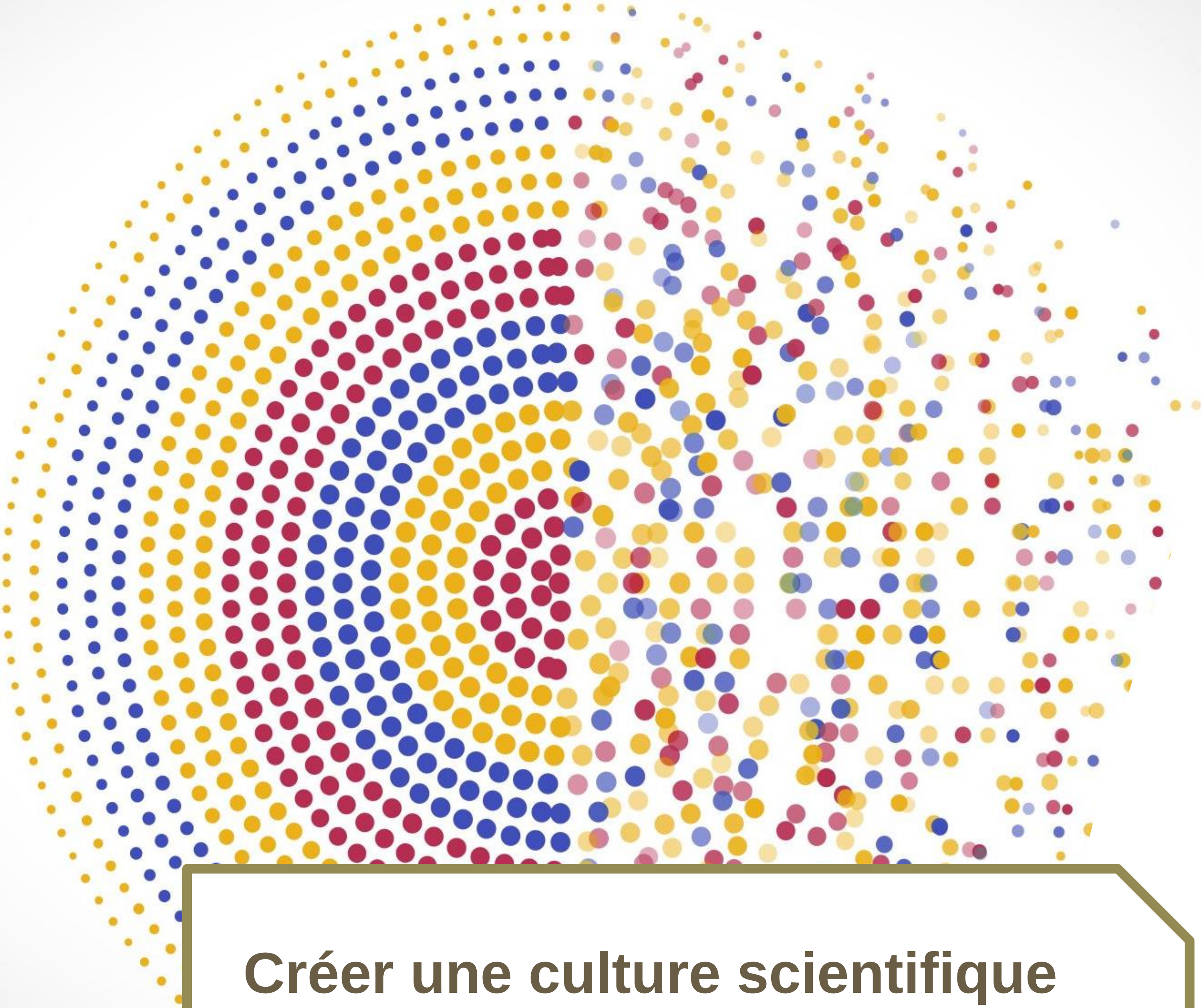
JOURNÉE SCIENTIFIQUE DE RÉADAPTATION

CIUSSS CENTRE-OUEST



Créer une culture scientifique d’empowerment en réadaptation

Mardi 14 juin 2022

Centre réadaptation Lethbridge-Layton-Mackay

Description

Cet 2^{e} édition de notre demi-journée scientifique en réadaptation constitue un moment privilégié d'échanges de savoirs issus de la recherche, de la clinique et de l'expérience usager, dans le **but de se donner le pouvoir d'agir sur les services de réadaptation de demain !**

Cette journée offre la chance aux personnes présentes d’en apprendre plus sur d’inspirants projets de recherche réalisés dans notre établissement et ailleurs. Elle est également une occasion pour les équipes de recherche, les cliniciens.nes, les gestionnaires, les usager.es des services et leur famille de se rencontrer et d’échanger.

Au cours de la journée, vous pourrez entendre notre conférencier invité **Daniel Weinstock**, philosophe et Vice-Doyen à la Faculté de droit de l’Université McGill. Des projets ayant directement impliqués les équipes cliniques et ayant eu un impact sur l’offre de services dans notre milieu seront présentés, ainsi que des innovations cliniques nous démontrant de nouvelles façons d’imaginer les futurs services de réadaptation. Vous aurez la chance de participer à un rendez-vous intellectuel (IQ date) et une table ronde où de grands esprits se rencontreront et se nourriront pour trouver des solutions et des stratégies innovantes qui donneront à différents acteurs, que ce soit les usager.es et leur famille, les clinicien.nes, les chercheur.es et étudiant.es, le pouvoir d’offrir une expérience usager exceptionnelle en réadaptation.

Programme en un coup d'œil

Animation :

Walter Wittich, Professeur, École d'Optométrie, Université de Montréal, Responsable de site CRIR

Filomena Novello, Directrice adjointe, Direction de la réadaptation et des services multidisciplinaires

7h30-8h30	**Inscription**
8h30-8h35	**Introduction**
8h40-9h20	**Conférencier invité - Daniel Weinstock** Vice-Doyen de la Faculté de droit, Université McGill
9h20-9h40	**Écho & réactions** **Natalina Martiniello** CVRT, Associée de recherche à l'École d'optométrie, Université de Montréal **Shirley Dumassais** Étudiante, École d'optométrie, Université de Montréal **Isabelle Cormier** Chef d'administration de programme, Centre de réadaptation Lethbridge-Layton-Mackay
9h45-10h00	**Pause**
10h00-11h00	**IQ date**
11h00-12h15	**Table ronde – *Comment faire de la recherche et de l'innovation un terreau fertile à l'engagement de toutes les parties prenantes ?*** **Animation - Sara Ahmed** Professeure, École de physiothérapie et d'ergothérapie, Université McGill, Responsable de site CRIR

Aisha Khan
Ergothérapeute, conseillère cadre à la pratique professionnelle, Direction de la réadaptation et des services multidisciplinaires

Catherine Lemyze
Patiente-partenaire impliquée dans plusieurs projets de recherche

Wendy McCullough
Patiente-partenaire impliquée dans plusieurs projets de recherche

Anne Hudon
Physiothérapeute, professeure à École de Réadaptation, Université de Montréal

Louis-Pierre Auger
Ergothérapeute, candidat au doctorat en ergothérapie, IURDPM, Université de Montréal

Martha Kotsornithis & Julia Korbis
Techniciennes en éducation spécialisée, Direction de la réadaptation et des services multidisciplinaires

12h15-12h25 **L'avenir de la réadaptation**

12h25-13h30 **Dîner & réseautage**

Conférencier invité

Diplômé en philosophie de McGill et Oxford, Daniel Weinstock a été l'étudiant de Charles Taylor, et il a aussi eu l’occasion de suivre des cours avec John Rawls à Harvard. S’étant joint à la Faculté de droit de McGill en 2012, il a été nommé directeur de Institut de recherche sur les politiques sociales et de santé en 2013. Il a également été nommé titulaire de la Chaire Katharine A. Pearson Chair en société civile et politiques publiques aux Facultés de droit et des arts le 1er juin 2020, pour un mandat de sept ans. Finalement, il a entamé un mandat de trois ans à titre de vice-doyen à la recherche à la Faculté de droit en septembre 2021.

