharging them home. In this report, we provided an occupational therapy through ADL and IADL practice for a client in his 80s, who had suffered a stroke clarifying on a need of what he want to do and a barrier and environment of after discharged early in his hospitalization. Moreover, we also shared information with multiple professionals, including physical therapists, nurses, and physicians, about the client's intentions, housing environment, and post-discharge services.

After 8 weeks, He improved not only physical functioning but also ADL, IADL skills and subjective satisfaction with some activities that he do after discharged.

As a result, he was able to back him home without transferred to a recovery hospital and resumed activities of going out on the train and playing IGO (Japanese territorial takeover board game) , that he had been doing before hospitalized. He was able to perform household chores on behalf of his wife, who has dementia.

Our report suggested that, an occupational therapist, who is a client-centered health profession concerned with promoting health and well-being through occupation, took a leadership in gathering information and assessing about the client's desired life, and sharing this information with the multidisciplinary staff and supporting them in a coordinated manner enable the client to approach and discharge from the acute care hospital as soon as possible.

Abstract No. 550

Poster Presentations (60) - Innovative and Assistive Technologies in Rehabilitation, September 8, 2021, 09:00 - 10:00

Influence of Telecommuting on Self-Awareness of Being Mentally Ill

PSW Yumi Yuzawa¹, Dr. Jun Yaeda²

¹Tanzawa Hospital, 557 Horiyamashita, Hadano,, Japan, ²University of Tsukuba, 3-29-1 Otsuka, Bunkyo,, Japan

Background

The Covid-19 pandemic has increased telecommuters, and changes in the working environment affect employees' mental health.

Purpose

This study examined the process as to how employees with mental health problems initially access health care providers, and how changes in the work environment due to the increase in telecommuting has affected that process.

Method and content

Data of interviews with six male employees taking sick leave, which were conducted before Covid-19, were used. The process of medical care visits after the onset of mental health problems was analyzed and discussed from the perspective of the current situation imposed by Covid-19.

Perspectives

Managers and colleagues at workplaces, noticing a mental illness was more important than family involvement in making the first medical visit. Also, co-workers noticing mental health problems was an incentive to visit health care providers. Moreover, male workers might resist taking a leave of absence because of the strong sense of duty to their work. As a result, psychiatrists had to provide a diagnosis and treatment plan, and managers had to give a firm order before employees took leave, whereas the family functioned as a safety net. Previously, other employees noticed co-worker's mental health problems when talking and directly interacting with them daily. However, currently, employees have less direct interactions with each other due to increased teleworking and online meetings, which might postpone an employee's awareness of their mental health problems and delay timely consultations with physicians. As a result, it becomes necessary to consider a new system for the early detection and treatment of people with mental health problems at workplaces, where the physical distance among workers has increased.

Abstract No. 551

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Virtual Reality 1, September 7, 2021, 11:00 - 12:00

Development and Design Of VR for Use Within Exposure Therapy

Mr. Asge Matthiesen¹

¹Syddansk Universitet, Odense C, Danmark

Anxiety disorders are one of the most common mental health problems in Denmark with an estimated 350.000 sufferers. Individuals with anxiety have more visits to general practitioners and 120.000 more visits to a psychiatrist or psychologist than people without. Social Anxiety Disorder (SAD) often begins in adolescence and has a considerable negative impact on the patient's life. The gold-standard treatment for SAD is cognitive behavioral therapy (CBT). A central element in CBT is exposure therapy. During exposure the patient and therapist gradually confront the feared stimuli. Virtual reality (VR) (which can be defined as a computer-generated simulation of the real world), is often used to provide an immersive and intense experience comparable to the real world. VR Exposure Therapy (VRET) for anxiety disorders has been examined internationally the past 20 years with overall positive findings. VRET has proven effective for treating SAD with similar effects as traditional treatment. In this project we have developed and designed two specific VR scenarios: "A Bench Scenario" with two people interacting with the patient and "An Employee Presentation" with four other people. These scenarios are to be tested in a larger RCT study combined with biometric sensors, heart rate, sweat, and pulse sensors. These are to be interpreted in real-time and the scenarios are able to relay feedback to the practitioner. The idea is that in the future it will be able to target the specific anxiety triggers with the current patient. This research is a part of a larger project, called VR8, which is divided into several work-packages and between several partners.

The presentation will be about the design and development of the two simulations and the upcoming test phases within. There will be a focus on the methods, centered around the iterative design cycle as the backbone for this process.

Abstract No. 552

Rehabilitation and Palliative Care - Oral Presentations (60) - Palliative Rehabilitation, September 9, 2021, 11:00 - 12:00

A Meaningful Life with or after Cancer: A Mixed-Method Project

Nina Rottmann^{1,2}, Aida Hougaard Andersen², Annette Rasmussen¹, Tatjana Schnell^{3,4}, Heidi Frølund Pedersen⁵, Peter la Cour, Tonny Elmoose Andersen²

¹REHPA, The Knowledge Center for Rehabilitation and Palliative Care, Odense University Hospital and Department of Clinical Research, University of Southern Denmark, Nyborg, Denmark, ²Department of Psychology, University of Southern Denmark, Odense, Denmark, ³MF Specialized University, Oslo, Norway, ⁴Institute of Psychology, Innsbruck University, Innsbruck, Austria, ⁵Functional Disorders, Aarhus University Hospital, Aarhus, Denmark

Background:

A diagnosis of cancer can be life-changing and may bring about existential concerns, including questions related to meaning in life. While many persons who have or have had cancer (henceforth: 'cancer patients') manage to create or re-create meaning, a considerable group is struggling in this process. If these struggles are not resolved, this can have negative consequences on patients' quality of life. However, existential aspects are rarely addressed in cancer rehabilitation, possibly because health professionals lack tools to work with these issues.

Purpose:

The purpose of the present project is to validate and evaluate a structured group-based intervention in cancer rehabilitation, the Sources of Meaning-Group Approach (SoMe-Group), which aims at enhancing participants' experience of meaning and quality of life through clarification of personal sources of meaning in everyday life.

Method and content:

The project's target group are adult cancer patients and health professionals working in cancer rehabilitation in Denmark. The project includes three sub-projects in a mixed-method design:

- 1) SoMe-Group is based on 26 cards including statements on one source of meaning each. These cards will be validated through cognitive interviews among 12 cancer patients.
- 2) A feasibility study will evaluate acceptability and experienced benefits of SoMe-Group among 32 cancer patients, using focus groups, semi-structured interviews, questionnaires and observation; acceptability and practicality will be evaluated among 20 health professionals, using focus groups.
- 3) A questionnaire survey among approximately 200 cancer patients will provide knowledge on relevant sources of meaning.

Data collection is planned for 2021 and 2022 at REHPA's research clinic, depending on project funding. At RIWC the project background and design will be presented.

Perspectives:

The overall goal of the project is an intervention that can be implemented in rehabilitation settings. Following this project, the next step will be a randomized trial to evaluate the efficacy of SoMe-Group.

Abstract No. 553

Psychosocial Rehabilitation - Oral Presentations (60) - Biopsychosocial, September 8, 2021, 10:00 - 11:00

Mapping a Biopsychosocial Adjustment Process Model onto WHO's ICF

Psychologist Lis Hammond¹, Assistant Psychologist Alexander Paul Farrington², Professor Manoj Sivan³
¹IMACC Rehabilitation Psychology ApS, Morud, Danmark, ²Neuropsychology Department, Cambridge University Hospitals NHS Foundation Trust, Cambridge, United Kingdom, ³Academic Department of Rehabilitation Medicine, University of Leeds, Leeds Community Healthcare NHS Trust and Leeds Teaching Hospitals NHS Trust, Morud, Danmark

Background/purpose:

Literature relating to WHO's International Classification of Functioning, Disability and Health (ICF) has called for more research into processes relevant to rehabilitation and psychosocial adjustment, as current models provide limited understanding of the dynamic change process. This project aimed to establish the relevance of the Integrative Model of Adjustment to Chronic Conditions (IMACC), an innovative biopsychosocial process model, as a framework for research and a clinical tool in rehabilitation by linking it with the ICF.

Method and content:

The study employed secondary analysis of data from the original IMACC grounded theory study. The study population consisted of 10 participants with type 2 diabetes mellitus. IMACC consists of three interconnected parts comprising a total of 12 components. Datasets used for this study consisted of the qualitative data underpinning each IMACC component. Meaningful concepts from each dataset were linked to ICF categories using the standard ICF linking rules. Analysis and triangulation was done by researchers trained in the use of ICF.

The study had ethical approval from a British University. Findings suggest that all 12 IMACC components accommodate a range of ICF second and third level categories from all health and health-related domains in patterns consistent with the theoretical conceptualisation of each separate IMACC component.

Perspectives:

We believe this to be the first study to map a chronic conditions adjustment model to the ICF framework and IMACC was shown to comprehensively match ICF span. IMACC provides a framework that may be useful for ICF related research into biopsychosocial adjustment processes as well as being a potential clinical tool addressing psychosocial adjustment difficulties in chronic conditions. Further research should aim to verify the IMACC theory and its relevance to ICF. Clinical testing of IMACC's effectiveness and efficiency is urgent in view of the continuing increase of chronic conditions and associated psychosocial challenges.

Abstract No. 554

Research in Rehabilitation - Oral Presentations (60) - Pain Management, September 8, 2021, 10:00 - 11:00

Does Increased Shoulder Pain during Exercise Influence Subsequent Exercise Efforts?

PT, PhD-student Jeanette Trøstrup¹, Consultant, PhD Poul Frost^{2,5}, Professor, PhD Susanne Wulff Svendsen^{3,5,6}, PhD Lone Ramer Mikkelsen^{1,4}, PhD Lene Bastrup Jørgensen^{1,4}, Consultant ThomasMartin Klebe¹, PhD Annett Dalbøge²

¹Elective Surgery Centre, Silkeborg Regional Hospital, Silkeborg, Denmark, ²Danish Ramazzini Centre, Department of Occupational Medicine, Aarhus University Hospital, Aarhus, Denmark, ³Danish Ramazzini Centre, Department of Occupational Medicine, Regional Hospital West Jutland – University Research Clinic, Herning, Denmark, ⁴Department of Clinical Medicine, Aarhus University, Aarhus, Denmark, ⁵Department of Occupational and Environmental Medicine, Bispebjerg and Frederiksberg Hospital, University of Copenhagen, Copenhagen, Denmark, ⁶Department of Public Health, Section of Environmental Health, University of Copenhagen, Copenhagen, Denmark

Background: Exercises are the recommended first choice treatment for shoulder complaints. It is unclear if increased pain during an exercise session influences subsequent exercise efforts and which role high levels of fear-avoidance beliefs play for this relationship.

Purpose: To examine if increased pain during exercise is associated with a lower subsequent exercise dose and a prolonged time until next exercise session, and to evaluate if these associations are influenced by high fear-avoidance belief.

Method and content: A prospective cohort study embedded in a randomised controlled trial. The intervention consisted of three home-based shoulder exercises performed with an elastic band in a 2-3-month period. Participants were employees with high occupational shoulder exposures and shoulder complaints in Central Denmark Region between August 2017 and September 2019. The primary outcome was exercise dose (i.e. number of repetitions, progression level, and resistance level) and time until next exercise session reported in a diary. The associations were analysed using a linear mixed model.

Results: A total of 79 participants were included. For a 1 cm increase in pain on a Visual Analogue Scale (0-10 cm) during an exercise session, the number of repetitions, progression level, and resistance level in the next session changed by -1.2 (95% confidence interval (CI) -3.7 to 1.2), 0.0 (95% CI -0.1 to 0.0), and -0.0 (95% CI -0.1 to 0.0), respectively. The corresponding change in time until the next session was -0.4 (95% CI -1.7 to 0.9) days. There were no interactions with fear-avoidance belief scores.

Conclusion and perspectives: Increased shoulder pain during an exercise session did not influence subsequent shoulder exercises irrespective of fear-avoidance beliefs. However, the participants had low pain intensity at baseline and low increases in pain intensity. Future studies may examine if an association exists between higher increases in pain intensity and subsequent exercise efforts.

Abstract No. 555

Research in Rehabilitation - Oral Presentations (90) - Heart Rehabilitation, September 9, 2021, 16:00 - 17:30

Barriers of Cardiac Rehabilitation among Vulnerable Women with Myocardial Infarction

RN., Ph.d. Maria Kjølner Pedersen¹, Louise Støier¹, Egerod Ingrid², Dorthe Overgaard¹

¹Department of nursing and nutrition, University College Copenhagen, Copenhagen, Denmark, ²University of Copenhagen, Rigshospitalet, Intensive Care Unit 4131, Copenhagen, Denmark

BACKGROUND: Cardiovascular disease is one of the main causes of morbidity, mortality and hospitalization in European women. In Denmark, cardiac rehabilitation (CR) is offered as a hospital-based interdisciplinary outpatient program, community-based rehabilitation, or a combination of the two. The positive effect of CR is well documented; CR reduces cardiovascular mortality, lowers hospital admissions, and improves quality of life in patients with ischemic heart disease. However, low CR participation is prevalent among patients who are older, women, with a low socioeconomic position, lone dwelling or have a non-western background. Effective interventions enabling increased CR attendance in these groups are warranted. Knowledge about CR barriers related to everyday life and social support needs is crucial to the development of effective CR interventions in this vulnerable group.

PURPOSE: To explore mastery of everyday life and social support needs in older, vulnerable women with myocardial infarction (MI) and their relatives enabling improved CR attendance in this vulnerable group.

METHODS AND CONTENT: The study is designed as a qualitative explorative study using semi-structured individual or dyadic interviews. From November 2019 to January 2020, vulnerable women diagnosed with MI (n=21) and their relatives (n=13) were interviewed to explore CR barriers related to everyday life and social support needs. Patients were sampled from a university hospital in Denmark and interviews were analyzed using thematic analysis.

PERSPECTIVES: The study offers a basis for the development of CR interventions customized to this group of vulnerable patients. Interventions should target patients with multimorbidity, decline in physical status, low motivation for lifestyle changes as well as transportation issues. The study results point to Peer support as a feasible solution to assist vulnerable women in CR attendance.

Cardiac Rehabilitation: Nationwide Study of Predictors of Referral and Outcomes

MSc PhD LC Thygesen¹, MSc PhD Line Zinckernagel¹, MD PhD Hasnain Dalal², MD DMSci Kenneth Egstrup³, MD PhD Charlotte Glümer⁴, MD PhD Morten Grønbaek¹, MSc PhD Teresa Holmberg¹, MD DMSci Lars Køber⁵, MSc PhD Karen la Cour⁶, MHS PhD Anne Nakano⁷, MD PhD CV Nielsen^{8,9}, MD PhD KL Sibillitz⁵, PhD DMSci JS Tolstrup¹, MD PhD AD Zwisler¹⁰, MSc PhD RS Taylor^{11,1}

¹National Institute of Public Health, University of Southern Denmark, Copenhagen, DK, ²University of Exeter Medical School, Knowledge Spa, Royal Cornwall Hospital, Truro, UK, ³Department of Cardiovascular Research, Odense University Hospital, Svendborg, DK, ⁴Center for diabetes in The City of Copenhagen, Copenhagen, DK, ⁵Department of Cardiology, Rigshospitalet, Copenhagen University Hospital, Copenhagen, DK, ⁶Department of Public Health, University of Southern Denmark, Odense, DK, ⁷The Danish Clinical Registries (RKKP), Aarhus, DK, ⁸DEFACTUM, Regional Hospital West Jutland, Central Denmark Region, Aarhus, DK, ⁹Institute of Public Health, Aarhus University, Aarhus, DK, ¹⁰REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Odense University Hospital and Department of Clinical Research, University of Southern Denmark, Nyborg, DK, ¹¹Institute of Health and Well Being, University of Glasgow, Glasgow, UK

Aims: Participation in exercise-based cardiac rehabilitation (CR) in people with heart failure (HF) is a clinically and cost-effective strategy and recommended in international clinical guidelines. The aims of this study were to: (1) examine the temporal trends and predictors of national CR referral, and (2) compare the risk of hospital readmission and mortality in those referred for CR compared to no referral.

Methods: All patients in Denmark with incident HF were identified by the Danish Heart Failure Register in the period 2010 to 2018 (n=33,257) and CR referral assessed within 120 days of hospital admission.

Multivariable logistic regression models were used to evaluate the association between CR referral and predictors and to compare risk of hospital readmission and mortality until 1 year between referred and not referred patients.

Results: Overall, 45.0% of HF patients were referred to exercise-based CR, increasing from 31.7% in 2010 to 52.2% in 2018. Factors independently associated with higher CR referral were: NYHA functional class II, LVEF <50%, previous myocardial infarction and use of ACE inhibitors. Male gender, older age, region, unemployment, retirement, living alone, non-Danish ethnic origin, lower educational level, NYHA class IV, hypertension, chronic obstructive lung disease and stroke before HF diagnosis were associated with lower CR referral. CR referral was associated with lower risk of readmission (adjusted odds ratio: 0.90; 95%CI: 0.85-0.95), HF-specific mortality (0.61; 0.39-0.95) and all-cause mortality (0.61; 0.55-0.69) as compared to no referral.

Conclusions: CR referral has increased over time, but only some 1 in 2 diagnosed HF patients in Denmark are referred to evidence-based CR. CR referral is associated with lower risk in readmissions and mortality. Strategies to promote CR referral including healthcare professional education on the benefits of CR and alternative methods of CR delivery are urgently needed to improve access to CR, especially for high-risk groups.

Abstract No. 557

Poster Presentations (60) - Health and Function 1, September 7, 2021, 10:00 - 11:00

Relation between Depression and Activity/Participation in People with Chronic Disease

PhD Erhard Næss-Schmidt^{1,2}, PT Nils-Bo Andersen³, PhD Peter Stubbs⁴

¹Aarhus University, Department of Clinical Medicine, Aarhus, Denmark, ²Hammel Neurorehabilitation Centre and University Research Clinic, Hammel, Denmark, ³Primary Health Care and Quality Improvement, Viborg, Denmark, ⁴Graduate School of Health, Discipline of Physiotherapy, University of Technology Sydney, Sydney, Australia

Background

In Denmark, some people with chronic diseases are entitled to free of charge physiotherapy. We recently described the development and content of a clinical physiotherapy database for people receiving free of charge physiotherapy and presented a cohort profile based on collected data¹. A distinguishing feature of the database is the collection of biopsychosocial assessment, which is important to reveal all potential aspects required for successful rehabilitation.

