ABSTRACT

Consumer preference needs careful study to determine the importance of mobility to persons with spinal cord injury. Consumer preference and satisfaction are important and essential components of the new paradigm defined and described in the Long Range Plan of the National Institute on Disability and Rehabilitation Research (NIDRR). U.S. Department of Education.1 While numerous studies have addressed the domains of quality of life among persons with spinal cord injury, only a few studies2,3 have directly asked people with SCI to indicate what specific improvements in function are most meaningful to them. Stineman recently reported a discrepancy between consumers and clinician ratings of dimensions of disability. This study not only showed differences, but also facilitated a discussion between consumers and clinicians. An adaptation of Stineman’s methodology was developed for this study. The purpose of the study was to examine longitudinal and cross-sectional preferences for recovery of walking function in incomplete SCI consumers at one, two and five years post injury.

INTRODUCTION

Consumer preference needs careful study to determine the importance of mobility to persons with spinal cord injury. Consumer preference and satisfaction are important and essential components of the new paradigm defined and described in the Long Range Plan of the National Institute on Disability and Rehabilitation Research (NIDRR). U.S. Department of Education.1 While numerous studies have addressed the domains of quality of life among persons with spinal cord injury, only a few studies2,3 have directly asked people with SCI to indicate what specific improvements in function are most meaningful to them. Stineman recently reported a discrepancy between consumers and clinician ratings of dimensions of disability. This study not only showed differences, but also facilitated a discussion between consumers and clinicians. An adaptation of Stineman’s methodology was developed for this study. The purpose of the study was to examine longitudinal and cross-sectional preferences for recovery of walking function in incomplete SCI consumers at one, two and five years post injury.

METHODS

The features game identified by Stineman to demonstrate consumer-preferred preferences for recovery was applied to spinal cord injury. Consumer-preferred preference for walking was compared to the other dimensions of a modified Functional Independence Measure (MFIM), which separated walking and wheelchair mobility. Thus, two items of self-care, two items of sphincter control, and items of mobility (wheelchair, walking, stairs, and chair, tub and toilet transfers) comprised the MFIM. The study involved the direct observation of a constrained consensus building process. A panel of five individuals with incomplete spinal cord injury (2 tetraplegia, 3 paraplegia) was assessed at one year post injury and three of the same individuals again at two and five years post injury. In addition, different cross-sectional groups were assessed at one (2 tetraplegia, 1 paraplegia), two (2 tetraplegia, 2 paraplegia) and five (2 tetraplegia, 1 paraplegia) years post injury.

The objectives of the Features Game is to establish the relative value of alternative functional states. The features being traded were the 14 MFIM. Resource trade-off was the ideal level of independence achieved among the various tasks. The game uses the resultant group profile around that a closely integrated with concepts from economic utility analysis. This process assures that each participant has equal opportunity for input. The game involves a continuous two-step process of building imagined recovery patterns until all stages are completed. The specific steps to form each stage are as follows:

- **Step 1** The Five Movement Phase
- **Step 2** Zero-Sum Exchange with Individual Discussions and Writing

Steps 1 and 2 are repeated until the five interim stages are defined.

The preference stages developed by each panel are illustrated by concentric pie charts consisting of three profiling panels preferences for functional achievement in the 14 MFIM (Figures 1 and 2).

RESULTS

- **Figure 1.** Concentric pie charts depicting stage 4 for the same incomplete SCI consumers longitudinally at years 1, 2, and 5 post injury.
- **Figure 2.** Concentric pie chart depicting Stage 4 for different groups of incomplete SCI consumers cross-sectionally at years 1, 2, and 5 post injury.

DISCUSSION

This study further suggests that walking is as important as the recovery of bowel and bladder function among incomplete subjects with SCI and remains constant in the same panel longitudinally at one, two and five years post injury and with different panels cross-sectionally at the same time points. It has been well documented that recovery of bowel and bladder is primary in preference for recovery.11 However, this study gives new insight into the importance of recovery of walking among consumers with incomplete spinal cord injury.

REFERENCES