Le fil conducteur de ses recherches est de relier l'argument philosophique et éthique au raisonnement institutionnel. Ses principaux intérêts de recherche portent sur l'équité en matière de santé et sur les questions de justice et d'inclusion telles qu'elles se posent dans l'organisation des villes modernes. Professeur Weinstock a publié plus de 100 articles scientifiques sur une variété de sujets éthiques et politiques. Il a contribué à plusieurs débats publics sur d’importants enjeux politiques que ce soit en matière de religion dans les écoles, les accommodements raisonnables, l’euthanasie et le suicide assistés, ou la réponse à la pandémie de la grippe.

Dans le cadre de son allocution en cette journée scientifique de la réadaptation, Professeur Weinstock discutera d’équité en santé, de justice et d’inclusion, telles qu’elles se présentent dans notre système de santé actuel pour les personnes qui vivent avec des handicaps. Mais surtout, il incitera les personnes présentes à réfléchir sur la définition de l’autonomie de l’être social que nous sommes, les impacts des ancrages disciplinaires sur la relation thérapeutique, et sur les enjeux de confidentialité.

Table ronde

Cette table ronde invite le public à réfléchir et proposer des solutions prometteuses pour définir une culture de recherche qui donne à tous le pouvoir d'agir pour construire les services de réadaptation de demain. À la fin de ces échanges, nous consignerons ces propositions dans le plan d'action de la recherche en réadaptation. Nous tenterons de répondre à la question suivante :

> ***Comment faire de la recherche et de l'innovation un terreau fertile à l'engagement de toutes les parties prenantes ?***

Pour amorcer la réflexion, les personnes suivantes témoigneront de leurs expériences et initiatives inspirantes :

Aisha Khan

Ergothérapeute, conseillère cadre à la pratique professionnelle, Direction de la réadaptation et des services multidisciplinaires

Collaborative partnership between the Hospital Elder Life Program and McGill University Partenariat collaboratif entre le programme HELP et l'Université McGill

Catherine Lemyze

Patientes-partenaire impliquée dans plusieurs projets de recherche

Vers une nouvelle culture de partenariat patients-partenaires et médecins en recherche et formation à l'Association des facultés de médecine du Canada (AFMC), une voie prometteuse pour les parties prenantes

Wendy McCullough

Patiente-partenaire impliquée dans plusieurs projets de recherche

Anne Hudon

Physiothérapeute, professeure à École de Réadaptation, Université de Montréal

Quelques récits autour des richesses de la collaboration en recherche

Louis-Pierre Auger

Ergothérapeute, candidat au doctorat en ergothérapie, IURDPM, Université de Montréal

Briser les silos pour améliorer les services liés à la sexualité en réadaptation post-AVC

Martha Kotsornithis & Julia Korbis

Techniciennes en éducation spécialisée, Direction de la réadaptation et des services multidisciplinaires

A waitlist outreach program to empower parents of children with ASD: Screen, Educate & Train (SET)

Animation

Sara Ahmed, Physiothérapeute, professeure à l'École de physiothérapie et d'ergothérapie de McGill, chercheure au CRIR

IQ date

Cette activité, d'une durée d'une heure, se veut un hydride entre une session d’affiche et un speed dating intellectuel, soit un espace de co-construction des savoirs. En alternant selon les intérêts, les personnes présentes auront quelques minutes pour discuter en petit groupe sur une thématique spécifique présentée sur une affiche avant de passer à la prochaine. Elle pourront ainsi partager leur expertises, tisser des liens et penser à des projets futurs.

Liste des initiatives*

**Dans leur langue originale*

1	Parent Involvement in Pediatric Intervention: An Effective Workshop for Helping Clinicians to Empower Parents
2	Karaté et auto-défense adapté
3	Towards a holistic psychosocial offer of service for children and youth with developmental coordination disorder (DCD)
4	School Bus Transportation for Students in Wheelchairs: Perspectives of Parents/Caregivers, Healthcare Professionals and Students
5	Développement et mise à l'essai d'une nouvelle offre de service pour la clientèle ayant un trouble neurologique fonctionne (TNF) avec douleur en réadaptation physique
6	Evaluating the collaborative implementation of the Mayo-Portland Adaptability Inventory in three rehabilitation settings in Québec: Preliminary results from a mixed methods study
7	Reported empirical and practical accommodation strategies for the administration of cognitive assessments to individuals with dual sensory impairment
8	Evaluating the level of workplace readiness to hire people with visual disability

9	Adaptation and transcultural validation of the Brain Injury Visual Symptom Survey (BIVSS) Questionnaire in a Quebec context
10	Co-developing community-health care linkages for person-centered chronic pain care
11	Améliorer les services liés à la sexualité en réadaptation post-AVC : cocréation d'un programme multifactoriel
12	MENTAL HEALTH MATTERS: A new initiative to optimize mental health services and support for children with disabilities and their families
13	Intensive Feeding Treatment of a 12 yr old Boy with Autism Spectrum Disorder and Intellectual Disability
14	Co-development of a telehealth platform within the Congé Précoce Assisté (CPA) early assisted discharge post-Stroke program
15	Utility of the Youth and Young adult Participation and Environment Measure's Workplace participation section: Stakeholder's perspectives
16	Understanding the effect of face masks on the use of echolocation for persons with visual impairments during COVID-19
17	Prioritizing the Feature and Functionality Needs of Stakeholders as a First Step to Developing an Electronic Mobility Monitoring and Intervention Program: The Technique for Research of Information by Animation of a Group of Experts (TRIAGE) Method
18	Une intervention en cuisine, GUSTO-WORK, peut-elle contribuer à l'amélioration de capacités transférable au monde du travail ?
19	The impact of the COVID-19 pandemic on the post-stroke rehabilitation care among individuals admitted to COVID-19 designated centers in Quebec
20	Intensity Matters: A Randomized Controlled Trial Exercise Intervention for Individuals with Chronic Stroke

21	The beneficial effect of repetitive Transcranial Magnetic Stimulation on motor function recovery post-stroke
22	Collaborative partnership between Hospital Elder Life Program and McGill University
23	Aspiration Pneumonia Prevention For Stroke Clients
24	Evaluation of a web-based intervention for wheelchair follow-up and training of older adults and their caregivers
25	Reconnaitre les personnes proches aidantes comme partenaires clés en santé et services sociaux : du projet de société aux initiatives locales
26	Using a Social Determinants of Health (SDOH) Framework with Caregivers of Neurodivergent Individuals and their Families (NDIF) to Improve Navigating and Accessing Services and Supports
27	Soutien technologique au budget : une opportunité pour vos usagers?

Description des initiatives

1.Parent Involvement in Pediatric Intervention: An Effective Workshop for Helping Clinicians to Empower Parents

Lisa Schumacher (1)
1. Centre de réadaptation Lethbridge-Layton-Mackay

Message clé: Participation in Parent Involvement in Intervention Clinician Workshop led to increased parent involvement in their children's intervention sessions.

