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Advocating for the Role of Occupational Therapy in the Burn Population

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Advocating For The Role of Occupational Therapy in the Burn Population Jordan Faircloth, OTDS, and Keisa Boykin OTR/L, DHSc, MBA/HCM

BACKGROUND

- In 2018, around 450,000 individuals in the United States (U.S.) suffered from severe burn injuries (ABA, 2018).
- The largest burn center in the U.S. is the Joseph M. Still Burn Center at Doctors Hospital, located in Augusta, Georgia. This location is where the capstone experience was completed.
- Individuals who suffer from severe burns are at risk for developing contractures. Scar contractures can impact an individual during ADL participation, limiting their independence and causing a disruption in daily routine, habits, and roles (Oosterwijk et al., 2017).
- Five main components of scar management focus on compression gear, sun protection, appropriate positioning/splinting to prevent contractures, moisturization, and a lot of exercise and stretching (Hall et al., 2016).
- It takes two years for a scar to fully mature and no longer requires scar management (Kaur et al., 2023).
- "One of the most important rehabilitation interventions that can reduce the negative effects and consequences of severe burns is exercise programs" (Miri et al., 2022)

PROBLEM

There is a need for more advocacy and education on the role of OT within the burn population and increased education on the benefits of exercises to promote functional independence.

PURPOSE

This capstone project aims to advocate for the role of occupational therapy (OT) within the burn population and educate patients, caregivers, and interdisciplinary members on the importance of OT in burn management. This capstone explored the role and importance of OT within the burn population while advocating and educating on the importance of scar management to increase quality of life (QoL) and activities of daily living (ADLs) participation.

LEARNING OBJECTIVES:

- Analyze the role of OT in burn management.
- Determine common concerns among individuals suffering from severe burns about their quality of life and functional independence.
- functional independence.
- rehabilitation phase during burn management.
- Observe current skilled interventions OTRs utilize during treatment sessions.

OUTCOME OBJECTIVES

All capstone objectives were met within 14 weeks.

- Develop educational material the facility needs on an OTR's role within the burn population.
- Create exercise material for patients to increase participation in exercise programs to promote functional independence.
- Conduct a needs assessment by interviewing other OTRs within this population to identify areas needing more growth.
- Build relationships with current clients within this population and promote the role of occupational therapy, educate clients on contracture prevention post-injury, identify clients' own needs, and how OT can assist with achieving their personal goals.

All capstone objectives were met within 14 weeks.

Become familiar with the compliance of individuals participating in HEPs post-discharge to allow for increased maintenance of

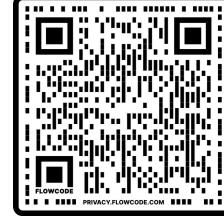
Become familiar with OT services typically provided at each

METHODS

- 14 weeks at the JMS Burn Unit, hours were splint between the Burn ICU, Wound and Burn Outpatient Clinic, Burn Operating Room, Burn PACU, and Burn Day Surgery.
- Informal Needs Assessment
- Pre-assessment: Identified a need or problem within the burn population in relation to $OT \rightarrow Iack$ of pediatric HEPs, Iack of education on the role of OT in burn care, and lack of education on splitting and positioning
- Assessment: Conducted informal interviews with OTRs, OTAs, and PTs; Completed observation hours and hands-on assistance with patients in the burn unit alongside the capstone mentors.
- Outcomes: Created educational handouts focusing on:
 - The role of OT in the burn population
 - Pediatric HEP incorporating play
 - Formal pediatric HEP organized by muscle groups
 - Airplane split education with instructions on how to adjust the splint to continue with contracture prevention, as well as the purpose of the splint

CONCLUSION

Burn therapy is a specialty area of practice, but bringing more knowledge to this field can increase our scope of practice, implementation, and research. Each patient has a struggle and a story, and advocating for the role of OT in the burn population allows each patient to achieve the highest level of independence and return to their own version of normal. The healthcare team focuses on restoring the patient's health, while OT focuses on restoring the patient's function.



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Scan this QR code to view the educational handouts!

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