Purpose

In this sub-analysis we aim to explore relationship between risk of depression and activity/participation.

Method and content

Data was collected between August 2017 to January 2019 in private outpatient physiotherapy clinics in Denmark.

534 participants performed a baseline assessment and 393/534 filled in a survey. ≈50% of the cohort had neurological disorders (stroke 22.7%, Multiple Sclerosis 17%, Parkinson's 9.6%). The survey included questions on risk of depression (WHO-5) and activity/participation (WHODAS 2.0). Total WHODAS 2.0 and WHO-5 scores were analysed with Spearman's correlation using available case analysis

Perspectives

314/393 had complete WHODAS 2.0 and WHO-5 scores. Included participants had a mean (SD) age of 59 years (15) and median (IQR) time since diagnosis of 9 years (3-18.25). The median (IQR) WHODAS 2.0 and WHO-5 scores were 25 (18-32) and 15 (11-19), respectively. There was a moderate correlation between risk of depression and activity/participation (ρ : -0.548, $P < 0.001$).

Risk of depression and difficulties with activity/participation ability may be related in people with chronic disease. Further research should attempt to elucidate on the relationship between depression and activity/participation. It is possible that free of charge physiotherapy would gain from a greater focus on mental well-being and/or activity/participation and positively influence patient outcomes.

¹Næss-Schmidt ET, Andersen NBDV, Christiansen DH, Nielsen JF, Stubbs PW. Cohort profile : Design and implementation of the Danish Physiotherapy Research Database for patients receiving primary care with chronic disease. BMJ Open.

Abstract No. 558

Poster Presentations (60) - Community-based Rehabilitation, Outdoor, Leisure, Recreation and Physical Activities / Work and Employment, September 7, 2021, 11:00 - 12:00

Relationship between Collaboration in Work Support and Knowledge and Skills

Dr. Kazuaki Maebara¹, Dr. Jun Yaeda²

¹Akita University, Akita City, Japan, ²University of Tsukuba, Bunkyo, Japan

Introduction:

Recently, there has been growing hopes over initiatives to support the transition of persons with disabilities from job-based welfare services for the person with disabilities to employment in companies. This is occurring against the backdrop of a significant increase in employment among the persons with disabilities in Japan.

Purpose:

Aiming to improve the quality of this transition, this study examined the relationship between collaboration of the Consultation Support Businesses with vocational rehabilitation organizations and knowledge and skills related to employment support.

Method and content:

A mail survey was conducted to all 122 Consultation Support Businesses in a Japanese Prefecture. The paper analyzed the relationship between current collaboration with vocational rehabilitation organizations (Local Vocational Centers for Persons with Disabilities, Employment and Livelihood Support Centers for Persons with Disabilities, and Public Employment Security Offices) and the degree of role awareness with the employment support.

As a result of t-test on knowledge and skills status between Consultation Support Businesses with high degree of cooperation with vocational rehabilitation organizations and those with low degree, significant differences were only confirmed in the subsystems of Local Vocational Centers for Persons with Disabilities.

Perspectives:

The lack of knowledge and skills for employment support at Consultation Support Businesses was found to be a key factor. The results indicated the necessity of collaborating and improving these findings in providing more rigorous employment support at the centers, as they create individual support plans as one organization involved in helping the transition.

This research was funded by a Health and Labor Grant-in-Aid for Scientific Research 20GC1001.

Abstract No. 560

Poster Presentations (60) - Health and Function 1, September 7, 2021, 10:00 - 11:00

Home-Visit-After-Discharged as Community-Based-Rehabilitation for Investigating of Living Space - Single Study

leader Miki Endo¹, manager Ken IMADA¹

¹*Kinkai Rehabilitation Hospital, Yonago city, Japan*

[Background] It has been reported that participants who returned home from hospital are likely to have decreased walking ability and daily life activity (ADL) ability. As a one of community-based-rehabilitation, we take an initiative of visiting house for participants who had discharged to comprehensive how they spent their daily living again.

[Purpose] The purpose of this study was to understand the changes over time in living space and walking ability during home life after discharge from a convalescent rehabilitation ward, and to consider physical therapy with a view of discharge.

[Method and content] The subject was a female in 80s who had a stroke and was discharged to her home. We visited her house every 2 months until 24 months passed.

The participant tended to being staying home before admission and was feared to have decreased physical activity and walking ability due to inactivity after discharge. At discharge, the Functional Independence Measure was 122 points, and the level of ADL during admission was being able to walk independently with using a cane. We investigated Life Space Assessment (LSA), Timed up and go Test (TUG), and Japanese Fall Efficacy Scale (FES) when visiting home.

[Perspectives] One month after leaving the hospital, LSA was 32 points and after 12 months, the range of living expanded to 60 points due to go to the garden and friend's house nearby. Daycare service twice a week had been continued for 24 months. In this case, physical activity through outpatient services prevented narrowing of living space and reduction of TUG. On the other hand, since the fear of falling has become stronger over time, it is necessary to evaluate there is an environment that can continuously work on the psychological aspects of going out and falling after discharge from the hospital.

Abstract No. 561

Research in Rehabilitation - Oral Presentations (60) - Needs for Rehabilitation, September 8, 2021, 12:30 - 13:30

Rehabilitation in Denmark between 2001-2021 – a Scoping Review.

Senior Researcher Anne-mette Hedeager Momsen¹, Research assistant Jasmine Charlotte Fox¹, Professor Claus Vinther Nielsen^{1,2,3}, Senior Researcher Jette Thuesen^{4,5}, Professor Thomas Maribo^{1,2}

¹DEFACTUM, Central Denmark Region, Aarhus, Denmark, ²Department of Public Health, Aarhus University, Aarhus, Denmark, ³Section for Clinical Social Medicine & Rehabilitation, Goedstrup Hospital, Herning, Denmark, ⁴Knowledge Center for Rehabilitation and Palliative Care (REHPA), Odense University Hospital, Odense, Denmark, ⁵Department of Clinical Research, University of Southern Denmark, Odense, Denmark

Background

DEFACTUM, in collaboration with the Knowledge Center for Rehabilitation and Palliation (REHPA), is preparing a new white paper on rehabilitation, a systematic scoping review will contribute to an overview of rehabilitation research in Denmark.

Demand for rehabilitation has increased due to demography and improved treatment. The evidence on rehabilitation research is rapidly growing, although the rehabilitative health strategy receives less attention than treatment. Since the last white paper (2004), the rapid development within the field internationally requires an updated map of national rehabilitation services, who contributes and what is researched.

Purpose

The purpose is to identify and synthesize existing scientific evidence on rehabilitation published by Danish institutions (practitioners or researchers) between 2001-2021. The aim is to map and investigate the evidence available on the range of any type of rehabilitation provided among any group.

Research questions:

Among which groups is rehabilitation (research) practised?

Which types of studies on rehabilitation are published?

Which Danish institutions are involved in the rehabilitation practice and/or research?

Methods

The process will be guided according to the Joanna Briggs Institute's scoping review methodology. A three-step search strategy was followed in PubMed, Embase, PsycINFO, and CINAHL databases. Eligible studies were peer-reviewed papers on all types of studies on rehabilitation or habilitation in English or Danish, with affiliation to Denmark from 2001 to March 2021. All study populations and rehabilitation settings were eligible.

Exclusion criteria: protocols, book chapters, theses, conference abstracts, letters, guidelines, websites and blogs. Data selection and extraction will be performed by two independent reviewers.

Results will be presented at the conference.

Perspectives

The review will show the breadth of rehabilitation research - including knowledge that can benefit the most vulnerable citizen groups. Furthermore, it will be important for decision-makers in health and social care to decide when the future research strategy should be developed.

Abstract No. 562

Policy and Service - Oral Presentations (90) - Illuminating Gaps in Policies and Praxis, September 8, 2021, 14:30 - 16:00

Interdisciplinary and Intersectoral Research – Barriers and Possibilities

Development Consultant Irene Conradsen¹, Professor Kristian Larsen^{2,3}, Clinical Nurse Specialist Hanne Bigum⁴

¹Neurorehabilitation Copenhagen, Copenhagen, Denmark, ²University Hospitals Center for Health Research (UCSF), Copenhagen, Denmark, ³Faculty of Public Health, University of Copenhagen, Copenhagen, Denmark, ⁴Bispebjerg and Frederiksberg Hospital, Neurological Department, Copenhagen, Denmark

Introduction. Health Authorities currently focus on the gap of knowledge between the regional sector and the municipalities in Denmark in the field of neurorehabilitation. Focusing on stroke, challenges are associated to relations between and within sectors and institutions. In healthcare policy it is to a large degree intended that interdisciplinary work should have the highest priority in the rehabilitation process. In our ongoing trial “Application of the Functional Independence Measure®(FIM) focusing on strengthening the interdisciplinary and intersectoral collaboration in stroke rehabilitation – a mixed methods multicenter study” we aim to improve these gaps of knowledge and collaboration between healthcare workers across disciplines and sectors. Purpose. Research is ongoing and the purpose of this paper is to describe and evaluate new possibilities and current barriers with funding, collaboration, and implementation of FIM in a Danish context. Method and Content. Analysis is inspired by the sociology of organization, theories of profession and knowledge plus our own empirical data obtained and evaluated in a period of 12 months involving fieldnotes from meetings, pilot-observations, relevant documents (policy, research) and structures reflections of barriers and possibilities during the research process (funding applications, research documents, legislation). Perspectives. Although major health-political and institutional support (aiming to increase interdisciplinary and intersectoral research) are available, several barriers and possibilities have been experienced: Barriers involve access to economic funding, limited possibilities of sharing the research data, different organizational structures, management cultures and clinical settings. Professions have different workplace cultures, knowledge systems, language and claims of jurisdiction. In our experience however these barriers have been met by the strength of intersubjective communication and interaction between members of the research group, a strong anchoring in both clinical settings both among the management and clinicians, the small scale of testing, and a measurement tool supporting common understanding between professions and sectors.

Abstract No. 563

Poster Presentations (60) - Education and Professionalization in Rehabilitation, September 9, 2021, 09:00 - 10:00

Developing a Workplace Culture of Rehabilitation.

Development Consultant Christina Nielsen¹, Chief of Health and Community Care Søs Fuglsang¹, Manager Health and Rehabilitation Dorthe Bligaard¹, Community Care Manager Hanne Winterberg¹, Head of Nursing Home Tove Jensen¹, Manager Assessment and Rehabilitation Aids Karina Kreutzfeldt¹, Nursing Home Manager Anne Vibeke Vogel¹

¹Norddjurs Kommune, Grenaa, Danmark

Evidence of transformation towards a rehabilitation culture is limited. The integral values of 'culture' is evident through our interactions with patients. Our aim is to create a paradigm shift and develop an organization where the rehabilitation approach makes patients equal and active participants in their own healthcare and addresses each patient's hopes and dreams. Since 2016, a range of activities has been implemented to develop staff competencies. The purpose has been to investigate progress towards a culture of rehabilitation in a community healthcare setting.

The study included an observation guide and audit questionnaire to explore patient-staff interactions. These encompassed seven value-based themes including: patient involvement; how rehabilitation activities were undertaken; caregivers' focus when in dialogue with patients. The study was undertaken for the first time in September 2019 including 60 peer-to-peer observations of patient-staff, and audits of 85 randomly selected patient-journals. The study was repeated in September 2020. The 2020 study included 50 peer-to-peer observations and 60 patient-journals.

The studies provide information about the extent to which healthcare professionals integrate patient perspectives and collaborate in the delivery and documentation of rehabilitation activities. Data shows an improvement in the majority of parameters.

Peer-to-peer involvement and audits gave insights, which will further move practitioners' thoughts and practices towards a rehabilitation culture.

Annual follow-up studies will examine the extent the rehabilitation culture has been imbedded in everyday healthcare practice and add validity to the chosen themes. The questions included in the studies are continuously adjusted and new relevant themes can be added

Abstract No. 564

Outdoor Rehabilitation - Oral Presentations (60) - Benefits of Outdoor Activities, September 7, 2021, 13:30 - 14:30

Being and Doing in the Outdoors Brings Something Extra!

Associate Professor, Ph.d. Søren Andkjær¹, Research Assistant Trine Top Klein-Wengel¹, Research Assistant Astrid Ishøi¹, Associate Professor, PhD. Christina Bjørk Petersen²

¹Department Of Sports Science And Clinical Biomechanics, University of Southern Denmark, Odense, Denmark, ²National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark

Background/Introduction

Nature is increasingly associated to health and mental well-being among the general population. Only few studies, however, have examined the potential benefits of activities in the natural environment in clinical populations and little is known of the potential of using nature and outdoor activities in relation to community-based health promotion programs in a municipal setting.

Purpose

This study seeks a better understanding of how people with mental or chronic physical health problems experience a local nature-based outdoor health promotion or rehabilitation program and a better understanding of how these programs may contribute to the participant's health and well-being.

Method and content

The study is based on the Healthy in Nature project which was implemented in 2019 by The Danish Outdoor Council targeting adults with chronic physical health problems and adults with mental health problems. Data was collected using a qualitative multiple case study design involving five selected cases with both qualitative interviews and observations. Data was analysed using Braun et al.'s 6-phase guide to qualitative reflexive thematic analysis, employing Self-Determination Theory as a theoretical framework in an abductive hermeneutic inspired process.

Perspectives

Overall, the participants in the two groups experienced increased competence, autonomy, and relatedness, and that the programs contributed positively to their health and well-being. The participants expressed the importance of both being in a natural environment and doing outdoor activities. The study identifies minor differences between the two groups of participants indicating that programs need to be adapted to the target groups, and it points to key elements important for developing future outdoor health promotion or rehabilitation programs. The study thus makes a valuable contribution to the field of health promotion and rehabilitation pointing to nature and outdoor activities offering great potential to community-based health promotion.

Abstract No. 565

Outdoor Rehabilitation - Film - Mov(i)ement Film Festival, September 8, 2021, 11:00 - 12:00

Mov(i)ement Film Festival:

Displaying Urban Green Spaces and Nature-Based Rehabilitation

Phd Student Louise Sofia Madsen¹, Project manager Ole Mygind²

¹*Defactum, Central Denmark Region & Department of Public Health, Aarhus University, Denmark, Aarhus C, Denmark,*

²*MarselisborgCentret, Aarhus C, Denmark*

INTRODUCTION

Join us for the Mov(i)ement Film Festival, displaying urban green spaces and nature-based rehabilitation, as part of the Rehabilitation International World Congress in Aarhus. This is your chance to showcase your film in front of all Congress participants and move your audience. There will be an online release event, showcasing the films and giving the audience an opportunity to 'meet the producer'.

PURPOSE AND PERSPECTIVE

The film festival is an opportunity to showcase and celebrate short films that promote people & cultures, organizations, groups and/or communities that engage with the many benefits of urban green spaces and nature-based rehabilitation. The mov(i)ement of urban green spaces and nature-based rehabilitation is here to stay and represents new opportunities for moving societies into more inclusive directions. A series of short films will be selected that represent a worldwide diverse perspective on how nature, urban spaces and natural environments can be brought into play in a rehabilitation context.

CRITERIA:

- Submissions must be received by July 1st, 2021
- Short films under 15 minutes in length only (if your film is over 15 mins, trailers will be accepted).
- Any language will be accepted (with English subtitles)
- Films that are already available to the public are eligible
- There is no cost for submissions, but only Congress participant will be able to enter the online sessions.
- mpeg4, quicktime, mov, 16-9 landscape

HOW TO ENTER:

1. Please contact Ole Mygind: ole.Mygind@stab.rm.dk
2. Please provide a short description of the film and why you think it's fitting for the Rehabilitation International World Congress 2021 Mov(i)ement Film Festival – displaying urban green spaces and nature-based rehabilitation.
3. Please include your role attached to the film. If you are submitting on behalf of someone else, please include permission statement.

Abstract No. 566

Children / Youth and (Re-)habilitation - Oral Presentations (60) - Parents to Children with Rehabilitation Needs, September 9, 2021, 12:30 - 13:30

Design and Implementation for Parents of Children with Cerebral Palsy

Center Director Lihui He¹

¹*Guangdong Provincial Rehabilitation Center For The Disabled, Guangzhou, China*

Cerebral palsy is a group of persistent central motor and postural disorders, activity restriction syndrome, which may be accompanied by sensory, perceptual, cognitive, communication and behavioral disorders, manifested as multiple disorders. Comparing with other children, children with cerebral palsy are less affected by physical disorders, stay longer with parents and family. Therefore, parents and family are important factors affecting the rehabilitation of children with cerebral palsy. At the same time, parents of children with cerebral palsy also face challenges in attitude, cognition, skills and so on in the process of accompanying their children for a long time and even form new psychosocial barriers in the process of taking care of children. In this paper, through the design, implementation and feedback of work for parents' in the whole day teaching process of conductive education for children with cerebral palsy in the Rehabilitation Center for Persons with Disabilities of Guangdong Province. To explore and summarize the working procedures, contents and methods that can help parents and families better participate in the rehabilitation of children with cerebral palsy, we guide families and parents to accompany their children in a positive environment.

Abstract No. 567

Poster Presentations (60) - Health and Function 3, September 9, 2021, 10:00 - 11:00

Task Oriented Training on Hand Disorders after Peripheral Nerve Injury

Ma Jiang¹

¹Shijiazhuang People's Hospital, Shijiazhuang, China

【Abstract】 Objective: To investigate the effect of task oriented training on the hand functional disorders after peripheral nerve injury offer a new kind of rehabilitation treatment.