Résumé: Introduction: Evidence supports that parents can effectively implement intervention strategies, leading to greater progress in therapy. The Parent Involvement in Intervention Clinician Workshop was developed for pediatric rehabilitation clinicians working with children presenting a variety of motor, language, hearing and-or visual difficulties, at Lethbridge-Layton-Mackay Rehabilitation Centre. Goals of the workshop were for clinicians to reflect on current parent involvement, learn guiding principles and strategies to increase parent participation, to maximize client progress. Objective: To measure the impact of participation in the clinician workshop on subsequent parent involvement in intervention. Methodology: Two months post workshop, 23 (68%) of the participants completed a 10 question survey measuring the impact of workshop participation on clinical practice. Results: For each of seven questions regarding the guiding principles of parent involvement, 83 to 100% of clinicians reported making positive changes in their interventions. All respondents reported that the workshop affected parent involvement opportunities in their interventions. 91% reported generally increased parent participation, with 61% reporting that parents had commented positively on their increased participation. Conclusion: Survey results indicated that participation in the Clinician Workshop had a positive impact on parent involvement in sessions. Next steps: This highly successful workshop is mandatory for new clinicians and continues to be offered yearly at LLMRC. This year it was successfully adapted for clinicians working in a specialized school environment, to include addressing establishing contact and building therapeutic relationships with parents of children receiving services in that setting.

Implications cliniques: This workshop encourages sharing of expertise between clinicians working in different fields, programs, and levels of experience. It provides opportunities to reflect on clinical practice, facilitating implementation of strategies by structured discussion of actual clients and the creation of specific plans to increase parental involvement, in order to maximize positive outcomes for clients. This type of workshop should be available to clinicians on a regular basis in order to provide a forum for reflection and discussion, to increase parents' involvement in their children's intervention sessions, so that treatment is increasingly a shared endeavor between clinicians and the families.

2.Karaté et auto-défense adaptés

Marcio Cassab (1)
1. Éducateur physique spécialisé en karate et auto-defense adapté aux besoins particuliers

Message clé: Karaté et auto-défense adaptés

Résumé: Activité physique adaptée : Karaté et auto-défense adaptés. Méthode pratique avec des techniques de base de karaté adaptées aux besoins particuliers. Objectif d’autonomie et confiance en soi. Selon mon expérience avec les arts martiaux et ma formation en éducation physique spécialisée, les techniques de base de karat et auto-défense adaptée aux besoins particuliers sont capables de nous donner plus d'outils pour travailler.

Implications cliniques: Mon projet et présentation vient donner des outils aux intervenants, usagers, pairs-aidants et étudiants avec les techniques d'auto-défense adaptées. L'idée est de montrer, avec des techniques de base de karaté et auto-défense, que tout le monde est capable d'avoir plus de confiance et d’autonomie.

3. Towards a holistic psychosocial offer of service for children and youth with developmental coordination disorder (DCD)

Kelly White (1,2); Cheng Zeng (1,2)
1. Lethbridge-Layton-Mackay Rehabilitation Centre
2. Centre for Interdisciplinary Research in Rehabilitation (CRIR)

Message clé: For children and youth with DCD, integrating a holistic approach that encompasses awareness and psychosocial support with motor-based interventions is essential.

Résumé: Introduction: According to recent best practice guidelines on DCD, interventions should consider psychosocial factors. Children and youth with DCD present not only motor difficulties, but are at risk of psychosocial distress, including depression and anxiety. Furthermore, self-concept and auto-determination impact how DCD affects mental health. Objective: The Lethbridge-Layton-Mackay Rehabilitation Center (LLMRC) in Montreal is striving to optimize participation of children with DCD and families. The interdisciplinary team is enhancing its holistic offer of service, in which both motor and psychosocial needs are integral and according to best practices. Methods: We will provide an in-depth presentation of our current service offer and preliminary results of our program evaluation to further improve our offer. We proceeded with a literature review of best practices in DCD, and benchmarking in Quebec and beyond, and conducted a survey to receive feedback from our clientele. Discussion: Children and Youth with DCD aged 5-24 in the Montreal area are serviced by LLMRC's interdisciplinary team comprised of occupational therapists, physiotherapists, psychologists, social workers, special care counsellors, and a kinesiologist. Although the main offer of service is OT based and participation focused, the team has integrated a psychosocial approach by supporting the youth and families' understanding of the impact of DCD on participation; focused on the promotion of well-being and community integration. Conclusions: We want to move towards a partnership of care approach that emphasizes better awareness of living with DCD in an effort to empower children, youth and families for active and meaningful participation throughout their lifespan.

Implications cliniques: This Pilot Project is an opportunity to highlight the interdisciplinary work with the DCD clientele at LLMRC while staying true best practice guidelines. It stemmed from a Knowledge Translation question that has since provided the DCD interveners with much insight into the importance of including psychosocial support and resources in our offer of service. For instance, why should a 7 year old boy with DCD be shown a story book to learn about his diagnosis? Or why should a basketball coach be given a website about DCD to support the child's participation? How can we impact the children and youth's participation NOW, to ensure participation throughout their lifespan?

4.School Bus Transportation for Students in Wheelchairs: Perspectives of Parents/Caregivers, Healthcare Professionals and Students

Alyssa Merilees (1,2); Emma Vadot (2); Victoria Mancini (2); Barbara Mazer (2); Hemaxi Patel (1)
1. Lethbridge-Layton-Mackay Rehabilitation Centre
2. McGill University

Message clé: This project gave families and health care professionals (HCP) the opportunity to share their perspectives on this important topic. Most parents and health care HCPs find school bus transportation somewhat safe and comfortable for students in wheelchairs. Students report feeling safe, comfortable, and happy while travelling in their school bus. Parents and HCPs report some problems with school bus transportation, including lack of supervision, inconsistent safety practices, and inadequate bus driver training. For the clinical research team, this project allowed us to explore this topic in more depth, get answers to our questions and helped us develop recommendations with the aim of improving overall school bus transportation for students seated in wheelchairs. We hope this positive example of how research can help answer clinical needs and questions will inspire others to be involved in research.

Résumé: Introduction: School bus transportation is a common way for students in wheelchairs to travel to and from school. There are regulations and standards for wheelchair safety to ensure safe transportation of students seated in wheelchairs, however, there is a lack of research on the perspectives of parents, healthcare professionals (HCPs) and students regarding the safety, comfort and overall experience during school bus transportation. Objective: To describe the perspectives of students, HCPs and parents on the safety, comfort and overall experience of students seated in wheelchairs, who are transported by school bus. Methods: Cross-sectional surveys were developed to ascertain the perspectives of participants on the comfort, safety, and overall satisfaction with school bus transportation for students in wheelchairs. They were conducted either by telephone or online for parents and HCPs. An occupational therapist administered the survey to the students in person. results. Twenty parents, eight HCPs and nine students participated in the study. Most parents and HCPs responded that school bus transportation is somewhat safe and comfortable for

students in wheelchairs. Students reported feeling safe, comfortable, and happy. However, parents and HCPs reported problems with school bus transportation, including lack of supervision, inconsistent safety practices, and inadequate bus driver training. Conclusions: Results of this study indicate that school bus transportation for students in wheelchairs is somewhat safe and comfortable, however there is room for improvement. Recommendations based on stakeholders' perspectives have been created with the aim of improving overall school bus transportation for students seated in wheelchairs.

Implications cliniques: This research project originated from our clinical team's preoccupations and questions. It was made possible through a collaboration with a researcher and students from SPOT McGill. This project empowered service users and clinicians alike by giving them the opportunity to share their perspectives on this important topic. For the clinical research team, it allowed us to explore this topic in more depth, gain the perspective of our clients and their families, and helped us develop recommendations for the safe transportation of students. We hope this positive example of how research can help answer clinical needs and questions can inspire others to be involved in research.