Methods: Sixty cases of the hand functional recovery after peripheral nerve injury were divided into the treatment group (30 cases) and the control group (30 cases) on the basis of the random number table method. Two groups of cases received drug therapy and routine rehabilitation therapy, the treatment group with task orientation training. The hand function assessment scale was measured before and after 3 months treatment to evaluate the hand function, the electromyography were examined to evaluate peripheral nerve recovery.

Results: After 3 months intervention, the total effective rate in the treatment group was obviously higher than the control group ($P < 0.05$), the median nerve MCV, ulnar nerve MCV, radial nerve MCV in the treatment group were obviously higher than that of before treatment, as well as the radial nerve MCV significantly higher than control group ($P < 0.05$). The median nerve LAT, ulnar nerve LAT, radial nerve LAT in the treatment group were obviously shorter than that of before treatment ($P < 0.05$). The median nerve AMP, ulnar nerve AMP, radial nerve AMP in the treatment group were obviously higher than that of before treatment, meanwhile, the median nerve AMP and ulnar nerve AMP were significantly higher than control group ($P < 0.05$). Conclusions: The task orientation training can significantly improve neuromuscular excitability of patients with the hand functional disorders after peripheral nerve injury, as well as improve the hand function.

【Key words】 Peripheral nerve; Electromyography; Hand function; Range of motion; Task oriented training

Abstract No. 568

Work and Employment - Oral Presentations (60) – Activation Policy, September 9, 2021, 13:30 - 14:30

Using Community Health Center to Develop Supported Employment

Vice-head Of Department Suiling Tan¹

¹Guangdong Disabled Persons' Federation, Guangzhou, China

Employment is the basic premise and guarantee for persons with disabilities to participate in social life. To improve the livelihood of persons with disabilities, we must solve the problem of their employment. The Chinese government has always taken the improvement of the living standards of persons with disabilities as a foothold. The employment laws and policies for persons with disabilities have been continuously improved, the supporting measures have been strengthened, the scale of training has been expanded, and the employment forms have been diversified. The employment of persons with disabilities has been steadily rising. However, persons with severe physical disability, intellectual disability and psychosocial disability face more difficulties in obtaining employment. In view of this, China Disabled Persons' Federation has promoted supported employment, and provided them with a form of employment that is more flexible in terms of labor time, intensity and remuneration as well as in contract terms. In recent years, taking advantage of community health centers, i.e. care institutions established at town (sub-district) levels, Guangdong Provincial Disabled Persons' Federation has made great efforts to develop supported employment, helping persons with severe physical, intellectual and psychosocial disabilities to participate in labor, improve their work skills, enhance their confidence in life, and realize their worth.

Association of Patient-Reported Psychosocial Healthcare with Readmission and Mortality

MSc PhD Line Zinckernagel^{1,2}, MSc PhD Teresa Holmberg¹, MD PhD Ann-Dorthe Zwisler², MSc PhD Susanne S Pedersen^{3,4}, MD Christina B Graversen⁵, MSc PhD Annette K Ersbøll¹

¹National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark, ²REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, the University of Southern Denmark and Odense University Hospital, Nyborg, Denmark, ³Department of Psychology, the University of Southern Denmark, Odense, Denmark, ⁴Department of Cardiology, Odense University Hospital, Odense, Denmark, ⁵Department of Cardiology, Aalborg University Hospital, Aalborg, Denmark

Background: Psychosocial risk factors are common in patients with ischemic heart disease (IHD) and are linked to poor prognosis. Accordingly, international guidelines recommend psychosocial healthcare to IHD patients. A growing body of research has found positive effects of psychosocial healthcare in IHD patients, primarily on psychosocial symptoms, whilst possible effects on readmissions and mortality are unclear.

Aims: We examined the association of patient-reported psychosocial healthcare with hospital readmissions and all-cause mortality in patients with IHD.

Methods: A population-based cohort study with register-based follow-up. Information on patient-reported psychosocial healthcare was measured by seven items in a survey sent to a register-based random sample of patients with incident IHD in Denmark in 2014. We used multivariable Cox proportional hazards models to examine the association between psychosocial healthcare and time to readmissions and death, and Poisson regression to examine the number of readmissions.

Results: In total, 1,083 (57%) patients were followed up to 4½ years. Low psychosocial support was reported by 53.4% patients, medium by 26.2% and high by 20.5% patients. The hazard of acute cardiac readmission for patients reporting low psychosocial healthcare was twice as high than for patients reporting high psychosocial healthcare (HR=2.08; 95% CI: 1.01-4.30). No association was found with time to first all-cause readmission. The acute cardiac readmission rate was 3.24 (95% CI: 1.66-6.29) and 4.23 (95% CI: 2.15-8.33) times higher among patients reporting low and medium psychosocial healthcare than patients reporting high psychosocial healthcare, and the all-cause readmission rate was 1.30 (95% CI: 1.16-1.46) and 1.32 (95% CI: 1.17-1.49) times higher. The hazard of death was higher among patients reporting low (HR=2.86, 95% CI: 1.23-6.69) and medium (HR=2.88, 95% CI: 1.18-7.04) psychosocial healthcare compared to high.

Conclusions: In patients with IHD, a high level of patient-reported psychosocial healthcare was significantly associated with reduced hospital readmissions and all-cause mortality.

Abstract No. 570

Data and Monitoring in Rehabilitation - Oral Presentations (90) - Monitoring and Evaluation, September 9, 2021, 16:00 - 17:30

The ABLE Intervention Program: A Randomised Controlled Pilot Study

OT, Ph.d. Student Vita Hagelskjær¹, OT, PhD Kristina Tomra Nielsen^{1,4}, OT, PhD Cecilie von Bülow^{1,2}, OT, Professor Maud Graff⁵, OT, PhD Eva Ejlersen Wæhrens^{1,2}

¹The ADL unit, The Parker Institute, Copenhagen University Hospital Bispebjerg-Frederiksberg, Copenhagen, Denmark,

²Occupational Science & Occupational Therapy, User Perspectives and Community-based Research, Department of Public Health, University of Southern Denmark, Odense, Denmark, ³Department of Occupational Therapy, VIA University College, Holstebro, Denmark, ⁴Department of Occupational Therapy, University College of Northern Denmark, Aalborg, Denmark, ⁵Department of Rehabilitation and at Scientific Institute for Quality of Care Research, Radboudumc Nijmegen, Nijmegen, The Netherlands

Background: The ABLE intervention was developed to enhance ability to perform Activities of Daily Living (ADL) tasks among persons living with chronic conditions. ABLE is a generic, home-based, individualised, eight-week occupational therapy intervention program, developed for delivery in Danish municipalities. In a previous study, the feasibility of ABLE was evaluated in terms of content and delivery.

Purpose: To evaluate the remaining feasibility aspects of a randomised controlled trial: i) trial procedures (recruitment and retention, ii) randomisation, iii) adherence to program, iv) feasibility of additional outcome measurements, and v) access to information on usual occupational therapy.

Methods and content: The study was conducted in a Danish municipality, using a two-armed parallel randomised controlled design, planning for including 20 persons with one/more chronic conditions and experiencing problems performing ADL. The following progression criteria determined if a future full-scale randomised controlled trial was feasible: i) recruitment (50% met eligibility criteria), retention (80%); ii) randomisation (80% accepted randomisation, procedure was executed as planned); iii) adherence to program (100% followed treatment protocol); iv) outcome measurements (80% of the participants delivered relevantly and fully answered questionnaires); and v) usual occupational therapy (successful extraction of information on desired aspects).

Perspectives: Due to the Covid-19 pandemic, the study was truncated resulting in limited but sufficient data to answer most study questions. i) Eighteen were recruited (48.6%), of those treated (n=6) all remained (100%); ii) 18 accepted randomisation (100%) and procedure was effective; iii) ABLE was delivered with adherence (100%); iv) 92.3-100% of the participants delivered fully and relevantly answered questionnaires in two of three tested questionnaires; and v) desired information on usual occupational therapy was extractable in seven of nine aspects. Proceeding to full scale trial is recommendable, however a few adjustments on outcome measurements, inclusion criteria and extraction of information on usual occupational therapy are needed.

Abstract No. 571

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (90) - New Solutions, September 8, 2021, 16:00 - 17:30

To Innovate Assistive Devices Provision According to ICF

Center Director Muxiong Wang¹

¹Guangdong Provincial General Service Center in Developing and Supplying Assistive Devices for the Disabled, Guangzhou, China

According to the International Classification of Functioning, Disability and Health (ICF), human health depends on four factors, which are body functions, body structures, activities and participation, and environmental factors. First of all, disability is a kind of living condition. The main effect of rehabilitation is to change the state of disability in order to achieve activities and participation. Therefore, we should establish a new concept of “adopting assistive devices to support healthy life”. Specifically, from the dimension of interaction between human health, assistive devices support and barrier-free environment, we can help persons with disabilities to overcome the obstacles between themselves and the environment with holistic, connected and dynamic support from assistive devices, so as to change the disability state and achieve the main goal of activities and participation, and thus improve the quality of their life, enhance their dignity and meet their objective requirements.

In the future, it is necessary to deepen the research and the application of the new concept mentioned above, to develop assistive devices and technology related disciplines, carry out knowledge promotion, and train more professionals in this field. On the one hand, it is important to promote the assistive devices industry. On the other hand, we need to establish platforms to promote technologies in assistive devices fitting and application. Moreover, it is suggested to establish more bases for the popularization and education of assistive technology, to help the general public better understand the support and convenience assistive devices can contribute to a healthier life of persons with disabilities.

Abstract No. 572

Outdoor Rehabilitation - Oral Presentations (60) - Benefits of Outdoor Activities, September 7, 2021, 13:30 - 14:30

Implementing Outdoor Activities in Danish Health Promotion and Rehabilitation Programmes

Associate Professor Christina Petersen Bjørk¹, Research Assistant Trine Top Klein-Wengel², Research Assistant Astrid Ishøi², Associate Professor, PhD Søren Andkjær²

¹National Institute of Public Health, SDU, Copenhagen, Denmark, ²Active Living, Department of Sport Science and Clinical Biomechanics, Odense, Denmark

Background: Outdoor activities (friluftsliv) can promote health and well-being and is therefore increasing being applied in health promotion and rehabilitation programs in the municipalities. However, implementing complex interventions are challenging in the municipality setting and little is known about the multiple factors influencing the implementation of these programs.

Purpose: This study explores the processes and key elements involved in developing and implementing outdoor health promotion and rehabilitation programs in Danish municipalities. Furthermore, it aims at exploring and identifying good practice methods of implementation.

Methods and Content: The Healthy in Nature project was developed and implemented in 2017-2020 by the Danish Outdoor Council in close cooperation with the ten participating municipalities. The organizational structure, geographic locations, and health priorities varied largely between municipalities so programmes were developed to best match the local conditions. Evaluation was carried out as a qualitative multi case study in May– June 2019. Semi-structured interviews were conducted with a representative of each of the ten participating municipalities. Analyses were carried out by first applying a thematic analysis followed by analysis to identify the key elements and experiences of each site and across the sites.

Perspectives: Overall, the evaluation showed positive experiences of implementing the outdoor health promotion and rehabilitation programs, not only for the participants but also at other levels e.g. the professionals, the interdisciplinary work across municipalities. Although, the content and the implementation process in the programs varied, some cross-cutting key elements were observed: Support from the management, the qualities of the instructor, access to natural environment/the settings. Further, strong internal and external collaboration was considered essential a preferably established already in the planning process although. In conclusion, the variations hamper generalization but the strong degrees of tailoring, inclusion, and cooperation was a major advantage in the implementation process.

Abstract No. 573

Children / Youth and (Re-)habilitation - Oral Presentations (90) - Children: Needs and Education, September 9, 2021, 14:30 - 16:00

Community Based Education to Promote Rights of Children with Disabilities

Director Iftekhar Ahmed¹

¹*Centre For Services And Information On Disability(csid), Dhaka, Bangladesh*

Centre for Services and Information on Disability (CSID) is a voluntary organization in Bangladesh working through implementing community based rehabilitation program since 1997. CSID's vision is to create an inclusive society where persons with disabilities are living with equal rights, opportunities, access and dignity. CSID strongly believe that children with disabilities have the equal rights to live with their families and enjoy all rights. CSID conducted studies at national and regional level and providing direct support around 10000 children with disabilities. For contribution towards inclusive education CSID awarded by STAR Foundation-UK in 2011.

Present paper is focusing the initiative by CSID on community based inclusive education to promote educational rights of children with disabilities. CSID established inclusive preschools and community centre based inclusive schools with the objective of creating example of successful inclusive education in the community. To bring a positive, sustainable change for the children with disabilities CSID providing teacher training on inclusive education, providing necessary services and extra classes to the children with disabilities, recreational and co-curricular activities, organize and empower parents' forum, community awareness, form and activate Community Committees, ensure government and local government participation.

Abstract No. 574

Poster Presentations (60) - Community-based Rehabilitation, Outdoor, Leisure, Recreation and Physical Activities / Work and Employment, September 7, 2021, 11:00 - 12:00

Tiny Garden - Big Opportunities. Herbs in PVC-pipes.

Nature Guide Marianne Mikkelsen¹

¹Mikkelsen, Aarhus, Denmark

A tiny Herb Garden is established in recycled PVC-pipes. Local rehabilitation-professionals, neighbours and by-passer are invited to join in on activities and not least sensory exploration of the plants and their many uses.

The presenter is a 'professional amateur' with 'warm hands' and green thumbs. With the tiny plants and their big potential, her aim is to invite & engage people in the local community and not least each other.

It is well known, that gardening and spending time in nature is good for our physical and mental health. This is a practical project, aiming to demonstrate, that a tiny investment of space, money and (wo)manpower can grow viable practices to improve physical and mental wellbeing.

Abstract No. 575

Health and Function - Oral Presentations (60) - Stroke 2, September 7, 2021, 12:30 - 13:30

Tertiary Rehabilitation for Stroke in Ningbo

Director Min Tang¹

¹*Ningbo Rehabilitation Hospital, Ningbo, China*

- 1、 The incidence of stroke and the significance of tertiary rehabilitation in Ningbo
- 2、 The situation and results of acute stroke rehabilitation intervention in general hospital of Ningbo City
- 3、 The current situation and influence of stroke rehabilitation in Ningbo professional rehabilitation hospital
- 4、 Current community rehabilitation needs and situation of chronic stroke in Ningbo
- 5、 Thoughts of further improving the tertiary rehabilitation network of stroke in Ningbo

Abstract No. 576

Poster Presentations (60) - Community-based Rehabilitation, Outdoor, Leisure, Recreation and Physical Activities / Work and Employment, September 7, 2021, 11:00 - 12:00

Inclusive Vocational Education in Rhineland (Germany)

M.A. Philine Zölls-Kaser¹, M.A. Sascha Blasczyk², Jun.- Prof. Dr. Mario Schreiner², Prof. Dr. Gudrun Wansing¹, Dr. Margret Xyländer¹

¹Humboldt-Universität zu Berlin, Berlin, Germany, ²Otto-von-Guericke-Universität Magdeburg, Magdeburg, Germany

Education and work are focused areas of life in rehabilitation research. They are linked by the phase of vocational training and education. There are only a few systematic studies on how this stage of life is formed for youth with disabilities in Germany. The research project "Inclusive vocational education and training of young people with severe disabilities in Rhineland - access, design and continuance" approaches the question of how educational and employment trajectories of young people with severe disabilities are shaped in a region of a federal state (Rhineland). The focus is on access to in-company training and the conditions of its arrangement (Zölls-Kaser 2018; Wansing et al. 2016). The multi-method research design investigates the educational and employment paths for a cohort of school leavers with disabilities in longitudinal section. For this purpose, data will be collected at several points in time during the project period from 08/2020 to 12/2023: on vocational goals and access, design conditions and experiences, and continuance. The research project will center on the subjective biographical views of the young people, which will be collected in group discussions and individual interviews. The young people's legal guardians will also be interviewed in group discussions and additionally a questionnaire survey in a panel design on the young people's vocational training histories will be conducted. Representatives of funding agencies and integration services, as well as trainers, will be included in the qualitative surveys in group discussions. This is preceded by an explorative documentary research to identify criteria of the assignment practices. The results are reflected to the main gatekeeper to improve the transition between School and Work for the youth with disabilities and therefore to be part of a Moving Society. In the poster presentation, the research question, method, and the process of the running/current project are presented.

Abstract No. 577

Poster Presentations (60) - Health and Function 3, September 9, 2021, 10:00 - 11:00

The Complete Rupture of the Flexor Hallucis Longus Tendon

MD Sebastian Diaconescu¹

¹*'Sfintii Arhangheli Mihail si Gavriil' Medical Centre, Bucharest, Romania*

Background: The complete rupture of the flexor hallucis longus tendon is a rare pathology and clinically difficult to establish due to signs and symptoms that may direct the clinician to other common diagnoses in the area of the traumatic foot. According to the latest review about the complete ruptures of the flexor hallucis longus tendon by D.L. Kerr et al. in 2019, there are only 10 cases in the world targeted from 1980 to present, of which 3 female and 7 male patients aged between 27-53 years. The pathology is found among athletes and dancers, but there are cases in which the injury mechanism is not related to sports.

Purpose: Besides reporting on a new case with this rare pathology, the patient is neither an athlete nor a dancer.

Method and content: A 46-year-old female patient, business worker, without significant hereditary collateral and personal data, presents to the medical rehabilitation clinic reporting mechanical pain in the hind foot and left calf, accompanied by a medial perimaleolar ecchymosis and functional impotence for interphalangeal flexion of the hallux. The pain started 3 weeks after the presentation. The patient wore shoes inconsistent with the usual shoe size, thus performing a forced flexion of the hallux in order to fix the foot in the shoe, following a sudden dorsiflexion movement, this being the injury mechanism of the rupture. Following the clinical examination, the patient underwent musculoskeletal ultrasound and MRI of the painful ankle and foot to support the clinical diagnosis.

Perspectives: Both musculoskeletal ultrasonography and MRI have shown the complete rupture of the flexor hallucis longus tendon, the patient being referred to the orthopedic service. Given the late presentation to the doctor, he opted for conservative treatment at the expense of the surgical one.

Abstract No. 578

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Virtual Reality 2, September 8, 2021, 11:00 - 12:00

VR Cycling Exercise for Elderly Inpatient Rehabilitation: An Exploratory RCT

Research Assistant Søren Povlsen^{1,2}, Clinical Professor Charlotte Suetta^{1,2}, Professor Flemming Dela^{2,3}
¹Department of Biomedical Sciences, Faculty of Health, University of Copenhagen, Copenhagen, Denmark, ²Department of Medicine, Herlev and Gentofte University Hospital, Copenhagen, Denmark, ³Department of Geriatric and Palliative Medicine, Bispebjerg and Frederiksberg Hospital, , Denmark

Background

A growing elderly population and age-dependent increases in fall risk and health complications, are progressing demands on healthcare services to provide efficient solutions to these challenges.

Purpose

To explore the feasibility of a virtual reality (VR) cycling exercise technology solution (MoVR, SYNCSENSE©) and motivation to physical activity and well-being in citizens from an inpatient rehabilitation facility.

Methods

Participants were elderly inpatients at a rehabilitation facility transitioning from hospitalization to their own/elderly care residence.

Inclusion criteria: age ≥ 65 years.

Exclusion criteria: unable to perform the cycling exercise, dementia, < two weeks left of stay, non-Danish-speaking, Covid-19-quarantined, unable to give informed consent, vertigo or delirium.

Participants were monitored for one week of standard care (baseline) before randomization into one experimental week with an additional 5-15-minute exercise session/day of stationary cycling either with (VRG) or without (COG) VR for five days. Assessment: Motivation (Intrinsic Motivation Inventory - Danish, non-validated); Well-being (Danish WHO-5); Trainer/personnel workload (counts of subject/trainer interactions needed to sustain cycling exercise) and; subject opinions/perspectives (semi-structured interviews).

Results

Group stats were VRG: 8f/2m, 83 \pm 5,7 years, 24,2 \pm 4,3 kg/m² & COG: 5f/5m, 81 \pm 4,7 years, 23,6 \pm 5,0 kg/m²).

VR was generally well tolerated, with sparse side effects (VRG: 9/47 vs. COG: 0/47 events of increased nausea/dizziness). There was no difference between groups on participant motivation, however, a significant difference between VRG and COG for increased well-being (3,8/25 vs 0,2/25 points, $p=0,037$) and personnel workload (0,85 vs. 2,1 interactions/session, $p=0,019$).

Interviews revealed a greater focus on entertainment/amusement during exercise for VRG compared to COG who conversely expressed greater appreciation of the exercise/training component.

Conclusion

The VR solution seemed feasible in these very frail elderly recovering from hospitalization. Despite absence of difference in motivation towards cycling exercise, VR cycling had positive effect on overall well-being. The solution shows promise as a low-personnel cost elderly exercise rehabilitation and recreation modality.

Abstract No. 579

Individual/Family Perspectives and Processes - Oral Presentations (60) - Narratives and Writing to Hold on to Memories, September 8, 2021, 09:00 - 10:00

Holding on to My Important Memories

Retired Associate Professor Hans Jørgen Bendixen¹

¹None, , Denmark

My 71 years on Earth have shaped my life.

On the album: "An Empty Bliss Beyond This World", the British ambient musician Leyland Kirby edited fragments of ballroom music from the 1920s. Kirby was inspired by a study of persons with Alzheimer's disease, which showed that these individuals are able to remember where they were and how they felt when listening to music from their past.

Images from my life immediately echoed in my mind when listening to Kirby's album. I was inspired by musical themes, rhythm, mood and titles of the album tracks.

I have had a passion for years: to create digital art based on my private photographs. Having heard Kirby's album it seemed natural to me to create personal photomontages related to each track on the album.

Very quickly it became clear to me that selecting photographs for the montages would be a very personal process.

I ended up selecting photographs about which I could say:

"If my memory were ever to become impaired, these montages and the photographs from my past would still be important to me. Hopefully they will enable me to hold on to my relations with family, friends, and professionals and to the life narratives embedded in the photographs and montages".

Inspired by Kirby's music I plan to present photographs of great importance from my montages focusing on the significant way in which they represent important memories and fragments of my life, how they relate to each other, and how I have created the montages.

Thus in this presentation I will

- 1) Show how I worked on my important memories for the purpose of holding on to them.
- 2) Inspire you to work on your memories in ways that make sense to you.

Abstract No. 580

Health and Function - Oral Presentations (60) - Stroke 1, September 7, 2021, 11:00 - 12:00

Long-Term Evolution of Functional Limitations in Stroke Survivors

MSc Andres Gil-Salcedo¹, OT, MSc Aline Dugravot¹, MSc Aurore Fayosse¹, MD, PhD Louis Jacob^{1,2,3}, MSc Mikaela Bloomberg⁴, PhD Séverine Sabia^{1,4}, MD, PhD Alexis Schnitzler^{1,5}

¹Université de Paris, Inserm U1153, Epidemiology of Ageing and Neurodegenerative diseases, Paris, France, ²Research and Development Unit, Parc Sanitari Sant Joan de Déu, CIBERSAM, Barcelona, Spain, ³Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Madrid, Spain, ⁴Department of Epidemiology and Public Health, University College London, London, UK, ⁵Université Versailles Saint Quentin en Yvelines, EA 4047 Handi-Resp, Service de neurologie hôpital A., Mignot, Garches, France

Background

In the chronic phase 2-5 years post-stroke, limitations in activities of daily living (ADL) and instrumental activities of daily living (IADL) initially plateau before steadily increasing. However, the impact of age and differences in initial levels of disability on the evolution of these limitations remains unclear. As such, this study aims to evaluate differences in long-term evolution of ADL and IADL limitations between stroke survivors and stroke-free population, and how limitations differ by initial level of disability for individuals experiencing stroke.

Methods

33,660 participants (5,610 stroke cases and 28,050 stroke-free controls) aged ≥ 50 from the Health and Retirement Study, the Survey of Health, Ageing and Retirement in Europe, and the English Longitudinal Study of Ageing were assessed for number of ADL and IADL limitations during the post-stroke chronic phase (for cases) and over follow-up years 1996-2018 (for controls). 3,718 stroke cases were additionally categorized by disability level using the modified Rankin scale (mRs) 1-2 years post-stroke. Evolution of ADL and IADL limitations was assessed in stroke cases and controls, and by mRs (0-1, 2-3, 4-5) using linear mixed models. Models were stratified by age groups (50-74 and ≥ 75 years) and adjusted for baseline characteristics, health behaviours, BMI and comorbidities. Results showed relative stability of ADL and IADL limitations during 3-6 years post-stroke followed by an increase for both populations, which was faster for younger stroke cases, suggesting a differential age-effect ($p < 0.001$). Disability level at 1-2 years post-stroke influenced the evolution of limitations over time with greater severity of disability (mRs 4-5) associated with a reduction in limitations at 5-6 years post-stroke.

Conclusion

Our findings showed that during the post-stroke chronic phase functional limitations are constantly changing, highlighting the importance of adaptive long-term health and social care measures for stroke survivors.

Improving Cardiac Rehabilitation in Municipalities – How Can Data Help?

Health Care Consultant Tina Veje Andersen¹, [Health Care Consultant Klaus Nordentoft Lemvig¹](#), Senior Consultant Hanne Søndergaard¹

¹Region Midtjylland, Aarhus, Denmark

Background/Introduction

Evidence suggests that rehabilitation shortly after the occurrence of heart disease is important in order to prevent future mortality and morbidity in patients. Cardiac rehabilitation is therefore important to the individual in terms of survival and quality of life but also of great importance to the society in order to ensure the highest possible level of functioning for patients with heart disease.

In the Central Denmark Region, cardiac rehabilitation was moved from hospital to municipality in 2016. In order to ensure that the citizens with cardiac disease receive the same level of quality of care as in hospital it was decided to monitor the rehabilitation in the municipalities.

Purpose

The purpose of this abstract is to present how systematic monitoring of cardiac rehabilitation in municipality settings can be used to improve the quality of rehabilitation

Method and content

Monitoring the rehabilitation of citizens with cardiac disease in municipality settings has now been possible since January 1st, 2017 and provides important knowledge of the quality and out come of cardiac rehabilitation. January 2021, a total of approximately 10.000 citizens have been offered rehabilitation by the municipalities in Central Denmark Region.

This provides the municipalities with a unique opportunity to work with data driven quality improvement and gives an indication of the scope and effect of the rehabilitation.

Perspectives

So far three annual reports have been published, which indicate that the quality of rehabilitation in the municipalities are at the same level as previous rehabilitation in hospitals. Furthermore, the monitoring has initiated the first systematic data driven quality improvements in the municipalities. This work has just begun and is expected to continue in the years to come and thereby giving the municipalities better tools for assessing and monitoring the quality of rehabilitation in cardiac disease.

Quality Improvement; Rehabilitation in Municipalities and Patient Reported Outcome (PRO)

Health Care Consultant Tina Veje Andersen¹, Senior Consultant Hanne Søndergaard¹, Health Care Consultant Klaus Lemvigh¹

¹Region Midtjylland, Aarhus, Denmark

Background/Introduction

The incidence of chronic diseases especially in elderly citizens is increasing and the pressure on hospitals is expected to increase in the next decades. This calls for moving the Danish society and health care system. In order to meet these challenges, rehabilitation of citizens with chronic disease has been moved from hospital to municipality settings. This provides the municipalities with new tasks of rehabilitation as well as expectations of a higher number of citizens participating in rehabilitation. By use of monitoring patient reported outcome, the municipalities will be able to gain knowledge of the quality of rehabilitation in municipality settings.

Purpose

How can municipalities ensure high levels of quality in rehabilitation for citizens with chronic disease by systematically monitoring patient reported outcome (PRO) data.

Method and content

In 2012 systematic registration of rehabilitation in municipalities were initiated in a collaboration between participating municipalities and Central Denmark Region. A digital and web based monitoring and evaluation tool called MoEva was developed.

By use of MoEva, the participating municipalities have the opportunity to generically monitor rehabilitation and develop data driven quality improvements. From January 1st, 2019 until January 1st, 2021, a total of approximately 5,000 citizens have been included in MoEva. Data on aggregated level is directly accessible after registration and makes it possible for the municipality to work with quality improvement on generic patient reported outcome measures. Always up dated effects and process measures are standard results in the web based tool.

Perspectives

By use of this generic monitoring tool, the municipalities are continuously working on improving the quality of rehabilitation and thereby improving the quality of life and effect for the participating citizens with chronic disease.

Abstract No. 583

Ageing and Rehabilitation - Oral Presentations (60) - Professional Rehabilitation and Elderly Citizens,
September 9, 2021, 11:00 - 12:00

“I Know His Needs Better Than My Own”

Phd Trine Holt Clemmensen¹, Phd Henrik Hein Lauridsen, Clin.Prof Karen Andersen-Ranberg, Prof Hanne Kaae Kristensen

¹Health Sciences Research Centre, UCL Erhvervsakademi & Professionshøjskole, Odense, Denmark

INTRODUCTION

Caring for a person with dementia predispose informal carers (carers) to mental and physical disabilities. Carers tend to focus on the needs of the person with dementia and have difficulties expressing their own needs for support. Carers are often overlooked in the rehabilitation process in dementia care even though they have a central role in supporting the person with dementia in daily life.

A systematic approach using an instrument would help facilitate identification of carers' needs for supportive services. No such instrument has yet been developed to assess carers' support needs within a person-centered approach.

AIM

The aim of this study is to clarify the main categories of carers' support needs to inform future development of an instrument to assess carers' support needs.

METHODS

A qualitative approach combining focus group interviews with carers and professionals and individual interviews was used. Participants were recruited in two municipalities in Denmark. Three focus groups with carers (n=18) and two focus groups with professionals (n=13) were conducted followed by five individual interviews with carers. Inductive content analysis was used to clarify carers' support needs.

RESULTS

Carers' support needs were categorised into four areas:

(1) daily life when caring for a person with dementia, (2) focus on themselves, (3) maintain own well-being, and (4) communicate and interact with surroundings.

Overall, carers expressed support needs in common regardless of the relation to the person with dementia. Also, carers tend to focus on the needs of the person with dementia, thus not knowing their own needs.

CONCLUSION

In future dementia care, new approaches in how to support carers and the person cared for are needed. The four main categories clarified in this study may inform the foundation of developing an instrument to facilitate dialogue between carers and professionals with the purpose of identifying carers' support needs.

Abstract No. 584

Research in Rehabilitation - Oral Presentations (90) - Cardiac Rehabilitation, September 8, 2021, 16:00 - 17:30

Municipal Rehabilitation for Arrhythmia Patients. FINAL RESULTS FROM A PILOT-TEST.

MScPH Caroline Elnegaard^{1,2}, MD, PhD Claus Tveskov³, DG Rehabilitation, nurse Tove Sommer², MSc Human Nutrition, MPM Jesper Eilsø², MSc Nursing Lene Soelmark⁴, MD, PhD Ann-Dorthe Zwisler¹, RN, PhD Signe Risom^{5,6,7}

¹REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Odense University Hospital, Nyborg, Denmark; Department of Clinical Research, University of Southern Denmark, Odense, Denmark., Nyborg, Denmark, ²Municipality of Svendborg, Svendborg, Denmark, ³Odense University Hospital, Svendborg Hospital, Cardiology Department., Svendborg, Denmark, ⁴The Danish Heart Foundation, Odense, Denmark, ⁵Copenhagen University, Faculty of Health and Medical Sciences, Copenhagen, Denmark, ⁶University Hospital Rigshospitalet, Centre for Cardiac, Vascular, Pulmonary and Infectious Diseases, Copenhagen, Denmark, ⁷University College Copenhagen, Institute for Nursing and Nutrition, Copenhagen, Denmark

Introduction: Evidence and clinical experiences show that atrial fibrillation(AF) influences daily living including disabling symptoms as palpitations, dyspnoea, fear/anxiety. Clinical guidelines suggests AF-patients benefit from rehabilitation, however evidence is scars; studied in hospital-based settings with varying interventional content. In 2019-2020, a Danish municipality completed and evaluated a real-life intervention study, consisting of a multidimensional rehabilitation programme for AF-patients.

Purpose: Development and pilot-testing the intervention, and evaluate experiences and impact of participation.

Method and content: This mixed-methods study was completed in a municipal rehabilitation-centre. Inclusion of patients at the local hospital-AF-clinic referring for municipal rehabilitation. The intervention was the rehabilitation programme with different activities based on needs-assessment. Activities included consultations with health professionals, physical activity, MediYoga, patient-education, and a psychologist-led course focusing on worry/fear and anxiety. Outcomes were anxiety and depression(Hospital Anxiety and Depression Scale, HADS) and quality of life(QoL) (HeartQoL). Data-collection before rehabilitation, at end-rehabilitation, and 2-months follow-up; statistical-descriptively analysis. Two focus-group interviews investigated participation-experiences; analysed thematically.

Perspectives: 43AF-patients completed the rehabilitation. 23(53.5%) were female and mean age was 66.5years (SD:7.6, range:52-81years). Anxiety level decreased and this result maintained after 2-months(6.8 to 4.4 to 4.7). Depression level also decreased and maintained low after 2-months(4.9 to 2.9 to 3.1). QoL increased and maintained high after 2-months(1.9 to 2.2 to 2.2 global scale). The Minimal Important Difference(MID) suggests a difference larger than respectively 1.5(HADS) and 0.35(HeartQoL) is believed to present a real change in anxiety/depression or QoL. Based on MID we believe participation in rehabilitation decreased anxiety/depression and increased QoL in AF-patients. Focus-group interviews supported this and themes was reaching a state of calmness, importance of rehabilitation, use of words in AF-clinical practice, support from health professionals, involvement of relatives, and importance of peer-support. In conclusion, AF-patients benefited from participating in multidimensional municipal rehabilitation. Further research is needed to confirm these results.

Abstract No. 585

Education and Professionalization in Rehabilitation - Seminar (90) - Empowering Rehabilitation Health Workers, September 7, 2021, 16:00 - 17:30

Empowering Rehabilitation Health Workers Through Global Certification: Validation and Recognition

Senior Advisor Julia To Dutka¹, Professor Mark Kovic¹, Professor Albert Bracciano¹, Dean Emeritus Richard Oliver¹

¹*CGFNS International, Inc., Philadelphia, United States*

To build a sustainable health workforce sufficiently scaled to serve the 2.41 billion people needing rehabilitation care worldwide, we need a mechanism to validate and recognize the knowledge, skills, and behaviors of a care-ready rehabilitation health workforce to deliver safe, quality care. The WHO Rehabilitation Competency Frameworks (RCF) emphasize aligning the needs of populations with workforce strengthening. CGFNS International, Inc. (CGFNS), a global health workforce credentialing organization and an NGO with consultative status to the United Nations, believes that to meet the world's rehabilitation needs, a well-prepared health workforce is of top priority. Since 2019, CGFNS has been creating a global certification process to validate the knowledge and application of skills of rehabilitation health workers worldwide. Currently, 144 health professionals from a broad range of rehabilitation fields from 39 countries are contributing to developing this global certification system for rehabilitation nurses and health workers. The aspiration quality of this certification process requires a concomitant commitment to advancing continuing education and professional development for these frontline rehabilitation health workers worldwide. CGFNS has formed a strategic partnership with ASAHP (Association for Schools Advancing Health Professions) which will provide global access to learning opportunities through its member-institutions. This seminar will provide a status report of this global initiative. The goal is to seek feedback on current work and to forge a shared agenda for future work. There will be four presentations with 12 minutes allotted to each presenter. Discussion with participants regarding challenges and opportunities will follow. The first presenter will serve as chair.