5.Développement et mise à l'essai d'une nouvelle offre de service pour la clientèle ayant un trouble neurologique fonctionne (TNF) avec douleur en réadaptation physique

Maria Nagil (1); Frédérique Poncet (1);, Andréanne Guindon (1); Guillaume Léonard (1); Andréanne Juneau (1); June Litowski (1); Tiffany Bukacheski (1); Thibault Du Chéné (1)
1. Centre de réadaptation Lethbridge-Layton-Mackay

Message clé: La douleur est un symptôme répandu chez les personnes atteintes d’un trouble neurologique fonctionnel (TNF). Cependant, il n’existe pas de recommandations spécifiques pour la clientèle TNF avec une composante de douleur (TNF-Douleur). Les cliniciens se sentent donc démunis face à cette clientèle. Le but de notre projet est de développer et d’évaluer la faisabilité d’implanter une nouvelle offre de service pour la clientèle TNF-Douleur en réadaptation physique, basée sur les données probantes, l’avis des experts, et l’expérience des cliniciens.

Résumé: Les TNF sont caractérisés par la présence de symptômes neurologiques qui ne sont pas attribués à une condition neurologique ou médicale reconnue. La douleur et la fatigue sont des symptômes répandus chez les personnes atteintes d’un TNF. S’il existe des recommandations pour les interventions visant les TNF et d’autres pour la douleur, il n’y a aucune recommandation pour les TNF avec une composante de douleur (TNF-Douleur). En conséquence, dans la région de Montréal, les programmes offerts pour les personnes ayant un TNF ont comme critère d’exclusion la présence de douleur, privant de nombreuses personnes de soins spécialisés dont elles devraient pouvoir bénéficier. Toutefois, des personnes souffrant d’un TNF-Douleur sont parfois admises en réadaptation physique, lorsqu’elles présentent un autre diagnostic de référence. Sans recommandation spécifique pour la clientèle TNF-Douleur, les intervenants se sentent démunis. Cette étude a donc pour but de développer et d’évaluer la faisabilité d’implanter une nouvelle offre de service pour la clientèle TNF-Douleur. Pour atteindre ce but, trois étapes ont été définies. Étape 1 : une revue des écrits scientifiques et de la littérature grise afin d’avoir une meilleure connaissance des interventions existantes; Étape 2 : construire un modèle logique de l’offre de service innovante; et Étape 3 : mise à l’essai de l’offre de service. Nous complétons présentement l’étape 2 du projet.

Nous espérons que les résultats de ce projet permettront non seulement d'implanter une nouvelle offre de service pour la clientèle TNF-Douleur en réadaptation, mais aussi d'assurer un continuum de services pour cette population.

Implications cliniques: La présentation de notre projet à la journée scientifique permettra aux participants de mieux connaitre la clientèle TNF-Douleur; de comprendre le besoin de services en réadaptation physique pour cette clientèle; de connaitre les défis dont les intervenants font face lorsqu'ils traitent cette clientèle, et de prendre connaissance des différentes étapes de notre projet ainsi que ses retombées. De plus, cette présentation nous permettrait d'établir des liens avec des gestionnaires, des cliniciens, et/ou des usagers de différents milieux pouvant contribuer à notre projet.

6.Evaluating the collaborative implementation of the Mayo-Portland Adaptability Inventory in three rehabilitation settings in Québec: Preliminary results from a mixed methods study

Rebecca Ataman (1); Aliki Thomas (1,2,3,4); Pascaline Kengne Talla (2,5); Claudine Auger (1, 6); Michelle McKerral (2,6,7), Frédérique Poncet (2,8); Walter Wittich (2,8,9); Sara Ahmed (1,2,10)

1. School of Physical and Occupational Therapy, McGill University
2. Centre for Interdisciplinary Research in Rehabilitation (CRIR)
3. Institute of Health Sciences Education, McGill University
4. Jewish Rehabilitation Hospital, CISSS Laval
5. Faculty of Dental Medicine and Oral Health Sciences, McGill University
6. Institut universitaire sur la réadaptation en déficience physique de Montréal, CIUSSS South-Central Montreal, Canada
7. Department of Psychology, Université de Montréal
8. Lethbridge-Layton-Mackay Rehabilitation Centre
9. School of Optometry, Université de Montreal
10. McGill University Health Center, Clinical Epidemiology

Message clé: A team is using an integrated knowledge translation approach to implement the Mayo-Portland Adaptability Inventory, a ministry mandated outcome measure, to enhance stroke rehabilitation.

Résumé: Introduction: A key component of stroke rehabilitation is clinical evaluation, which consists of using measures to comprehensively describe stroke survivors and assess their outcomes post-intervention. The Mayo-Portland Adaptability Inventory - version 4 (MPAI-4) is a measure used worldwide for clinical evaluation. In 2018, the Québec Health Ministry mandated that outpatient stroke rehabilitation programs use the MPAI-4. Objective: To evaluate the process and implementation success of the MPAI-4 in outpatient stroke rehabilitation programs at CIUSSS CCOMTL, CIUSSS CCSMTL and CISSS Laval. Methodology: The project is guided by an integrated knowledge translation approach, whereby managers, researchers, and clinicians work together throughout the implementation and research process. We are conducting a mixed methods study where we are collecting both quantitative (surveys) and qualitative (focus groups, implementation planning meetings) data in each region. Once we analyze the data separately using descriptive statistics and qualitative content analysis, we will merge the results for each health region, then compare

findings across regions. Results: Due to COVID-19 we have conducted one focus group and no surveys but have conducted implementation planning meetings between 2020 and 2022. Via the implementation planning meetings, we designed and developed 1) training sessions and materials for clinicians, 2) multi-region server infrastructure and MPAI-4 electronic database, and 3) a plan for ongoing implementation. Conclusion: We hope to understand how the MPAI-4 can be successfully integrated into the clinical workflow and how the data could inform clinical decision-making. The enhanced clinical evaluation via the MPAI-4 will provide more targeted rehabilitation to stroke survivors.

Implications cliniques: The integrated knowledge translation approach that we are using provides opportunities for empowerment to the clinicians, managers, students and researchers on the implementation team. Everyone has recognized expertise that is regularly solicited and integrated in decisions iteratively to improve the implementation process and outcomes. Furthermore, responsibility for the project is shared amongst the team members who are best placed to perform tasks and make important decisions (e.g., patient care, service allocation and information technology). In our presentation, we will share practical information on how we used this collaborative approach, including challenges and potential solutions.

7.Reported empirical and practical accommodation strategies for the administration of cognitive assessments to individuals with dual sensory impairment

Shirley Dumassais (1); Walter Wittich (1)
1. Université de Montréal

Message clé: A knowledge-to-practice gap between evidence-based and practical strategies to accommodate dual sensory impairment during cognitive test administration is identified.

Résumé: Introduction: Individuals with combined hearing and vision impairment (dual sensory impairment/DSI), are especially disadvantaged in their cognitive test performances due to the audio-visual nature of commonly used cognitive tests. Objectives: To gain insight on how researchers and clinicians adapt their cognitive test procedures to accommodate individuals with DSI. Methodology: First, a scoping review explored the reported adaptations to cognitive tests procedures that researchers employed during the testing of older adults with DSI. Second, a clinical survey investigated how Canadian occupational therapists (OTs) adapt their cognitive screening procedures to accommodate individuals with DSI in practice. Results: In order of frequency, the top three categories of adaptations for older adult participants with DSI identified in the scoping review were the inclusion of experts, the modification of standardized tests' scoring procedures, and communication strategies. As for clinical practice, the most reported accommodating strategies by OTs were to encourage their clients to wear their visual and hearing aids, to subjectively screen the visual and hearing functions of their clients prior to test administration, and to offer them assistive technology while they perform the cognitive test. Next steps: The discrepancy between empirical and practical strategies raises a need for standardized and evidence-based alternative strategies to be disseminated to clinicians through knowledge translation activities. Therefore, the next step in this project is to develop an educational intervention with the goal of enhancing the competence of clinicians with these sensory populations.