1. Advancing Global Rehabilitation Certification: Vision and impact
2. Setting Global Standards: Unifying principles across rehabilitation professions and diverse practice contexts
3. Creating Assessment Tools: Using assessment to validate knowledge and skills
4. Providing Continuing Education: Strengthening rehabilitation health workforce and care delivery

Abstract No. 586

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (90) - New Solutions, September 8, 2021, 16:00 - 17:30

Enhancing ICT Skills to Bridge the Digital Divide

Lee Reena Lee¹

¹*RI Korea, Seoul, South Korea*

ICT has been widely recognized as a great potential for persons with disabilities to enhance their socio-economic participation into the society. However, the significance of ICT of today is considered as rather vital, as the whole society speedily enters into the age of the 4th Industry Revolution of which development has been accelerated during the Pandemic. Since COVID 19, numerous un-tact businesses spread widely in many areas of our daily living as well as social, educational and economical sector.

The presentation intends to address the emerging threat of digital divide for persons with disabilities, and to assess the credibility of the request for the development of a regional ICT project into a worldwide IT competition, with a view to bridging the digital divide. The presentation also identifies the current challenges faced by persons with disabilities in comparison with the needs for accessibility of ICT first emerged about 30 years ago when the computer and internet started to be used in our daily life.

The Global IT Challenge, a regional project in the Asia and Pacific region, has been annually held by RI Korea since 2011, participated by two to three hundreds of youth with disabilities from twenty to thirty countries on average. The GITC was held in tour among Asian countries, in close partnership with governments and CSOs, while receiving participants from other areas including the Middle East, Africa and Europe.

The presentation will look through the outcomes and benefits, achieved by the GITC for the last ten years not only at an individual level for their further study and professional career in the IT sector, but also at a national and international level to implement CRPD and SDGs. The findings will pave a way for the development of the GITC into a worldwide IT Paralympiad.

Abstract No. 587

Innovative and Assistive Technologies in Rehabilitation - Seminar (60) - Future Patient - Telerehabilitation of Cardiac Patients, September 8, 2021, 13:30 - 14:30

Development of Future Patient -Telerehabilitation of Patients with Atrial Fibrillation

MD, PhD Dorte Svenstrup Møller¹, Research Assistant Josefine Dam Gade², Research Assistant Cathrine Skov Schacksen², Associate Professor, PhD Helle Spindler³, MD, PhD Andi Eie Albertsen¹, Professor, PhD Lars Dittmann⁴, Associate Professor, PhD Mads Jochumsen², Study Nurse Helle Mark Mogensen¹, Professor, PhD Birthe Dinesen Dinesen²

¹Department Of Cardiology, Viborg Regional Hospital, Viborg, Denmark, ²Laboratory for Welfare Technologies - Telehealth & Telerehabilitation, Sport Sciences -Performance and Technology, Department of Health Science and Technology, Aalborg University, Aalborg, Denmark, ³Department of Psychology and Behavioral Sciences, Aarhus University, Aarhus, Denmark, ⁴Department of Photonics Engineering, Danish Technical University, , Denmark

Background:

Atrial fibrillation (AF) is the most common cardiac arrhythmia, occurring in 3% of the adult population and predicted to more than double in prevalence over the next 20 years. Rehabilitation is recommended for patients with most forms of chronic heart disease, but no rehabilitation program exists for AF patients in the Danish healthcare system. However, educating patients and their relatives in AF risk factors, treatment and self-management strategies are key factors for ensuring that patients are more informed, involved and empowered.

Purposes:

The purposes of this pilot study were to identify the challenges facing patients and their relatives in everyday life with AF, and based upon this information to design and test the feasibility of a telerehabilitation program for AF patients.

Methods:

A participatory design process was conducted from December 2018 to March 2020. Qualitative interviews were performed with AF patients (n=12), cultural probes were handed out and evaluated, and 4 workshops (of 3 hours) were conducted with patients, relatives, healthcare professionals and researchers.

A web-based digital toolbox for AF patients (The HeartPortal) was developed. The HeartPortal contains an educational module using written text and animations, a communication module enabling patients to communicate directly with healthcare professionals by chat or video consultations as well as a self-tracking module with visualization of measured data (blood pressure, pulse, electrocardiograms, steps) and patient reported outcome measures. Two scenarios were developed and tested in the pilot study (n=20).

Results:

AF patients and their relatives found the telerehabilitation program useful, as it fostered an increased sense of security, provided tools for self-management strategies in everyday live, and access to other AF patients and healthcare professionals.

Perspectives:

In order to assess the full benefits of the telerehabilitation program for AF patients, it needs to be tested in a comprehensive randomized controlled trial.

Abstract No. 588

Policy and Service - Oral Presentations (90) - Definitions, September 9, 2021, 16:00 - 17:30

A Definition of Rehabilitation Covering Medical, Social and Vocational Rehabilitation.

Researcher Charlotte Ibsen¹, Senior researcher Jette Thuesen^{3,5}, Professor Claus Vinter Nielsen^{1,2}, Manager Jan Sau Johansen⁴, **Professor Thomas Maribo**^{1,2}

¹Defactum, Central Denmark Region, Aarhus, Denmark, ²Aarhus University, Department of Public Health, Aarhus, Denmark, ³REHPA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, Nyborg, Denmark, ⁴MarselisborgCentret, Aarhus, Denmark, ⁵University of Southern Denmark, Odense, Denmark

Introduction

There is substantial differences in how rehabilitation is defined. Over the last 15-20 years we have seen a remarkable change in the way we think and act in rehabilitation practice and how rehabilitation interventions are carried out. Rehabilitation must be seen in a context and thus, there is a need for a national definition of rehabilitation. A Danish definition of rehabilitation was described in 2004, the definition is criticised for being too focused on the medical perspective. Therefore, it was decided to revise the Danish definition of rehabilitation covering medical, social and vocational rehabilitation. The new definition needs to be acceptable by authorities across welfare areas.

Purpose

To present the process used to develop a common, shared definition of rehabilitation in Denmark covering medical, social and vocational rehabilitation.

Method and content

The methods comprised 1) a review of existing national and international literature and 2) a consensus development process to derive key areas, challenges and dilemmas within the field of rehabilitation.

Cf. 1) Papers, national books and guidelines published after 2000 were included.

Cf. 2) A cross-disciplinary group comprising 37 Danish rehabilitation experts covering medical, social and vocational rehabilitation was established. To hear the voice and perspective of people living with disability a 9-person citizen' panel was set up. The cross-disciplinary group meet five times from December 2020 to June 2021, and the citizen panel meet three times from March to June 2021. To evaluate whether authorities across welfare areas will accept the new definition a proposal of the new definition will be sent out for a pre-consultation in April 2021.

Perspectives

The new Danish definition of rehabilitation will be presented with the purpose of obtaining feedback from international experts and researchers within the field of rehabilitation.

Abstract No. 589

Poster Presentations (60) - Health and Function 2, September 8, 2021, 09:00 - 10:00

Effectiveness and Mediators of Osteoporosis Patient Education: A Systematic Review

Mette Rubæk^{1,2}, Mette Friberg Hitz², Teresa Holmberg¹, Bodil Marie Thuesen Schönwandt², Susan Andersen¹
¹National Institute of Public Health, University of Southern Denmark, , Denmark, ²National Research Center for Bone Health, Zealand University Hospital, , Denmark

Background: Osteoporosis is a chronic disease that causes reduced density and quality of the bones. The disease and the related fractures have both high individual consequences as well as societal costs. Many countries offer osteoporosis patient education consisting of e.g. lessons in diet, medication, fracture prevention, and exercise. Research has shown that the patients may benefit from osteoporosis patient education, but the research is sparse and inconsistent. Besides that, no previous reviews have examined the processes i.e. the mediators by which the effects occur.

Purpose: The objectives were 1) to extract and synthesize all reported quantitative data regarding the effects and mediators of osteoporosis patient education and 2) to describe the characteristics of the studies that do vs. do not find an effect.

Methods: 6 databases were searched in October 2020. All published material was included. Title and abstract screening as well as full text review was conducted by two researchers independently. The included studies underwent risk of bias assessment using the Cochrane Collaboration tools. Thereafter, data was extracted into a standardized form and presented narratively.

Perspectives: In total, 2934 records were identified and 13 studies met the inclusion criteria. All studies found an effect on physical function. For the other themes (health-related quality of life, adherence and persistence, knowledge on osteoporosis, psychological wellbeing, and physical discomfort and disability) the results were inconclusive. None of the studies examined mediators of osteoporosis patient education. As there are some shortcomings of the included studies there is potential for further research in this topic; There is a need for randomized controlled trials with a long follow-up. It is crucial that future studies describe the characteristics of the studies to enable comparison. Finally, researchers should use validated instruments to measure the outcomes, which would also assure more consensus when evaluating osteoporosis patient education.

Abstract No. 590

Rehabilitation and Palliative Care - Seminar (60) - Hope Across the Fields of Rehabilitation and Palliative Care, September 9, 2021, 13:30 - 14:30

Hope at the End of Life in Different Settings

Researcher Vibeke Graven¹

¹REHPA, Videncenter for Rehabilitering og Palliation, Aalborg, Danmark

Life threatening illness is often associated with the idea that “there is no hope”. However, the philosophy of palliative care suggests that there is always hope. In the hope-literature different theoretical approaches draw attention to the different dimensions of hope. Hope can be understood as a concrete and future directed hope (for example for being cured, regaining strength for previous everyday life activities etc.), as a coping mechanism or as an existential dimension of life. Within the palliative care literature, hope is a core - but also complex - phenomenon at the end of life. Drawing on existential philosophy, several studies describe the importance of sustaining hope understood as a dimension of being. The aim of this presentation is to encourage a discussion of how hope can be understood and inform practice within the fields of rehabilitation and palliative care.

Drawing on findings from studies in diverse settings (hospice and socially vulnerable peoples’ end of lives) the presentation explores the different “spaces of hope”. The studies point to the myriad ways of sustaining hope in these care contexts. The importance of understanding hope as something to be ‘explored’ rather than ‘dealt with’ contrasts with the more medicalised approach healthcare practices that is dominated by a problem solving mentality

The presentation is planned as part of a seminar: “Hope – across the fields of rehabilitation and palliative care” with Merete Tonnesen.

Abstract No. 591

Individual/Family Perspectives and Processes - Oral Presentations (60) - Patient Perspectives and Needs - The Good Life after Rehabilitation, September 7, 2021, 10:00 - 11:00

From Accommodation to Empowerment: Rehabilitation Across the Care Continuum

Senior Advisor Julia To Dutka¹

¹CGFNS International, Inc., Philadelphia, United States

Mine is a story of reclaiming my mobility and functionalities after a lifelong struggle with a debilitating illness that left me physically impaired. I grew up in a humble but loving family in Hong Kong after WWII. When I was five, I suddenly could not walk. As if by some miracle, I was seen by a British orthopedic surgeon working in Hong Kong to save the lives of disabled children who were largely abandoned by society. He diagnosed that tuberculosis was eating away at my right hip. Four surgeries later, I was given a new lease on life despite the crippling impact of these surgeries.

Although I walked with a pronounced limp, I never felt lacking in my ability to learn and to lead a full and productive life. Overcoming many challenges, I completed my undergraduate studies in Hong Kong and found my way to the United States for my graduate education. I found myself navigating difficult passages in my professional life despite claims of equality and social justice. I then realized how difficult it is for people to overcome their perceptions of difference to treat people with disabilities as being “normal”.

I will share my story and my reflections on managing my disabilities in difficult socio-cultural and professional environments. I will also share how my recent surgeries and subsequent rehabilitation efforts have inspired me to give back to the global rehabilitation community by creating a global rehabilitation certification to strengthen the rehabilitation health workforce.

Rehabilitation has been a constant companion in my life. For rehabilitation to be effective, it needs to cut across contexts and continuums to address barriers beyond physical ones. It takes a global movement to recognize how all sectors need to converge their energy to empower all participants to maximize wellness for all.

Abstract No. 592

Psychosocial Rehabilitation - Oral Presentations (60) - Recovery, September 8, 2021, 11:00 - 12:00

Recovery as Person – Context Dynamics

Associate Professor Trude Klevan¹, Associate Professor Knut Tore Sælør¹

¹University Of South-Eastern Norway, Drammen, Norway

Background/Introduction:

Recovery-oriented practices have become a leading vision within the transformation of health and welfare services towards a more community-based organization. However, there is a lack of consensus on how recovery is to be understood and how one should proceed in order to work recovery-oriented. Contested understandings of recovery in the field of health can be connected to contradictive paradigms like the biomedical versus a person-centred. While a biomedical and clinical understanding of recovery is related to the alleviation of symptoms and recovery as an outcome, a person-centred understanding brings attention to recovery as personal processes and regaining control over one's life through one's own efforts. We position ourselves in an understanding of recovery as person-context dynamics and argue for the importance of focusing on recovery as an interplay between personal processes and societal and contextual factors in the development of recovery-oriented services.

Purpose:

The purpose of the presentation is to elaborate on the dynamic relationship between personal processes of recovery and contextual factors. While our professional background and understanding of recovery is from the field of mental health and substance abuse, these perspectives are also transferrable to other fields of health and social work.

Method and content:

The presentation will be based on qualitative studies and meta-syntheses in the field of recovery conducted by our research group. We will also use a narrative study to illustrate and explore our perspectives on recovery.

Perspectives:

Our work illustrates the importance of understanding recovery as dynamics between the person and social and material contexts. This supports the understanding that recovery is not a stable and context-independent concept that can be implemented in services. Thus, a recovery-orientation of services suggests the need to work not only with the person, but also with families, networks, social systems and local communities

Abstract No. 593

Ageing and Rehabilitation - Oral Presentations (60) - Professional Rehabilitation and Elderly Citizens,
September 9, 2021, 11:00 - 12:00

Validation of the Dementia Carer Assessment of Support Needs Tool

Phd Trine Clemmensen¹, Phd Henrik Hein Lauridsen², Clin. Prof. Karen Andersen-Ranberg^{3,4}, Prof Hanne Kaae Kristensen^{1,4}

¹Health Sciences Research Centre, UCL Erhvervsakademi & Professionshøjskole, Odense, Denmark, ²Institute of Sports Science and Clinical Biomechanics, University of Southern Denmark, Odense, Denmark, ³Dept. of Public Health, University of Southern Denmark, Odense, Denmark, ⁴Dept. of Clinical Research, University of Southern Denmark, Odense, Denmark

INTRODUCTION

Carers are an important collaborator in the rehabilitation process of people with dementia. However, caring for a person with dementia is associated with poor mental, physical and social health, which makes it important to consider the support needs of carers themselves. At present, a robust questionnaire to identify carers' support needs does not exist. Developing such a questionnaire could facilitate the dialogue with carers and enable supportive interventions for the benefit of both carers and the person cared for.

AIM

The aim of this study is to develop a self-reported questionnaire to assess the support needs of carers of people with dementia and to test its face, content and structural validity.

METHODS

A psychometric study design was used. Participants were recruited in primary and secondary health care in Denmark. Items were generated based on interviews and literature review. A person-centred approach using WHO's International Classification of Functioning, Disability and Health (ICF) was used as a conceptual framework to identify carers' support needs. Three rounds of pilot testing were conducted among carers and experts. A large scale field-test using a survey design was conducted to investigate structural validity.

RESULTS

Initially, DeCANT was developed based on an item pool of 63 items. Iterative pilot testing ensured face- and content validity, and reduced the item pool to 42 items. A total of 19 carers and 8 experts participated in the pilot testing. Subsequent field-testing among 301 carers resulted in a 25-item version of DeCANT, and Confirmatory Factor Analysis demonstrated a moderate fit to a four-factor model based on the ICF. This confirmed satisfactory structural validity of DeCANT.

CONCLUSION

DeCANT is a 25-item carer-reported questionnaire that can be used to help identify carers' support needs when caring for a person with dementia to facilitate dialogue with carers in the rehabilitation process.

Abstract No. 594

Research in Rehabilitation - Oral Presentations (60) - Needs for Rehabilitation, September 8, 2021, 12:30 - 13:30

Rehabilitation after Major Lower Limb Amputation, A National Survey

Mrs Ulla Riis Madsen^{1,2}, Phd Tina Broby Mikkelsen³, MD Kristoffer Marsaa³, Phd student Thomas Vedste Aagaard^{2,4}

¹University of Southern Denmark, REHPA, , Denmark, ²Holbaek Hospital, , Denmark, ³REHPA, Odense University Hospital, Nyborg, Denmark, ⁴Zealand University Hospital, Koege, Denmark

Each year approximate 1800 people have a leg amputated in Denmark. They have complex needs of rehabilitation, and as 40-50% die within 12 months, also palliative care needs. However, little is known of the rehabilitation and palliative care these patients are offered.

Aim

To investigate current Danish public rehabilitation and palliative care services for patients who have lower limb amputations.

Methods

An electronic survey was distributed to all hospitals performing major amputations and to all municipalities in Denmark, autumn 2020. Questionnaires was developed based on current legislation, available guidelines, and in corporation with a group of clinical experts and patients.

Results

In total, 86% of hospitals (n=19) and 97% (n=95) of municipalities responded. Mean length of stay in hospital after the operation was 5-15 days, and the early pre-prosthesis rehabilitation was a shared responsibility between hospital and municipality. In total 78% of all municipalities had the full responsibility of the prosthetic rehabilitation. Of those, 91% provided prosthesis for < 10 patients in 2019, and 34% reported having competencies among the physiotherapist performing prosthetic training, at only a general level. The most common offer of prosthetic rehabilitation was outpatient exercise with a physiotherapist 2/week for 1 hour, individual or in teams. Mean time to first prosthesis differed from 22-293 days. Screening for depression and palliative care needs was performed in 20% of hospitals and 17% of the municipalities. Palliative care interventions was rarely offered.

Perspectives

Significant differences between regions and municipalities in how rehabilitation and palliative care services was organized and delivered was revealed. This finding indicates a geographical inequality in access to health care that calls for action. Especially a need to make sure the needed multidisciplinary specialized competencies are in place in rehabilitation, perhaps in centralized rehabilitation facilities. A greater focus on services meeting palliative care needs are needed.

Abstract No. 595

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Individuals and Assistive Technology, September 9, 2021, 11:00 - 12:00

Telerehabilitation with Mitii for Persons with Brain Injury

Assistant Anne Bagger¹, Master - Rehabilitation & Psysiotherapy Ditte Dangaard Christensen

¹*Nordic-neurostim Aps, Svendborg, Denmark*

Mitii - for persons with Brain Injury:

Use of technology for rehabilitation in healthcare is increasing. Persons with brain injury (BI) is a group of patients needing intensive and effective rehabilitation.

World Report on Disability 2011 states that growing evidence on efficacy and effectiveness of telerehab shows: Telerehab leads to similar or better clinical outcomes compared to conventional interventions.

Improving efficacy and effectiveness of rehabilitation should be done by expanding rehabilitation activities and improving relevance, quality and affordability of rehabilitation services.

This review may determine whether Mitii is a suitable part of rehabilitation for persons with Brain Injury, and if it can lead to improved functioning and quality of life for users training intensely over a defined time-period, and uncover cost-effectiveness of Mitii.

Only completed studies were included. As the intervention is very specific, a small number of studies were expected to be uncovered. Not only RCT's were selected for this review.

Methods for this SR follow recommendations of Cochrane Handbook if possible, otherwise they follow recommendations of PRISMA.

The study was completed between January and June 2018.

The primary outcomes for the review, were improvements in cognitive and motor activities.

Mitii represents as cost-effective.

Conclusion: Patients with BI increase functional abilities, motorically and cognitively from training with Mitii 30 minutes a day for 20 weeks.

This review shows: Training with Mitii creates measurable effects and may be an appropriate part of the rehabilitation process. Training with Mitii set at 30 minutes daily training, is scientifically justifiable.

It would be interesting to uncover:

- How many participants be motivated for 14 weeks?
- Is the high intensity too much?
- Are technical issues or graphics not motivational enough?
- Are tasks too easy/ hard?

Is training intensity and changes in function the same in CP-children with more limited functional capacity and children with other disabilities.

Abstract No. 596

Data and Monitoring in Rehabilitation - Oral Presentations (90) - Monitoring and Evaluation, September 9, 2021, 16:00 - 17:30

Guideline-Based Quality Indicators of Rehabilitation in Primary Health Care Settings

Researcher, consultant Marie Louise Svendsen¹, Senior consultant Hanne Soendergaard¹, Health Care Consultant Tina Veje Andersen¹

¹DEFACTUM, Corporate Quality, Central Denmark Region, Aarhus, Denmark

Background

In Denmark, the Local Government and the municipalities are working to identify the best way to establish a nationwide quality assessment of the prevention and rehabilitation of patients with chronic diseases in order to facilitate efficient and comparable practices in the primary health care settings and across sectors.(1)

Purpose

To reach consensus on the clinical areas of a nationwide quality assessment of rehabilitation in the primary health care settings in Denmark. The project will later form the basis for developing guideline-based quality indicators.

Method and content

The project runs in the period October 2019 until June 2021 and is led by methodologists. An expert panel is established in order to yield consensus recommendations through iterative structured table discussions and surveys.(2) Focus is on, e.g., the specific aim and clinical areas of the quality assessment based on existing national clinical guidelines for rehabilitation in the primary health care settings. The expert panel consists of 11 representatives, including primary health care professionals, researchers within rehabilitation, chronic disease and cross-sectoral care, an expert in nationwide quality programmes, and a patient representative. The recommendations from the expert panel are approved by a steering group including, among others, the Danish Ministry of Health, the Danish Regions, and the Local Government Denmark. The process of developing consensus is done in accordance with acknowledged approaches to developing guideline-based quality indicators.

Perspectives

It seems key that a close link exists between the rehabilitation practices in the primary health care settings, patient relevance, a strong evidence base through existing national clinical guidelines, and strategic professional and political partnerships.

References

1. Sundhedsstyrelsen. Anbefalinger for forebyggelsestilbud til borgere med kronisk sygdom. København: Sundhedsstyrelsen; 2016.

2. Humphrey-Murto S, Varpio L, Gonsalves C, Wood TJ. Using consensus group methods such as Delphi and Nominal Group in medical education research. Medical teacher. 2017;39:14-9.

Abstract No. 597

Psychosocial Rehabilitation - Keynote (60) - Open Dialogue Approaches to Genuine Bio-Psycho-Social Rehabilitation and Personal Recovery, September 8, 2021, 12:30 - 13:30

Open Dialogue Approaches to Genuine Bio-Psycho-Social Rehabilitation and Personal Recovery

Hon Professor Niels Buus^{1,2,3}

¹University Of Sydney, Camperdown, Australia, ²University of Southern Denmark, Odense, Denmark, ³Relationships Australia NSW, MacQuarie Park, Australia

Open Dialogue is an innovative approach to psychosocial rehabilitation that systematically invites participation of a person's social network. Avoiding a restrictive and individualising approach to solving health problems, the person at the centre of concern is encouraged to nominate and invite relevant and trusted supports in their 'family by choice' and social networks to be part of their care. The approach is characterised by an emphasis on well-integrated service delivery and a responsive stance towards all participating parties. Aligned with United Nation's convention on disability rights, Open Dialogue seeks to democratise health care planning and delivery by listening to and acknowledging all voices in a given treatment context without actively seeking consensus. The approach thus de-centres the traditionally dominating voice of the clinician, which is regarded as one voice among many voices. The emphasis of a multiplicity of first-person perspectives allows for the flexible development of relevant and sustainable health care interventions grounded in the everyday life of the participating people. Through reflective team practices, where clinicians openly share their deliberations while being witnessed by the network, the participants get insight into clinical reasoning that they have not traditionally had access to. These reflections can also include the personal voices of clinicians, if clinicians find that it might be helpful for the person and the network to hear. In this presentation I will introduce the basic principles of Open Dialogue as a cutting-edge approach to developing equitable social and health care services. Then, I will present a Danish register study of Open Dialogue to young people (n=503) in acute psychiatric crisis, and close by discussing how these approaches can be used in different treatment contexts to genuinely assist people in reducing disability.

Abstract No. 598

Poster Presentations (60) - Health and Function 1, September 7, 2021, 10:00 - 11:00

MS-Patients' Views on Associations between Lifestyle Factors and Symptom Burden

Researcher Marie Lynning¹, Director of Research and Development Lasse Skovgaard¹

¹The Danish MS Society, Valby, Denmark

Background

Many people with Multiple Sclerosis (MS) wish to engage actively in maintaining their health and wellbeing. However, with a complex disease such as MS, navigating lifestyle choices and assessing their effect on symptoms and wellbeing may be difficult.

Purpose

The purpose of this study was to investigate whether PwMS experience associations between lifestyle factors and MS-related symptoms, how they presently register these associations, and whether they believe a digital tool for monitoring lifestyle factors and symptom levels could be useful for them.

Methods

A cross-sectional survey was conducted among members of the Danish MS Society's survey respondent panel in February 2021. The survey respondent panel at the time consisted of 487 PwMS who resemble the background population of PwMS in terms of gender, age, and geographical distribution. Descriptive statistics and regression analyses were applied in the presentation of the results.

Results and perspectives

A total of 403 persons (83%) completed the survey. The majority of respondents experienced associations between physical activity levels and sleep quality (64%), between physical activity and symptom levels (60%), and between sleep quality and symptom levels (57%). In addition, 33% experienced associations between diet and sleep quality, and 27% experienced associations between diet and symptom levels. A total of 85 respondents (21%) had actively recorded physical activity (76%), sleep quality/amount (67%), symptom levels (52%) and/or food intake (40%) in order to identify associations between these factors. A total of 167 respondents (41%) would find it relevant to use a tool that could provide an overview of these factors. Young age and co-morbidity were positively linked to registration of lifestyle factors and symptoms, and young age was positively linked to a wish for using a new tool to assess associations. The primary barriers to using a new tool were the time and energy it would require.

Abstract No. 599

Ageing and Rehabilitation - Oral Presentations (90) - Community-based Rehabilitation and Elderly Citizens, September 7, 2021, 16:00 - 17:30

Engaging Families in Older People's Home-Based Reablement

Ms Linda Sumpter¹

¹*University Of The West Of England, Bristol, United Kingdom*

Reablement (also known as restorative care or enablement), is a time-limited intervention helping people to relearn how to undertake daily living tasks for themselves following a change in health. International research into reablement and its varied models of delivery suggests that it holds significant potential for an ageing population. Emphasised as a person-centred intervention, the presence and influence of families is, however, seldom acknowledged as a critical factor in reablement delivery.

Recent postgraduate research investigates theories about what works when engaging families in the reablement of their older relatives. Understanding more about this aspect of the intervention provides new insights that have implications for maximising the benefits of the intervention for all concerned, both during its delivery as well as in the longer term.

A realist research approach was taken to the study, combining a synthesis of existing international academic and non-academic literature with primary research conducted within a Local Authority reablement service in England. Data were collected through interviews and a focus group with the study participants. An advisory group made up of members of the public contributed their expertise as family carers. Data were analysed using a realist approach. This led to the identification of a range of contexts relevant to engaging families in reablement, how different people might respond to the resources introduced in these different contexts and how their responses might affect outcomes.

In order to restore capability, reablement relies on staff gradually reducing the amount of assistance that they provide. The study findings unpick this core mechanism of standing back, explore the skills associated with it and how they might be adopted by family members as well as staff. This research has implications not only for professional competencies but also for service design, the design of reablement resources including assistive technology, and future guideline development.

Abstract No. 600

Innovative and Assistive Technologies in Rehabilitation - Seminar (60) - Future Patient - Telerehabilitation of Cardiac Patients, September 8, 2021, 13:30 - 14:30

Future Patient - Telerehabilitation of Cardiac Patients

Consultant Malene Hollingdal², Associate Professor Helle Spindler¹, Consultant Dorthe Svenstrup², Professor Birthe Dinesen³

¹Department of Psychology, Aarhus University, Aarhus University, Denmark, ²Cardiology Ward, Regional Hospital Viborg, Viborg, Denmark, ³Laboratory for Welfare Technologies - Telehealth & Telerehabilitation, Sport Sciences - Performance and Technology, Department of Health Science and Technology, Denmark, Aalborg, Denmark

Based upon participatory design we have developed and tested telerehabilitation programs for patients with Heart Failure and Atrial Fibrillation. After identifying the needs of the patients with Heart Failure and Atrial fibrillation we have developed a HeartPortal that is a digital toolbox. The HeartPortal consist of an interactive learning module with informations, a communication platform enabling patients to communicate directly with healthcare professionals, visualization of measured values (blood pressure, pulse, electro diagrams, steps, weight and sleep information's), questionnaires on symptoms and video consultations with healthcare professionals. The aim of the seminar is to present results from the Future Patient research project on cardiac patients and to discuss pros and cons on telerehabilitation of patients with Heart Failure and Atrial Fibrillation. There will be three presentations from the interdisciplinary research team. Afterwards there will be a discussion on themes on ethical perspectives of telerehabilitation, patients motivation on telerehabilitation, burden of tracking from the patients view and virtual patients education. The panel will interact with the congress participants via the online platform. The seminar will last 60 minutes.

Abstract No. 601

Poster Presentations (60) - Innovative and Assistive Technologies in Rehabilitation, September 8, 2021, 09:00 - 10:00

Evaluating Keyboard Instrument Rehabilitation for Post-Stroke Patients Using sEMG, MIDI

Maki Nanahara¹, Toshie Matsui¹

¹*Toyohashi University of Technology, Japan, Toyohashi-city, Japan*

The number of stroke patients in Japan is about 300,000 a year, and 55% to 75% of these have upper limb dysfunction. If the paralysis of the fingers remains, activities of daily living decrease, and rehabilitation to recover hand dexterity is required. Three stroke patients and seven healthy adult controls participated in this study. They were trained on keyboard instrument performance with paralyzed fingers (patient group) and non-dominant hand (control group). Before and after training (pre- and post-test), the force of finger control task with the music dynamics level instruction (ff/pp) during the performance was evaluated by surface electromyography (sEMG) and MIDI data. sEMG was measured on the muscle belly of Flexor Pollicis Longus Muscle (FPL) and Flexor Digitorum Superficialis Muscle (FDS) and normalized to the maximum strength (%MVC). From MIDI data, velocity corresponding to the instruction of dynamics (ff/pp) was used. The result showed that the factors of ff/pp and the pre- and post-test did not significantly affect the Mean% MVC of both FPL and FDS in the patient group. In the control group, while the factor of pre- and post-test did not significantly affect Mean% MVC in both FPL and FDS, the factor of ff/pp did. The velocity showed no significant difference between the pre- and post-test in the patient group, but there was a significant difference between ff/pp ($p < .01$). In the control group, there was a significant difference between ff/pp ($p < .001$) and a marginally significant difference between the pre- and post-test ($p = .08$). An interaction between the pre- and post-test and ff/pp conditions was observed ($p < .05$). This result suggests that MIDI velocity can provide more detailed information on the changes in finger movement.

Keywords—keyboard rehabilitation, MIDI, post-stroke patients, sEMG

Abstract No. 602

Leisure, Recreation and Physical Activities - Oral Presentations (60) - Participation in Physical Activities, September 8, 2021, 09:00 - 10:00

Motivation for Walking Training Among People with Multiple Sclerosis

Stud.scient.san.publ. Michelle Skovmøller Lysemose¹

¹The Danish MS Society, Valby, Denmark

Background: Multiple Sclerosis (MS) is a chronic neurodegenerative disease that presents itself with neurological symptoms and dysfunctions that reduce quality of life. Physical activity, and exercise in particular, has proven to be beneficial in order to manage symptoms and restore function in people with MS (PwMS). However, many PwMS are physically inactive. Therefore, knowledge about exercise motivation among PwMS is necessary.

Purpose: Focusing on PwMS participating in a 7-week walking training programme, 'Walk for Life', organized by the Danish MS Society, the purpose of this study was to investigate: What motivates PwMS to participate in a walking training programme such as 'Walk for Life'?

Methods: 2 participant observations of planned walking training activities were conducted with the use of an observation guide, followed by in-depth interviews with 4 participants (2 males and 2 females) with the use of a semi-structured interview guide. Attride-Stirling's thematic network analysis was applied to analyse observational field notes and transcribed interviews.

Results: 3 main themes emerged in the analysis: 1) MS is inhibiting everyday life, and training is used to take control of the disease, 2) Experiences of mastery and positive feedback during training is motivating and brings feelings of joy, and 3) Training with other PwMS is meaningful because it brings feelings of mutual understanding and relatedness.

Perspectives: The study sheds light on how social dynamics influence exercise motivation among PwMS engaging in a walking training programme with other PwMS. The study emphasizes the benefits of facilitating group-based exercise programmes for PwMS. However, for PwMS with impaired walking ability the study found that their motivation depended on exercising with others who had comparable walking ability. When facilitating group-based exercise programmes for PwMS it may therefore be relevant to consider similar walking ability within the group to preserve motivation.

Abstract No. 603

Work and Employment - Oral Presentations (90) - German Federal Employment Agency, September 7, 2021, 16:00 - 17:30

The Employment Budget –An Instrument for Participating in Working Life?

Lea Mattern¹, Dr. Tonia Rambausek-Haß

¹Humboldt-Universität Zu Berlin, Berlin, Germany

Background

In Germany the UN Convention on the Rights of Persons with Disabilities (UN CRPD) came into force on 26 March 2009. Despite the obligation to ensure an open, inclusive and accessible labour market and work environment for persons with disabilities (art. 27 UN-CRPD) the number of employees in sheltered workshops has increased ever since . According to the Federal Government, sheltered workshops are an important part of participation in working life. The Committee on the Rights of Persons with Disabilities criticized Germany e.g. for the lack of promoting transitions from sheltered workshops to the open labour market .

Purpose

In order to improve transitions Germany introduced an employment budget on 01 January 2018. It contains a wage subsidy for employers as well as a Job Coach budget. To date fewer people are using the employment budget than expected. This study examines which conditions the implementation of the employment budget needs to be successful and which barriers prevent the use of it.

Method

For the qualitative evaluation of this instrument, 7 group discussions and 2 individual interviews were conducted with a total of 42 persons in 2019. The interviewees consisted of persons with disabilities, employers, supporters and case managers. Using content analysis, the transcribed interviews were structured and analysed with MAXQDA.

Selected results/Perspectives

Most of the interviewed persons with disabilities lack information about the new instrument, have doubts about their own abilities and are afraid of reduced social security and lower pensions on the open labour market than in sheltered workshops. These factors inhibit them to claim the subsidy. However, internships on the open labour market, Job Coaching and an unbureaucratic return to sheltered workshops can facilitate transitions.

The lecture outlines selected results of the study and discusses conducive conditions and barriers within the implementation process of the employment budget.

Abstract No. 606

Policy and Service - Master Class (60) - Self-Advocacy for People with ID, September 9, 2021, 10:00 - 11:00

"Nothing about Us without Us": Self-Advocacy for People with ID

Co-Director of Beit Issie Shapiro's Community Development and Social Change Unit Yoav Kraiem Yoav Kreim¹

¹*Beit Issie Shapiro, Ra'anana, Israel*

This Master Class will focus on Beit Issie Shapiro's and Israel Elwyn's model for empowering people with intellectual disabilities (ID) through self-advocacy and leadership.

We turn the idea of 'Nothing About Us, Without Us' into a practical program, empowering people with ID to make their voices heard and access their rights. This population, over 34,500 in Israel, has traditionally experienced social injustice, discrimination, and decisions regarding their life have been made without their inclusion in the discussion. The program has proven to provide knowledge and skills for self-advocacy and active leadership, so that self-advocates can exercise their natural rights through Israeli and international legislation, participate in making decisions pertaining to their lives, advance policy issues that require government attention, and improve the quality of their lives.

Some of the program's unique elements include:

1. Local to national: following the success of 11 local self-advocacy groups, a National Leadership Group was developed to achieve change on a national policy level, promote social equality and influence government policy.
2. Work Model: groups work within a methodical and structural work model of theoretical learning and practical experience in activities aimed at impacting policy.
3. Facilitator's role: the facilitator is responsible for making information and the environment cognitively accessible to group members, but is not part of the group's decision making process.

The program has had a powerful impact on public policy, and on shaping legislation and regulations at the local and national levels. For example, the groups' activity has greatly contributed to a groundbreaking amendment to the Legal Capacity and Guardianship Law passed by the Israeli Parliament's Ministerial Legislative Committee, thus impacting on tens of thousands of individuals.