Implications cliniques: The participants of the clinical survey were occupational therapists, key professionals in rehabilitation sciences. In their practice, they are often faced with the task of improving the quality of life of individuals with sensory impairment; individuals who are also at higher risk of cognitive decline. This presentation is an opportunity to explore a knowledge-to-practice gap, and it will potentially contribute to the enhancement of their knowledge and their competency during the cognitive screening of their clients with sensory impairment. As a result, we hope that this will increase their clinical confidence and proficiency in providing the most fitting services.

8.Evaluating the level of workplace readiness to hire people with visual disability

Tosin Ogedengbe(1); Mahadeo Sukhai (2,3); Walter Wittich (1)
1. School of Optometry, University of Montreal
2. Canadian National Institute for the Blind / CNIB
3. Department of Ophthalmology, Faculty of Health Sciences, Queen’s University

Message clé: People with visual impairment (low vision and blindness) can gain and sustain more jobs if a level of employment environment preparedness is achieved.

Résumé: Introduction: The jobless rate among persons with visual impairment (blind and low vision) remains high compared to the general population. For people with visual impairment, employment is one opportunity to reduce this isolation, poverty, gain financial freedom and independence. Despite the importance of employment in improving quality of life, this population faces several challenges in accessing the labor market and encounters workplace disparity in all stages of the employment cycle. Considering the efforts and investment from the people with visual impairment, addressing the unemployment rate of people with visual impairment will require a holistic approach involving employers and an accessible workplace. Hence this study seeks to attain an equilibrium of effort and address the discrepancies in the unemployment rate by shifting focus to employment environment. Objective: To develop a tool to assess the preparedness of the employment environment to employ people with visual impairment. Methodology: A scoping review of literature, as proposed by Arksey & O’Malley, using major databases (ongoing) will form the basis of this study- for the synthesis of knowledge in visual impairment and employment from all perspectives. An assessment tool will then be developed using a co-creation approach involving relevant experts and people with visual impairment. Conclusion: This tool will serve as a model to help employers and their environment determine if they are indeed ready to hire a person with visual impairment or prepared for an inclusive workplace. Thus guide the necessary restructuring plan and design for an accessible and inclusive workplace.

Implications cliniques: The process of sustainable employment is not entirely dependent on people with visual impairment, but rather an interplay between individuals and the relevant variables. It is important to know that the process of rehabilitation does not end at the rehabilitation centre but continues at implementation. Implementation involves the workplace, and a level of preparedness is required of the people, the place, and the policy of this environment. The awareness of this perspective will help clinician, service users, researchers, and student to look beyond the preparedness of people with visual impairment in addressing the high unemployment rate among this population.

9. Adaptation and transcultural validation of the Brain Injury Visual Symptom Survey (BIVSS) Questionnaire in a Quebec context

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Message clé: To provide clinicians with a screening tool for visual disorders in mild traumatic brain injury patients, validated in French

Résumé: Introduction: Visual symptoms secondary to mild traumatic brain injury (mTBI) are common but are often overlooked. The BIVSS Questionnaire is a self-administered tool which is used to screen for mTBI-related visual symptoms. Objectives: Although a validated BIVSS Questionnaire exists, it is not suitable for use in clinic by francophone patients due to language barrier. The goal of this project is to translate the BIVSS Questionnaire from English to Canadian French and to culturally-adapt the Questionnaire into a Quebec context. Methodology: original version of the BIVSS is translated from English to Canadian French and then culturally-adapted by a group of experts (occupational therapist, physiotherapist, family caregiver of TBI individual, TBI individuals with visual impairment). Sensitivity, specificity and psychometric properties (content validity, internal consistency, test-retest reliability) are evaluated. Anticipated conclusion: The translated and culturally-adapted BIVSS Questionnaire in Canadian French will be a reliable and valid tool for the francophone mTBI population.

Implications cliniques: Clinicians and knowledge users will be able to learn about the development of the project, test the questionnaire in French, and propose solutions to help recruitment.

10. Co-developing community-health care linkages for person-centered chronic pain care

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Message clé: Researchers, clinicians, decision-makers, and individuals living with pain are collaboratively designing an intervention linking chronic pain services and community resources to support person-centered care.

Résumé: Introduction: Linkages between health care and communities can promote patient-centered care by filling gaps in services and addressing unmet needs. This strategy is supported by the Canadian Pain Task Force to improve pain care. Locally, clinicians and program managers within CIUSSS West-Central described that community resources could strengthen the continuum of care, but it is unclear what resources exist or how to structure partnerships. Objective: This project aims to co-develop an intervention to integrate community resources into chronic pain management. Specifically, to determine how, when, and which community components to integrate into the chronic pain self-management program offered at Lethbridge-Layton-Mackay Rehabilitation Centre. Methodology: This project is guided by an integrated knowledge translation process. Key stakeholders (individuals living with pain, clinicians, and program decision-makers, n=8) participated in a series of 2-hour online collaborative workshops. Audio recordings were transcribed, analyzed iteratively, and mapped to the PRECEDE-PROCEED model to develop a logic model to guide intervention planning. Results: Stakeholders defined the desired outcome as the improved opportunity for individuals with chronic pain to stay active physically, mentally, and socially. Preliminary analysis identified predisposing (e.g., individual pain experience), reinforcing (e.g., clinician, peer, and caregiver support), and enabling (e.g., availability and access) factors. Identified areas for integration included resources related to physical activity (e.g., adapted exercise programs), managing stress (e.g., creative outlets), and breaking isolation (e.g., cultural activities). Conclusion: The results of this study will be used to co-create

a chronic pain program to implement community-health care linkages to optimize individuals' health-related quality of life.

Implications cliniques: The theme of empowerment is shown through the structure and design of the integrated knowledge translation, as clinicians and individuals living with pain were able to be actively involved in the different steps of the research project, starting with setting the research priorities. This provides an example for how research partners can collaboratively create a new program tailored to the needs of individuals directly impacted by the work.

11. Améliorer les services liés à la sexualité en réadaptation post-AVC : cocréation d'un programme multifactoriel

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Message clé: Un programme est en cours de création avec et pour les usagers, partenaires, intervenants et gestionnaires en réadaptation post-AVC pour améliorer les services liés à la sexualité.

Résumé:: Bien que la sexualité soit affectée chez plus de 50% des personnes qui subissent un accident vasculaire cérébral (AVC), peu d’entre elles ont l’opportunité d’aborder cette sphère de leur vie au cours de leur suivi en réadaptation. Objectif : Coconstruire un programme multifactoriel d’amélioration des services en réadaptation sexuelle post-AVC avec des clients, des partenaires, des intervenants et des gestionnaires québécois. Méthodologie : Cette étude qualitative adoptant une approche de coconception est réalisée en collaboration avec cinq milieux de réadaptation québécois (Montréal (n=3), Laval (n=1), Québec (n=1)). En utilisant la cartographie des interventions, cette étude se déroule en quatre phases : 1) Évaluation des besoins et contraintes des détenteurs d’enjeux, 2) Formulation des objectifs du programme et élaboration du modèle logique associé, 3) Désignation et harmonisation des différentes stratégies de changement de comportements ou de l’environnement, 4) opérationnalisation des stratégies en un programme concret. La coconception suit une démarche itérative avec des clients post-AVC, des partenaires, des intervenants et des gestionnaires dans différents groupes de travail. Les échanges des groupes de travail sont analysés en utilisant une approche semi-déductive et la méthode d’analyse thématique. Résultats préliminaires : Les phases 1 et 2 sont actuellement complétées et la phase 3 est en cours de réalisation. Conclusion : Cette étude permettra d’élaborer un programme qui

aura de meilleures chances d’être implanté et utilisé par les milieux de réadaptation post-AVC québécois, ce qui devrait améliorer les services en réadaptation sexuelle pour les personnes ayant subi un AVC.