The Master Class participants will learn core principles, best practices, and a proven work model for developing self-advocacy groups in their context.

Abstract No. 607

Psychosocial Rehabilitation - Oral Presentations (60) - Psychosocial, September 9, 2021, 12:30 - 13:30

Recovery and Rehabilitation for People with Serious Cognitive Difficulties

Professor Kjeld Høgsbro¹

¹Aalborg University, Vanløse, Danmark

At the Danish residential homes for people with serious cognitive difficulties, the professionals are now encouraged to implement a recovery perspective for the residents. This represents a development from a situation where the professional task were primarily to take care and make sure that they did not hurt themselves or others. But, how do we master both to protect the staff and the residents, prevent different forms of challenging behavior and at the same time support a kind of recovery process? And, what does recovery actually mean in this context?

Some profound premises for this change will be identified with reference to years of ethnographic studies of 13 different residential homes for people with autism, dementia and challenging behavior.

Høgsbro, Kjeld (2020): How to conduct ethnographies of institutions for people with cognitive difficulties (E). Routledge.

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Abstract No. 608

Psychosocial Rehabilitation - Oral Presentations (60) - Mental Health, September 9, 2021, 09:00 - 10:00

ABCs of Mental Health – a Mental Health Promotion Initiative

Post.doc Charlotte Meilstrup¹, Professor Vibeke Koushede¹, Scientific assistant Malene Kubstrup Nelausen², Post.doc. Line Nielsen², Ph.d. fellow Carsten Hinrichsen², Post.doc. Ziggi Ivan Santini²

¹University Of Copenhagen, Department Of Psychology, Copenhagen, Denmark, ²National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark

Background

Mental health is not a stable trait, but rather a constant process throughout life which, like physical health, needs to be protected and promoted. Mental health is affected by the challenges we meet, and the resources available to us. Having a sense of meaning and purpose, something and someone to get up for in the morning, a feeling of belonging and of contributing are critical aspects of mental health regardless of whether we are young or old or have a physical or mental illness or not. Enabling people to act, belong and commit is therefore (also) highly relevant in relation to recovery and rehabilitation.

Purpose

The overall aim of the ABCs of mental health is to promote mental health and wellbeing broadly. The ABCs of mental health is a research-based campaign and framework for mental health promotion. There are three overarching domains: A) Act - Do something B) Belong - Do something with someone C) Commit - Do something meaningful. The framework offers a common language and realm of understanding for working with mental health promotion in praxis.

Method and content

The ABCs of mental health is organised as a national cross-sectoral and cross-disciplinary partnership covering a multitude of municipalities and voluntary organisations. The ABCs of mental health targets individuals to engage in mentally healthy behaviors whilst also supporting organizations to promote mental health and wellbeing in their local communities and among various target groups. An important part of this is reducing barriers for participation be they physical or mental. Activities are implemented at the community level. By supporting staff and volunteers and empowering people to act, belong and commit we aim at increasing individual and community mental health and wellbeing.

We will present the ABCs of mental health – background, partnership and framework.

Abstract No. 609

Policy and Service - Seminar (60) - Habilitation, September 8, 2021, 13:30 - 14:30

Habilitation and the Development of a Girl with Rheumatoid Arthritis

MD Harald Lie¹, Social worker, anthropologist Susanne Søndergaard¹

¹Hasam, Halliwick Swimming Denmark, Aarhus Municipality, Denmark

The purpose of this presentation is to illuminate the concept of Habilitation using a description of how the upbringing and adulthood of a girl with severe juvenile arthritis has taken shape. What efforts have been made and what choices have her parents and she herself had to make. The presentation will take place as an interaction between the girl's story and comments from a "therapist" who describes the Habilitation's special form of intervention.

Habilitation might be described as a broad and coherent effort, the purpose of which is to promote the physical, mental, intellectual and social development of children, young people and adults with congenital or early acquired disabilities who need support from early childhood, through adolescence and into adulthood; to develop, use and preserve their abilities and potentials in the best possible way. The goal is to achieve the highest possible degree of self-determination, dignity and quality of life. Habilitation is a collaborative process between the person in question, the relatives and professionals, which is based on the individual's entire life situation, and which is characterized by quality, communication, coordination and continuity.

The concepts of rehabilitation and habilitation are based on the same basic respect for people. The purpose of rehabilitation is to restore a person's previous abilities or skills after a disabling accident or illness. The purpose of habilitation is to develop potential abilities in people with congenital or early acquired disabilities.

Abstract No. 610

Poster Presentations (60) - Community-based Rehabilitation, Outdoor, Leisure, Recreation and Physical Activities / Work and Employment, September 7, 2021, 11:00 - 12:00

Green Space as a Framework for Future Health Interventions

MHH. Associate professor. Tine Bordorff Sørensen⁴, OT. Cand.scient.san Pernille Vibholm¹, Ph.D. Associate professor. Dorthe Varning Poulsen³, Project manager. Ole Mygind Klausen⁶, Professor. Director of Research institute; DEFACTUM. Thomas Maribo^{2,5}, Ph.D. student. Louise Sofia Madsen^{2,5}

¹Randers Social- og Sundhedsskole., , Denmark, ²DEFACTUM., , Denmark, ³University of Copenhagen, Department of Geosciences and Natural Resource Management., , Denmark, ⁴Via University College, Department of Physiotherapy., , Denmark, ⁵University of Aarhus, Department of Public Health., , Denmark, ⁶Marselisborgcentret., , Denmark

Background

Over the past 10 years, using green space as a framework for health interventions has been developed, and is now in demand by healthcare professionals. The health benefits associated with green space are well documented. WHO has documented the following health-promoting effects associated with green spaces; improved mental health and cognitive function, increased physical activity, faster improvement of health status as well as improved social capital and belonging. Despite the fact, that nature and green spaces are effective resources in strengthening public health, the vast majority of health interventions - including activities of health-promotion, prevention, rehabilitation and therapy - are carried out in conventional settings indoors. It requires a well-coordinated effort and cross-disciplinary collaboration to translate the research-based knowledge into concrete health interventions.

Purpose

To develop a 'Green Book', with the aim of initiating a broader political and professional debate on the use of nature and green space in future health interventions. The intention is to prepare a national basis and common reference point for further implementation.

Method

The 'Green Book' project is divided into three phases:

Phase 1: Mapping existing knowledge from research literature, academic reports and document analysis.

Phase 2: Collection of empirical data through five dialogue meetings with 7-10 participants per meeting. The participants represent the private and municipal health sectors, the education sector, researchers, persons with disability, interest groups, professional associations and politicians.

Phase 3: Dissemination of results through a conference. The conference is targeted at politicians, decision-makers, health professionals, patient and public associations and the general population.

Perspective

The 'Green Book' will form a common starting point for the development of knowledge-based health interventions using nature as a framework and strengthen cross-disciplinary implementation.

Abstract No. 611

Ageing and Rehabilitation - Seminar (60) - Practical and Scientific Perspectives of Rehabilitation for Persons with Dementia 1, September 9, 2021, 12:30 - 13:30

Rehabilitation Needs Assessment in Persons with Dementia: A Scoping Review

Independent Researcher Fritze Tonny Norup Kristensen¹, Senior associate professor Rikke Gregersen², Senior researcher Mona Kyndi Pedersen³, Senior Researcher Jette Thuesen⁴

¹Clinical Nursing Research Unit, and The Dementia Unit Aalborg University Hospital, Aalborg, Denmark, ²Research Centre for Health and Welfare Technology, VIA University College, Århus N, Denmark, ³Centre of Clinical Research, North Denmark Regional Hospital, Hjørring, Denmark and Department of Clinical Medicine, Aalborg University, Aalborg, Denmark, ⁴REHPA, Danish Knowledge Centre for Rehabilitation and Palliative Care, University of Southern Denmark, Nyborg, Denmark

OBJECTIVE: The increasing focus on rehabilitation as a person-centred approach for persons with dementia implies that in order to tailor rehabilitation, systematic clinical assessment of rehabilitation needs is crucial. This scoping review has identified and mapped the characteristics of tools (the 'whats' of needs assessment) and procedures (the 'hows' of needs assessment) used by health professionals to assess the rehabilitation needs for home-dwelling persons with early-stage dementia.

METHOD: A comprehensive literature search was conducted in JBISIR, TRIP database, Cochrane Library, PROSPERO, PubMed, Embase, CINAHL and PsycInfo, supplemented with a search for gray literature. Papers were mapped according to how tools and procedures were described. Identified tools and procedures were narratively summarized and classified according to the analytical categories of the International classification of functioning, disability and health model (ICF) and subjective perspectives including spiritual aspects.

RESULTS: A search was conducted in November 2018 and updated in January 2020. In total, ten papers were included. Three papers were included after full-text screening, six papers were included after review of reference lists of included papers, and one through the authors' knowledge of published research papers. Papers were published between 2010 and 2019 from Europe, North and South America, Asia, and Australia. Except in one study, the population considered persons diagnosed with Alzheimer's dementia.

Further results will be presented at the congress.

Abstract No. 612

Outdoor Rehabilitation - Oral Presentations (60) - Nature and Outdoor Activities Related to Specific Target Groups, September 9, 2021, 10:00 - 11:00

Nature as an Exercise-Environment for Elderly in Risk of Fall

Associate Professor Dorthe Varning Poulsen¹

¹*University Of Copenhagen, Frederiksberg, Denmark*

Falls in the elderly have huge consequences for the elderly as well as the community. Falls can lead to a lower degree of physical function, a decline in overall quality of life and heightened risk of death. Fear of falling can increase the risk of falls through a reduction in the activities, which again can cause social isolation. Over the past few years, in Denmark focus has been on one: Identifying the causes of fall in order to initiate a preventive action and two: Offering a physical rehabilitation leading a best possible recovery. Exercise incorporating aerobic and resistance exercises, balance and flexibility have been demonstrated to improve the general health and reduce risk of fall.

Stay in nature environment has gained attention because of the impact on mental health including anxiety and depression. Furthermore, the nature environment offers a varied and challenging setting for training activities. The objective of this project is to examine the effect of an outdoor exercise program for elderly with a history of fall. The program have focus will be on following subjects

1. Balance exercises
2. Walking distance and pace
3. Resistance exercises
4. Experience of self-esteem and wellbeing

Method: The study is part of the Move-green study. The first part of the study consists a developing phase, where the green environment is transformed to meet the requests for both exercise and mental restoring. Next step is to complete an effect-study with 24 elderly with a fall history.

The rehabilitation period is 12 weeks. Measurements: Bergs Balance test, 30 second sit to stand, 10 minuttet walking test, EuroQuol 5D and Patient Specific Function Scale. The data collection is planned to begin at August 2021.

The presentation will focus on perspectives with outdoor rehabilitation of elderly in risk of fall based on the program.

Abstract No. 613

Community-based Rehabilitation - Oral Presentations (60) - Sound and Music as Inspiration in Community-based Rehabilitation, September 8, 2021, 09:00 - 10:00

"Sound Pictures" - Creating Audio-Art-Experiences in a Rehabilitation Contexts

Artistic partner CB - Art of listening Sara Topsøe-jensen¹

¹<https://art-of-listening.org> and MarselisborgCentret, Århus, Denmark

We will present the ideas and thoughts behind the project "Sound Pictures". An art project created in collaboration between Rehabilitation Center "MarselisborgCenter" and the acclaimed performance company "CB - Art of Listening". A company that works with a phenomenological, embodied approach to creating and exploring connections between humans and the reality we live in - in order to reconnect us with the resources we find in beauty, hope, curiosity, playfulness and the experience of being connected to the rest of the world. It is a philosophical and aesthetic approach that take our human-being-ness very seriously as THE most important resource that we can activate and share with each other. The presentation will include concrete examples and experiences from this artistic work.

Abstract No. 614

Ageing and Rehabilitation - Oral Presentations (90) - Community-based Rehabilitation and Elderly Citizens, September 7, 2021, 16:00 - 17:30

When Movement Moves. Quality-Of-Life Among Disabled and Nursing Homes Residents

Ph.d. Student Andreas Jørgensen¹, Associate professor Christina Bjørk Petersen¹, Senior researcher and group leader Mathias Ried-Larsen², Researcher Mette Toftager¹

¹National Institute of Public Health, København K, Denmark, ²Centre for Physical Activity Research Copenhagen University Hospital (Rigshospitalet), København K, Denmark

Background: Functionally impaired elderly nursing homes residents and disabled people with severe low mobility levels cannot participate in recreational, physical and social activities on equal terms as normal functioning elderly and people without disabilities. This has implications for their health and well-being. Previous findings indicate that activities that facilitate individuals with low mobility to participate in social indirect physical activities may enhance physical, social and mental health. However, previous studies are methodologically flawed. Further, we know little about how, why, and to what extent participation affect perceived Quality of Life (QoL) among elderly and disabled with impaired mobility. Thus, this evaluation study is carried out in 1) the Team Twin (TT) and 2) the Cycling without age (CUA) programmes. Common for both programmes is the movement of people with low mobility, through volunteers', who pushes and cycle the involved persons in specialised Running-chairs (TT) and Rickshaws (CUA). **Purpose:** Develop and designing a combined-method evaluation study to investigate the two pre-existing programmes, TT and CUA. The evaluation aims to find an effect on QoL (primary outcome) and physical health and well-being changes (secondary outcome). **Methods:** The study will be evaluated as a natural experiment using a quasi-experimental approach combining quantitative and qualitative methods. Methods used to detect a change in primary and secondary outcome are 1) questionnaires, 2) field observations, and 3) interviews. Objective methods are used to examine physical health, including; 1) clinical examination, 2) bio-tracking (i.e. sleep) using wearables, 3) physical and cognitive test on-site, and 4) proxy trip registration (i.e. duration, context). **Perspectives:** Results from the development phase shows common mechanism affecting mental and physical health including; Fewer symptoms, sense stimulation (physical and cognitive), social interactions, positive feedback from surroundings and a sense of community. The investigations seek to examine both effect and contributing mechanism of QoL.

Abstract No. 615

Everyday Rehabilitation, War Veterans The 24/7 Internal Rehabilitation

Konsulent Peter Due¹

¹*Knowledge Centre on Disability, Høje Taastrup, Denmark*

Purpose

The purpose of “On route to a good everyday life” is to support and rehabilitate war veterans, previously treated with conversational, psychological, and medical therapy, returning to their everyday life.

Method

The method “On route to a decent everyday life” is based on our current knowledge on rehabilitation. Elements included in the method is ongoing motivational person-to-person conversations, a narrative approach and an understanding of the inner authority and internal rehabilitation. Furthermore, included in the method is the significance of PTSD’s effect on a person’s cognitive ability and their ability to handle challenges.

The method relies on free will, self-determination, dialogue, and trust-based relationships.

The ongoing teamwork between the consultant and the war-veteran is based on 4 tracks: Complete their everyday chores(1), understanding the difficulties and possibilities of their illness(2), their interests, activities and work life(3), and the importance of relations and fellowships(4)

Results

The results are qualitative and has been collected throughout 5 years;

The results have shown a high increase in numbers of veterans choosing an active lifestyle and an increase of veterans finding employment. The veterans achieved a higher insight and increased positivity towards social interactions. A small number of veterans needed revisitation to the public health sector. A few veterans failed to participate or complete the “On route to a decent everyday life”

Conclusion

The effort with veterans based on the method “On route to a decent everyday life” has led, not only, to big changes for a large amount of the participating veterans, but also for their friends and families. Furthermore society gained from the rehabilitation of the veterans. A large amount of the participating veterans showed continuous progression after completing “On route to a decent everyday life”.

Abstract No. 616

Innovative and Assistive Technologies in Rehabilitation - Oral Presentations (60) - Individuals and Assistive Technology, September 9, 2021, 11:00 - 12:00

Creating New Products/Ideas with Young Ceiling lift Users and Their Relatives

PT, MSc Stine Stensgaard¹

¹V. Guldmann A/S, Aarhus N, Denmark

Background:

As a company that manufactures welfare technology aids and assistive technologies Guldmann feels obligated to ensure that our products are of good quality and useful to our customers. Our development team consists of therapists and engineers who work together with the users to find the best solutions.

Purpose:

The purpose of the presentation is to show two examples of user involvement.

My:

Mathilde is a physiotherapist and the mother of 6-year-old My who has survived cancer. During the treatment, My had a cardiac arrest which resulted in a brain injury. Mathilde has trained My intensively but now that My has turned 6 years old and weighs 15 kg, this has become a physical challenge. Mathilde and My have been a part of the development process around “a training sling” which can support My during her exercises eg. her crawling technique.

Michael:

Michael was in a serious accident four years ago and is working intensively on his rehabilitation together with his wife Sonja. Michael is using the ceiling hoist for ADL in his living room and kitchen. It allows him to participate in cooking and dishwashing. Michael also has a freestanding rail system in an art studio. Wearing a gait trainer sling Michael can now paint on the canvas himself. He also uses the hoist more creatively in his art work which he will demonstrate during the session.

Perspectives:

An accident or illness changes the lives of patients and the roles for their close relatives. In these cases we have given them a new role as creative co-creators of a product or idea that is not only tailor-made to their own needs but can be used by others to optimize individual rehabilitation processes and help ensure quality of life, self-confidence and self-efficacy.

Abstract No. 617

Individual/Family Perspectives and Processes - Oral Presentations (60) - Goalsetting in Multidisciplinary, Outpatient Rehabilitation, September 8, 2021, 11:00 - 12:00

Goalsetting in Multidisciplinary, Outpatient Rehabilitation. Patients' and Healthcare Professionals' Perspectives

Physiotherapist Tine Schjønnig¹, Social Worker Bente Elton Rasmussen¹, Seniorresearcher, mag.art. in anthropology, MPH Lisbeth Ørtenblad¹, Patient Gitte Brunebjerg¹

¹Specialized hospital for Polio and Accident victims , , Denmark

Background

Goalsetting and patient involvement are key words in multidisciplinary rehabilitation. At the Specialized Hospital for Polio and Accident Victims in Denmark, we have several years of experience in organizing goalsetting in patient-centered multidisciplinary rehabilitation. However, setting goals in a multidisciplinary framework based on user involvement is an ongoing process that remains challenging.

Purpose

The purpose is to present clinical experiences with goalsetting in rehabilitation based on a case example from practice and results from an anthropological research project, conducted at the Specialized Hospital for Polio and Accident Victims. From respectively healthcare professional and patient perspectives we wish to illustrate the dilemmas arising in the tension field between patients' need, hopes and dreams and healthcare professionals' requirement to set realistic and measurable goals within the established frames.

Methods and content

1) A patient with spinal cord injury and team members from the patient's outpatient rehabilitation will explore how goalsetting work out. The team members (represented by a physiotherapist and a social worker) and a patient will participate in an interview, where various dilemmas in the goalsetting process will be discussed clarified.

2) The research project used participant-observation and qualitative interviews as data generating methods. The aim was to explore healthcare professionals' and patients' experiences with goalsetting in practice. Presentation of the results will focus on perspectives and standpoints from respectively healthcare professionals and patients to illustrate how goalsetting is negotiated in balancing goalsetting criterions and goalsetting as it unfolds in a complex practice. In that process patient involvement may be challenged.

Perspectives

The intention of the presentation of research results and a case example from practice regarding dilemmas and challenges in goalsetting is to allow the participants to reflect on own practice.

Abstract No. 618

Education and Professionalization in Rehabilitation - Seminar (90) - Empowering Rehabilitation Health Workers, September 7, 2021, 16:00 - 17:30

Creating Assessment Tools: Using Assessment to Validate Knowledge and Skills

Professor Alfred Bracciano¹

¹Creighton University, Omaha, United States

Global certification provides a conceptual and pragmatic framework for recognition of international rehabilitation workers through identified essential quality standards. The certification process validates an individual's knowledge and competence for meeting the essential quality standards for safe delivery of rehabilitation care as specified in the content domain standards for certification. These standards were identified from the fields of physiotherapy, (PT), occupational therapy (OT), and speech-language pathology/audiology (SLP/AUD), using an interdisciplinary and integrative approach. The assessment component of the project consists of assessing knowledge and competencies for meeting the essential standards for safe delivery of rehabilitation care specified in the content domain standards for certification. This presentation will outline the steps used to develop a test blueprint for two certification exams based on the identified essential standards for the Global Rehabilitation Health Worker Certification Project. One examination was developed at the basic level for assistive/support health workers and one at the advanced level for rehab health workers possessing a tertiary education in a rehab-related field. An international writing team of content matter experts was identified and recruited. Test questions were created based on the test blueprint with item writers assigned specific content domains and attributes based on their respective strengths. Questions went through a technical review process with the item-writing team, followed by a global review of diverse international reviewers. To ensure the usefulness of the test questions for a global audience, the items were reviewed through a global review process and using a staged concurrent approach by identified subject matter experts familiar with rehabilitation practices in different countries and world regions.

Abstract No. 619

Education and Professionalization in Rehabilitation - Seminar (90) - Empowering Rehabilitation Health Workers, September 7, 2021, 16:00 - 17:30

Providing Continuing Education: Strengthening Rehabilitation Health Workforce and Care Delivery.

Dean Emeritus Richard Oliver²

¹Higher Education Institution And Professional Association, Sun Prairie, United States, ²University of Missouri, Columbia, United States

Continuing Professional Development (CPD) plays a key role in upgrading rehabilitation health workers' knowledge and competence in providing care. To provide access to learning opportunities, CGFNS has formed a strategic partnership with the Association of Schools Advancing Health Professions (ASAHP) which will provide global access to these opportunities through its member institutions. ASAHP is a professional organization representing 120 universities and colleges in the United States that offer degree programs and professional education in a wide variety of rehabilitation, diagnostic, and public health related disciplines. Many of the faculty members in these institutions have created relationships with international partners and have a commitment to addressing the need for an expanded rehabilitation work force. By coming together in work groups, they will create those continuing education modules that are viewed as the most critical for those needing assistance in preparing to take the certification examination to validate their achievement. The strategic partnership with ASAHP also underscores the importance of maintaining a clear division of duties between CGFNS, which is focused on test development and certification, and ASAHP which is focused on offering education in content areas to reflect a global standard of safe delivery of care and are covered by the certification examination.

This presentation will provide insight into the role ASAHP will play in this global initiative. It will highlight some of the lead institutions of higher education and the mechanisms by which continuing education will be offered in some key content areas.

Abstract No. 620

Data and Monitoring in Rehabilitation - Seminar (90) - Activity Monitoring, September 9, 2021, 14:30 - 16:00

Digital Smartphone Behavior Reflecting Activity, Sleep, and Quality of Life

Ms Iris Brunner¹

¹*Hammel Neurorehabilitation Centre And University Research Clinic, Hammel, Denmark*

Unobtrusive, convenient, and innovative approaches for long-term monitoring after disease are needed to detect functional decline. Smartphones are ubiquitous and increasingly used, even among the elderly population. Physical and cognitive assessments require medical staff, are time-consuming and provide only a momentary picture. The monitoring of smartphone interactions provides seamless data without imposing a burden on the patient. Modern digital behavior, as reflected in smartphone use, can be applied to monitor health in different groups of users with and without health issues. Intriguing associations between digital behavior and different aspects of human behavior and well-being have been found. The following examples are presented and discussed.

Sleep: Sleep is crucial for cognitive performance, learning, and wellbeing. Sleep has been traditionally assessed with wrist-worn accelerometers that register body movements and thereby inferring sleep duration as the lack of movements. However, intense cognitive activity may occur while sitting quietly, thus, not captured by accelerometry. Capturing digital behavior on smartphones has been found to be a reliable reflection of sleep patterns.

Parkinson Disease (PD): Active motor tests on the phone and passive activity registration via the phone can be used to differentiate between healthy people and people with PD. In earlier research, passive monitoring revealed that people with PD were less active than healthy people. Active tests could detect significant abnormalities that were not captured by clinical exams.

Stroke: People with stroke are among the most relevant target groups for unobtrusive monitoring, since many have to live with disabilities and are prone to declining function, cognitive impairment, and depression. In our ongoing research, we examine the linkage between smartphone use and health-related quality of life assessed with standardized outcome measures.

Digital monitoring via smartphones is a promising tool for objective, convenient and inexpensive monitoring of different health conditions and an early indicator of functional decline.

Abstract No. 621

Data and Monitoring in Rehabilitation - Seminar (90) - Activity Monitoring, September 9, 2021, 14:30 - 16:00

Behavioral Mapping a Low Tech Solution for Activity Monitoring

Mr Simon Svanborg Kjeldsen¹

¹*Hammel Neurorehabilitation Centre And University Research Clinic, Hammel, Denmark*

Behavioral mapping is an observational technique with roots in environmental psychology. It is a systematic recording of individual location and behavior, and how these are distributed across space and time. Behavioral mapping can be either place-centered or individual-centered. Individual-centered behavioral mapping is performed by observers revisiting the subjects of interest in fixed time intervals. At each observation, a set of behavioral and context-related factors is registered. Traditionally, behavioral mapping was registered by pen and paper. However, throughout the past decade dedicated digital commercial solutions have been developed with the added benefits of eliminating additional data entry. Behavioral mapping relies on subjective observations and categorization of activities. Behavioral mapping is considered manpower costly and a relatively intrusive way of documenting activity patterns. However, behavioral mapping provides insights into behavior that are to date difficult to obtain with other methods. The 10-minute oral presentation will entail a methodological presentation of behavioral mapping and also focus on benefits and pitfalls of behavioral mapping. Furthermore, examples of studies applying behavioral mapping will be presented.

Abstract No. 622

Data and Monitoring in Rehabilitation - Seminar (90) - Activity Monitoring, September 9, 2021, 14:30 - 16:00

Activity Monitoring in Patients with Chronic Disease

Mr Erhard Trillingsgaard Næss-Schmidt¹

¹Hammel Neurorehabilitation Centre And University Research Clinic, Hammel, Denmark, ²Spinal Cord Injury Centre of Western Denmark, Viborg, Denmark

A central goal of rehabilitation is to enable people to return to an independent and meaningful life. For people with limited lower limb functioning part of rehabilitation may focus on increased physical functioning, such as walking and moving around, to facilitate independence and increased participation in daily living. Monitoring of lower limb physical activity may therefore be relevant in rehabilitation for feedback to patients and health personal.

Many approaches and technologies have been applied to monitor physical activity but recently studies point toward activity monitors being more valid than self-reported activity to reflect real-life activity.

The current presentation will present activity monitoring data from a study with patients having chronic disease and entitled to physical physiotherapy in a Danish out-patient physiotherapy setting. Clinical relevance, advantages and limitations of activity monitoring and the specific accelerometer method will be discussed.

Besides objective feedback of physical activity to patients and health personal activity monitoring may be used as motivation for activity and promote better rehabilitation. Furthermore, larger studies with activity monitoring may describe specific health patterns for specific groups and has the potential to guide decision making.

Abstract No. 623

Data and Monitoring in Rehabilitation - Seminar (90) - Activity Monitoring, September 9, 2021, 14:30 - 16:00

How Time Use Studies Can Address Gaps in Evidence-Based Practice

Ms Helene Honoré¹

¹*Hammel Neurorehabilitation Centre And University Research Clinic, Hammel, Denmark*

Development of clinical practice at a Danish neurorehabilitation centre was delegated to a group of health professional developers. Their job function lacked conceptual foundation, and it was unclear how their working tasks contributed to evidence-based practice.

Keeping continuous time geographic diaries for two weeks, the health professional developers reported their work tasks. Meaningful categories were subtracted through content analysis. Patterns were analysed within activity distributions with regards to evidence-based practice. Results showed that work task distribution equalled an inadequate fulfillment of intended time spent on development of evidence based practice.

Their work activity distributions contributed mainly to maintenance of existing level of professional knowledge rather than to implementation of new knowledge.

The study serves as a strong example of data-driven analysis to systematically approach the subject of activity monitoring in neurorehabilitation research with respect for individual, subjective reporting, and important aspects of constructs, design, methods and analysis relevant for organisational discussions in value-based rehabilitation settings world-wide.

Abstract No. 624

Work and Employment - Seminar (60) - Vocational Rehabilitation - A Question of Gender?, September 8, 2021, 13:30 - 14:30

Conceptualizing Gender in Vocational Rehabilitation

Prof. Dr. Nadine Pieck¹

¹*Universität Hannover, Hanover, Germany*

This talk outlines how gender can be conceptualized as an analytical category to promote gender equity in vocational rehabilitation or return to work programs. Both are embedded in the context of occupational health and safety promotion in Germany. Gender as a social category frames social interactions, structures the division of labor in the family as well as in the labor market. It embosses patterns of gender-related perceptions and valuations on a symbolic level. Organizational rules, processes and interactions are often gender-biased and lead to a systematically unequal distribution of burdens and resources. These are however crucial for equal health opportunities. Based on the notion of social inequality and indirect discrimination, gender equity in return to work programs can be promoted by taking four steps: analyzing resources and strains in the workplace and in unpaid care work performed in the family, an individual-centered approach, a holistic hazard (and resource) assessment, and finally a critical reflection of stereotyping along the process, ideally avoiding any stereotypes altogether. Only few efforts have been taken in research to analyze gender as a social category that structures processes, interactions and valuations in vocational rehabilitation programs, which in their turn, lead to different results for women and men. To develop more gender equal and effective vocational rehabilitation, gender needs to be reframed as an analytical category structuring social processes of indirect discrimination rather than as a quality of individuals.

Abstract No. 625

Work and Employment - Seminar (60) - Vocational Rehabilitation - A Question of Gender?, September 8, 2021, 13:30 - 14:30

Health and Preservation of Employability in Teaching and Work Settings.

Prof. Dr. Astrid Seltrecht¹

¹*Otto Von Guericke University Magdeburg, , Germany*

In the context of work and health considerations and an inclusive world of work, maintaining employability and health for people with chronic illnesses and disabilities in working life is essential. Teachers and care-givers in Germany belong to the occupational groups that are particularly at risk for health problems. Using the example of the group of students studying to become teachers at vocational schools specializing in nursing and health, the aim is to examine health opportunities and risks as well as instruments and measures for stay and return to work. The students (typically) pass through different professional stations in the course of their professional biography: They work as care-givers, learn and work at universities and later become teachers for care training. The state of research, health-related data sets as well as own data for the occupational biographical stations were analyzed in order to identify health hazards and risks for employability in the work as a care-giver, the study for teaching profession as well as within the vocational school. The partly high risk to health and employability becomes clear at the occupational biographical stations of the vocational school as well as in the workplace of and as care-givers (Hospitals etc.). Measures and instruments used here, such as the occupational integration management (OIM), appear to be partially unused although there are opportunities for maintaining health and employability. Due to the poor use of (preventive) measures in the individual occupational/training-related stations of (future) teachers, the question arises as to how measures, such as the OIM, can be made more utilizable in the future and how competencies in health- and work-sensitive teacher and nurse training can be increased in order to enable new opportunities for maintaining the health of these occupational groups.

Abstract No. 626

Education and Professionalization in Rehabilitation - Seminar (90) - Empowering Rehabilitation Health Workers, September 7, 2021, 16:00 - 17:30

Empowering Rehabilitation Health Workers Through Global Certification, Validation and Recognition

Associate Director & Professor Mark Kovic¹

¹Midwestern University, Hoffman Estates, United States

Setting Global Standards:

Unifying principles across rehabilitation professions and diverse practice contexts

Subject matter experts across multiple health care disciplines and various healthcare settings were identified and contributed to a consensus document which eventually represented the four domains and corresponding subsections of the global standards. These principles were considered and also reflected in multiple documents such as from the WHO. More accurately, standards were first field reviewed by stakeholders in 15 countries and then reviewed again by the global advisory panel with representatives from 12 countries. The potential benefit of this approach is that the wording could have relevance globally (macro-) and contextually (micro-) throughout communities. Over multiple in person and virtual meetings, the process began with a brainstorming session which first identified key attributes which were believed to be the necessary foundation for the standards. The principles represent perspectives from occupational therapy, physical therapy, and speech language pathology. Once these items were identified, the group then agreed upon verbiage, and then these were further expanded upon through ongoing meetings until the group reached an acceptable decision. This reflected a modified Delphi process. The first round of review was to generate ideas/constructs. The second round was to prioritize and expand upon these foundations. The third round included ongoing discussion which then resulted in further edits and the final set of standards and corresponding percentages of each portion for the proposed certification examination.

Abstract No. 627

Work and Employment - Seminar (60) - Vocational Rehabilitation - A Question of Gender?, September 8, 2021, 13:30 - 14:30

Return to Work: A Balancing Act for Men and Women

Dr. Susanne Bartel¹

¹*Federal Association Of Vocational Rehabilitation Centres, Germany, Berlin, Germany*

Background

Individuals who are suffering from a chronic disease and have to regain participation in working life are facing a double-folded challenge. Not only they are faced with their illness but also they have to deal with a vulnerable occupational situation.

Purpose

The presented paper focuses in particular on the balancing act for men and women in the RTW phase. It is based on a comprehensive study (Bartel 2018) on health-related exit processes from working life and conditions for RTW.

Method

The study focuses on six women and four men between the ages of 25 and 57 who were interviewed (episodically-narrative) at two different points in the survey period from 2011 to 2014: during their medical respectively vocational rehabilitation and again about one year later. They all suffered either from a chronic musculoskeletal disease partly accompanied by psychosomatic symptoms or were diagnosed with a psychological illness. The study follows the methodological approach and research style of the Grounded Theory (Glaser and Strauss 2010).

Perspectives

RTW is experienced as an experimental phase to return to everyday working life under limited health conditions. Facing these challenges, men and women reflect on external and internal factors that might have caused their health crisis and thus form individual guiding principles to protect them from relapsing. The study shows that these principles differ in men and women as they are depended e.g. on biography, self-image, constructs of health and illness as well as attitudes and behaviours in professional, but also social contexts.

At the same time, the results of this study provide impulses for the further foundation of theoretical and application-oriented RTW approaches.

Literature

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Abstract No. 628

'I am Lost in Limbo' – Patient Perspective of Transition.

MNSc, RN, Development And Research Nurse TRINE Moos¹

¹*Epilepsihospitalet Filadelfia, Dianalund, Denmark*

Background:

An Interdisciplinary Rehabilitation Intervention aimed at adults with refractory epilepsy has existed in Denmark nearly in a decade. Only few previous studies have explored the meaningfulness of epilepsy rehabilitation from a patient perspective.

Aim:

The aim of this study was to illuminate patient perspectives of life experiences after interdisciplinary rehabilitation in order to develop a deeper understanding of this phenomenon.

Method:

Nine patients who participated in Interdisciplinary Rehabilitation in an Adult Epilepsy Clinic in Denmark were interviewed. The interviews were recorded, transcribed and analysed according to the phenomenological hermeneutical method 'Reflective Lifeworld Research'.

Findings:

Being recognized and treated equally is perceived as significant for the patients in the rehabilitation process, in that it provides room for confidentiality so that concerns and experiences can be shared in the everyday life that follows. However, patients repeatedly described the limbo that arose when transferring between sectors; from the rehabilitation hospital to the extended program offered by the municipality. Here asymmetries arise which cause the common understanding to falter.

Conclusion:

Variations in perceptions of the term 'rehabilitation' in different sectors has consequences for how rehabilitation is conducted toward the patient and this determines the patient's scope for actions and possibilities.

Patients feel captured in a limbo, which enhanced the sense of vulnerability and lack of control. Mental fluctuations between hope and optimism on one side, and uncertainty and insecurity on the other result in frustration, powerlessness, and, in some cases, resignation which make it difficult for patients to imagine a future.

Perspectives:

This study calls for additional knowledge on how the term 'rehabilitation' is interpreted and applied to practical use – not least across sectors. This may contribute to a health- and socio-political enlightenment of how the demand for (self-) responsibility is negotiated in life after rehabilitation.