Implications cliniques: Le projet en soi vise l'empowerment des usagers, des partenaires, des intervenants et des gestionnaires. Le processus du projet implique ces détenteurs d'enjeux, et la finalité leur est destinée.

12. MENTAL HEALTH MATTERS: A new initiative to optimize mental health services and support for children with disabilities and their families

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Message clé: A CRIR funded New Initiative project is starting across 3 Quebec clinical sites to optimize the mental health outcomes for children with disabilities and their families.

Résumé: Rationale: Nearly every fifth child with a physical disability (e.g. cerebral palsy) presents with a co-occurring mental health issue. Mental health concerns in children with disabilities have detrimental impacts on their development, learning, participation, and quality of life. The pandemic has further heightened the psychological impact on children and parents alike. Pediatric rehabilitation specialists report a significant influx of patients with arising substantial mental health concerns and a need to optimize the clinical management for this population. Objectives: Our objectives are to: 1) Map out and describe existing pediatric mental health services across participating clinical settings and local community; 2) Explore mental health “red flags”, barriers, facilitators, and impacts of mental health management from the perspectives of i) clinicians working in participating clinical settings; and ii) caregivers of children with disabilities; and 3) Instigate a Network of key stakeholders, including patient-partners, researchers, clinical experts, and community representatives. Methods: A mixed-method study design is employed composed of a mapping synthesis and an outreach approach with participating sites’ clinical managers (Obj_1); quantitative (survey) and qualitative (semi-structured interviews) methods with n=10-15 rehabilitation specialists and n= 10-15 caregivers (Obj_2); and a wide

call for network buildout (Obj_3). Anticipated results: We anticipate developing a consolidated map of existing resources and identify what hinders and facilitates pediatric mental health management. Thereby, it will highlight existing gaps/optimization needs in services while identifying populations that are “falling through the cracks”. The community building exercise will promote future partnership research and services optimization for this population.

Implications cliniques: Our project presentation during this Scientific Day will allow for an open discussion about mental health management in children with disabilities with clinicians, service users, students, and researchers. Through these important discussions and sharing of ideas, participants may feel empowered with new knowledge regarding the current situation in this field, the planned methodology, and anticipated results. For researchers and the graduate student who are part of this project, it would be particularly useful to exchange on the methodology of the proposed project and to network with participating site’s clinicians and service users. Overall, we see this as a great opportunity to establish preliminary partnerships that are needed for the project as well as an open dialogue with frontline clinicians and service users.

13. Intensive Feeding Treatment of a 12 yr old Boy with Autism Spectrum Disorder and Intellectual Disability

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1. Miriam Home and Services

Message clé: It is estimated that up to 90% of children with Autism Spectrum Disorder (ASD) and up to 80% of children with Developmental Disability present with severe and chronic issues related to feeding (Kodak & Piazza 2008; American Psychological Association). The Feeding Monitoring Program at Miriam Home and Services provides empirically supported treatment to children with Autism or other developmental disabilities. This case study focuses on the intensive feeding treatment of a 12 year old boy (Diagnosed with ASD and intellectual disability) with multiple, persistent and significant feeding issues.

Résumé: This case study focuses on the intensive feeding treatment of a 12-year-old boy with Autism Spectrum Disorder and Intellectual Disability. Following a comprehensive intake interview with his parents and a meal observation the clients main feeding issues were evaluated to be the following; poor appetite/poor intake, significantly delayed self feeding skills, poor meal time behaviours (was fed on his bed by his mother with distraction), selectivity by texture, brand, environment, and temperature and very limited variety across multiple food groups. Treatment focused on the introduction of an appetite stimulant and a highly structured meal schedule to improve appetite and consumption. The elimination of distraction during meals and the introduction of contingent reward was also used. The client was taught to consume his meals seated at a table and to self feed his meals using his fingers and spoon. Variety across food groups with a focus on balanced meals was also targeted. Behavioural interventions were developed to teach these skills to the client with a focus on parent training. Professional translation was provided as the family did not speak English or French. Initial lower intensity treatment consisting of daily virtual sessions failed to yield positive gains (total 15 sessions). Treatment was shifted to Miriam Home and a very intensive treatment was implemented consisting of 3 sessions per day, Monday to Friday. Significant gains were observed in the intensive treatment phase (37 sessions) with noted improvements in self feeding, appetite and intake of family meals. The last phase of treatment involved reducing sessions to 3-5 times per week at Miriam

Home with a focus on his mother leading the meals in session and at home. Improving variety and nutritionally balanced meals was targeted at this time. Exposure sessions, shaping procedures and plate A plate B strategies were used with success. Following 65 sessions in total the clients showed significant improvement in appetite and consumption of nutritionally balanced meals. Selectivity related to texture, temperature and brand also improved. Self-feeding with a spoon while seated at the table without distraction was mastered. Variety improved with the client eating more appropriate portions from all food groups including 2 new fruits as well as 11 vegetables added to his meals. In addition, the client accepted a variety of meal foods at school (he used to only accept cookies and snacks). In conclusion, this case study illustrates the importance of individualized feeding treatment regardless of the clients age and the significant impact effective treatment can have on nutrition, behaviour, autonomy in and out of feeding and overall development.

Implications cliniques: Although complex in nature, feeding issues can effectively be addressed through empirically supported treatment. Treatment of feeding issues not only improves quality of life and nutrition for the client but also for their families who struggle to feed their child on a daily basis. Understanding feeding issues in the context of ASD/ID is key to developing effective interventions.

14. Co-development of a telehealth platform within the Congé Précoce Assisté (CPA) early assisted discharge post-Stroke program

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Message clé: Collaboration between researchers and stakeholders at all stages of design development from idea conception through implementation leads to a design built for service users.

Résumé: Introduction: An early assisted discharge program post-stroke, Congé Précoce Assisté (CPA), provides an intensive at-home functional rehabilitation, with active client and caregiver involvement. Telehealth promotes a client-empowered offer of service by facilitating rapid access to information and communication by all users; streamlining the coordination of rehabilitation interventions; and increasing client's/caregiver's knowledge and understanding of his/her role in the recovery process. To increase the likelihood of success and use of telehealth, development must be driven by the needs and preferences of all end-users. Objectives: To utilize a user-centered approach with clients, caregivers, and clinicians to design the functionalities and implementation of the CPA telehealth platform. Methodology: A multifaceted evaluation of the needs of clinicians, managers, clients, and caregivers was conducted using focus groups, and surveys. Iterative working sessions with the clinical coordinator and a client partner helped match clinical objectives and implementation of stroke best practices to the required functionalities of the CPA telehealth platform. Results: The information collected on needs to deliver evidence-based care from the focus groups, surveys, and iterative working sessions will be combined and mapped to show how they informed the functionalities and implementation of the telehealth platform. Examples of functionalities to improve stroke best practices include shared dynamic documentation between interdisciplinary team members to progress client goals, and shared intervention plans with clients and caregivers to increase their knowledge of rehabilitation plans and to improve adherence. Next Steps: Iterative refinement of the telehealth platform requirements is

ongoing. Prototypes of the telehealth platform will be tested with clinicians, managers, clients, and caregivers in a phased approach to ensure the design of the telehealth platform meets their needs.

Implications cliniques: This research project, facilitated in part by students, seeks collaboration with stakeholders (clinicians, managers, patients, caregivers) throughout the development and implementation of a telehealth platform to develop a technology that is better suited to meet the needs of all service users, clients and caregivers. This process iteratively incorporates stakeholder feedback to improve the technology through successive prototyping. As a result, the technology service users will interact with is one that is structurally and functionally reflective of their priorities determined through surveys, focus groups, guided interviews, and design thinking workshops.

15. Utility of the Youth and Young adult Participation and Environment Measure’s Workplace participation section: Stakeholder’s perspectives

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Message clé: Y-PEM’s workplace participation section is applicable for use in practice and can serve many purposes in facilitating transitioning to employment.

Résumé: Introduction: Young people with disabilities continue to experience employment restrictions. Objectives: To investigate the utility of the newly developed Workplace Participation setting of the Youth and Young-adult Participation and Environment Measure (Y-PEM) among knowledge users/stakeholders providing/receiving employment-related services for young person with disabilities. Methods: Four focus groups were conducted with 11 stakeholders (7 clinicians; 3 community-based employment consultants/advocators, 1 employed young adult with lived experience) through videoconferencing. Open-ended questions regarding Y-PEM's interpretation, meaning and relevance, based on the model of clinical utility, were used. The transcribed data were analyzed by two investigators using inductive thematic analysis. Results: Stakeholders’ experience in providing/receiving employment services varied (1-16 years, $\bar{x}$=8 years). Three themes emerged from the data. The Y-PEM addresses the need for tools to guide services of transitioning to employment as it is comprehensive in assessing participation and the environment, can provide a “snapshot” of where the young person is at in their transition, and serves different purposes such as planning interventions and setting goals. Transitioning to employment is multi-factorial; the Y-PEM generates insights and sparks conversations to better appreciate and support transitioning to employment. The tool provides a “piece of the pie” within this complex process. Stakeholders mentioned the need for additional information (i.e., previous experiences, aspirations) and further discussion with the young person to integrate Y-PEM's results in their practice. Conclusions: Y-PEM was perceived as a

comprehensive and a multi-dimensional tool that can gather pertinent information to inform practice, and guide decision-making to facilitate transitioning to employment.

Implications cliniques: This new tool can provide a structured and comprehensive guide for clinicians to assess youth/young adults in their path to transitioning to employment. In this regard, the tool can indicate how close the youth is to the work market and guide decision-making about the program/service that best fits client’s needs, it can be used to identify barriers and facilitators to work participation, make goals, and educate clients about potential environmental factors that could impact work participation. Furthermore, youth/ young adults can use this tool, particularly the environment section, to communicate with employers and advocate for appropriate accommodations in the workplace.

16. Understanding the effect of face masks on the use of echolocation for persons with visual impairments during COVID-19

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Message clé: COVID-19 has had an impact on all of our lives and that is especially true for people living with a visual impairment. Individuals who have a vision impairment use auditory strategies to facilitate orientation and mobility (e.g. echolocation). Our preliminary research showed that a lot of people in the community have reported on social media and different online platforms that masks can hinder the use of echolocation by attenuating sound waves. The goal of this study was to identify the difficulties, if any, encountered during orientation and mobility due to the use of a face mask during the COVID-19 pandemic and the strategies used to address these barriers. The results helped develop recommendations to vision rehabilitation specialist and to the public to better assist visually impaired individuals during the pandemic.

Résumé: The goal of this study was to explore challenges caused by face masks among individuals with visual impairments, and the strategies used to overcome these barriers. The data were collected through an anonymous online survey between March 29th and August 23rd 2021. Participants were 18 years and older who self-identified as being blind, deafblind or having low vision and communicate in either English or French. In total n=135 respondents completed the survey (39% men, 61% women) between the ages of 18-79 (M=48.22, SD=14.47) participated. Overall, n=78 (58%) self-identified as blind, n=57 (42%) as having low vision, n=13 (81%) as having a combined vision and hearing loss, and n=3 (19%) as deafblind. The most common face coverings used were cloth (89%, n=119) and surgical masks (55%, n= 74). Among the barriers raised, participants highlight that face masks made it more difficult to locate other people (64%), communicate with others (75%), and locate landmarks (61%). While the percentage of those who used a white cane before the pandemic did not

substantially change, 6 of the 41 participants who were guide dog users prior to the pandemic reported no longer working with a guide dog at the time of the survey. Moreover, although guide dog users reported the highest level of confidence with independent travel before the pandemic, they indicated the lowest level of confidence after the pandemic began.

Implications cliniques: These results suggest that participants are less able to draw on non-visual cues during independent travel and social interactions (when communicating with others or with their guide dog) due to the use of a facemask, contributing to a reduction in perceived self-confidence and independence. These findings inform the development of evidence-based recommendations to address identified barriers.

17. Prioritizing the Feature and Functionality Needs of Stakeholders as a First Step to Developing an Electronic Mobility Monitoring and Intervention Program: The Technique for Research of Information by Animation of a Group of Experts (TRIAGE) Method

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Message clé: Ensuring stakeholder voices are heard, perspectives respected, and vision is realized regarding prioritization criteria for rehabilitation programs.

Résumé: Fourteen percent of Canadians have some form of disability, with 7.2% related to mobility. Mobility refers to a person's ability to move independently and safely from one point to another, which is necessary to accomplish activities of daily living and participation in society. Mobility is especially limited for individuals with acquired brain injury (ABI). There is no mechanism to comprehensively measure the complex interplay between cognitive, psychosocial, physical, environmental, and financial factors that influence mobility and integration in social and work roles. This project will produce an Electronic Mobility Monitoring and Intervention (EMMI) program. We will build upon, advance, and bridge disciplinary research in health services, biomedical care, and computer science by co-designing and creating a digital platform. Objective: Prioritisation of ABI EMMI features and sequence of testing for a platform trial. Methods: TRIAGE (Technique for Research of Information by Animation of a Group of Experts) process, a panel of members from stakeholder groups will prioritize functionalities and the testing sequence. Stakeholders will also use this phase to identify relevant, easy-to-measure, and reliable outcome indicators for each or combination of functionalities. Impact: This study will inform the optimal design of EMMI (technology), its impact when incorporated into rehabilitation care and community follow-up (service), potential scale-up (policy), and use of the data to inform rehabilitation services, communities, and accessibility of spaces (policy). We are also creating analytic tools and algorithms for Platform trials in clinical

practice to support a sustainable model for evaluating technologies using data generated during usual clinical care.

Implications cliniques: The TRIAGE method facilitates stakeholders to reach a consensus regarding prioritization criteria for rehabilitation programs. The biggest strength of this technique is that it allows contributors to discuss their own vision. The TRIAGE differs from other methods (Delphi, consensus development conference, etc.) because it allows participants to combine an individual data production with a face-to-face group discussion in order to reach a consensus. There is no empirical evidence that this technique is more valid or beneficial than other techniques. However, we believe this method generates results that could be more acceptable and could increase adherence to the tools being developed.

18. Une intervention en cuisine, GUSTO-WORK, peut-elle contribuer à l'amélioration de capacités transférable au monde du travail ?

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Message clé: Les capacités développées dans le cadre de GUSTO s'inscrivent dans la notion de Compétences ou Habiletés transférables prédictives de succès et de maintien au travail.

Résumé: Pour les personnes avec lésions cérébrales acquise (LCA) l'insertion au travail est un défi. Une intervention culinaire intensive a démontré des effets sur la performance à cuisiner. Une équipe du CCOMTL et l'équipe de recherche développent une intervention novatrice culinaire, GUSTO-WORK, pour améliorer les capacités/habiletés transférables au monde du travail. Objectifs : 1/Co-contruction de GUSTO-WORK (entraînement en cuisine, 2x/sem. pendant 8 sem., 120 heures) 2/ Explorer l'effet de GUSTO-WORK sur les capacités. Méthode : 1/Définir l'intervention par un processus itératif de recherche-action-participative 2/Mesures répétées pré-intervention (T0- T2), durant GUSTO-WORK (T3-T5) et post-intervention (T6). Mesures principale : Cooking Task, Mesure canadienne du rendement occupationnel (MCRO). Résultats : 1/ La modélisation de GUSTO-WORK a été ajusté en regard de la faisabilité. L'intervention est offerte dans des cuisines professionnelles et requiert l'intervention d'un ergothérapeute, d'un nutritionniste, d'un chef cuisinier. 2/A ce jour, trois personnes avec LCA ont participé à l'intervention (P1, P2, P3). Les 3 participants ont amélioré de manière significative leur score au Cooking Task. Concernant la MCRO, les participants ont formulé 5 objectifs : 3 liés au capacités professionnelles (ex. améliorer l'endurance physique et mental) et 2 aux capacités culinaires (cuisiner des plats rapides). On observe une amélioration significative de la performance d'1/3 objectifs professionnel pour P1 et P2, de 3 objectifs pour P3 ainsi que de tous les objectifs culinaires des 3 participants.

Ces résultats préliminaires suggèrent une amélioration des capacités à la suite de GUSTO-WORK. L'impact sur l'intégration au travail est à confirmer.

Implications cliniques: L'approche de recherche action-participative favorise

-le transfert de connaissances intégrés au sein de l'équipe de recherche comprenant ergothérapeutes, coordinateurs de programme, chercheurs et partenaires

-l'engagement actif des ergothérapeutes, de la nutritionniste et des coordinateurs de programme dans la co-création de GUSTO-WORK, le recrutement, l'offre de l'intervention.Trois ergothérapeutes ont reçu une Formation certifiante en hygiène et salubrité alimentaires. Un groupe d'étudiants en ergothérapie à validé le Cooking Task en Français-Canadien (manuscrit soumis). Trois étudiants (ergothérapeutes et psychologue) ont été formés aux évaluations et ont testé les participants à l'étude. Une de ces étudiantes est depuis, ergothérapeute au CCOMTL.

19. The impact of the COVID-19 pandemic on the post-stroke rehabilitation care among individuals admitted to COVID-19 designated centers in Quebec

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10. Centre de recherche sur le vieillissement, University of Sherbrooke

Message clé: The project will provide information on impact of the current COVID-19 pandemic on the rehabilitation care of patients admitted in a COVID-designated rehabilitation center in the province of Quebec.

Résumé: Background: Québec's healthcare system has been severely disrupted due to the COVID-19 pandemic, affecting post-stroke rehabilitation services. Additionally, COVID-19 infection can aggravate motor and cognitive deficits impairing recovery. Objective & Hypotheses: To determine the impact of COVID-19 pandemic on post-stroke rehabilitation care of individuals admitted to a COVID-19 designated rehabilitation centre in Québec. We hypothesize that in comparison to the pre-pandemic (pre-COVID) group, rehabilitation care will be negatively affected in (1) COVID positive (COVID+) group due to deteriorated health conditions, and in (2) COVID+ and COVID negative (COVID-) groups due to the operational changes in provision of rehabilitation services. Method & Design : A retrospective cross-sectional analysis of post-stroke patients' (COVID+ & COVID-) medical charts admitted between March 2020 and May 2021 is being performed in 10 COVID-designated rehabilitation centers, including an equal number of pre-COVID patients (admitted between March 2019 to February 2020). Socio-demographic characteristics such as age, sex; descriptive markers of medical/rehabilitation care such as intensive/acute/rehab care stay, no. Of Physical/Occupational therapy sessions; are extracted from files. Our main

variable is Functional Independence Measures (FIM). The rehabilitation profiles will be compared among 3 groups. Results & Conclusion : The preliminary findings from 100 post-stroke patients in each of the three groups from Villa Medica, Jewish Rehabilitation Hospital, CIUSSS du Bas St Laurent (BSL), Institut de réadaptation Gingras-Lindsay-de-Montréal (IRGLM), and Catherine Booth/Richardson centers. Ultimately, this study will help better understand rehabilitation care during the early pandemic and provide insights for recommendations to develop standardized post-stroke rehabilitation protocols in future pandemics.

Implications cliniques: The preliminary results presented will provide information on the influential factors of post-stroke rehabilitation care in Quebec during the three waves of the pandemic. In addition, through the networking at this event, we will have the opportunity to discuss and exchange views with healthcare providers, students and researchers about current knowledge and studies in rehabilitation science and the challenges encountered in providing care to patients in rehabilitation centers across Canada during the pandemic.

20. Intensity Matters: A Randomized Controlled Trial Exercise Intervention for Individuals with Chronic Stroke

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Message clé: Exercise intensity is an essential and understudied aspect of stroke exercise rehabilitation and recovery.

Résumé: Introduction: Cardiovascular exercise is an effective method to improve cardiovascular health outcomes, but also promote neuroplasticity during stroke recovery. Moderate-intensity continuous training (MICT) is currently an integral part of stroke rehabilitation, yet it may elicit insufficient intensities to produce beneficial adaptations to neuroplasticity. High-intensity interval training (HIIT) could be a viable alternative to achieve higher intensities of exercise by using short bouts of intense exercise, interspersed with periods of recovery, to optimize stroke rehabilitation. Objective : To compare the effect of a 12-week, HIIT and MICT exercise program on of neuroplasticity, cardiovascular health, motor function and psychosocial responses to exercise in individuals with chronic stroke. Methods : This study is a two-arm, parallel group multi-site randomized controlled trial. Eighty participants with chronic stroke, recruited from two sites (McGill and McMaster University), will be randomly allocated to an individualized HIIT or MICT program. Exercise sessions will take place 3 days per week for 12 weeks using Nu-Step recumbent exercise steppers. Neuroplasticity, cardiovascular health, motor function and psychosocial response outcomes will be assessed at baseline, post-intervention, and at an 8-week follow-up. Anticipated Results: This research trial is currently in progress. We expect that HIIT will promote greater benefits to

neuroplasticity, cardiovascular health and motor function outcomes compared to MICT. Additionally, we expect that HIIT will exhibit similar psychosocial responses of motivation and enjoyment, in comparison to MICT. Findings from this trial will contribute novel insights for clinicians into the effectiveness of HIIT to promote stroke recovery in individuals with chronic stroke.

Implications cliniques: Intensity of exercise is an unexplored factor in facilitating neural recovery and cardiovascular health after stroke, reducing the burden of stroke for sufferers and society. Results from this project may support of the use of HIIT as an effective treatment modality to safely challenge their patients to improve outcomes. Insights from this ongoing research project will also provide valuable insight into the immediate and long-term benefits that HIIT could provide for individuals with stroke.

21. The beneficial effect of repetitive Transcranial Magnetic Stimulation on motor function recovery post-stroke

Franziska Hildesheim (1,2) ; Dr. Alexander Thiel (1,2).

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2. Lady Davis Institute, Jewish General Hospital- CanStim Committee, Canadian Platform for Trials with Non-Invasive Brain Stimulation

Message clé: Inhibitory repetitive Transcranial Magnetic Stimulation (rTMS) of the contralesional primary motor cortex increases the brain’s ability to re-learn task-specific motor function post-stroke.

Résumé: Rehabilitation is critical for reducing stroke-related disability. Although intensive physiotherapy improves function after stroke, the frequency and intensity of therapy in a standard clinical rehabilitation session is insufficient to invoke these changes. Transcranial magnetic stimulation (TMS) is a safe, non-invasive method of stimulating the human brain. Repetitive TMS (rTMS) may have the potential to enhance the brain’s ability to re-learn specific functions and reduce the amount of standard therapy required to regain functionality after stroke. The use of rTMS interventions in stroke rehabilitation trials has been limited by a lack of consensus regarding the optimal protocol for the clinical application of TMS in stroke populations. The Canadian Platform for Trials in Non-Invasive Brain Stimulation (CanStim) is a national platform that aims to facilitate multicenter clinical trials for non-invasive brain stimulation interventions to augment stroke recovery. CanStim developed consensus recommendations for a protocol to deliver rTMS as an adjunct to standard therapy in a national stroke rehabilitation clinical trial. The aim of this multi-centre feasibility trial is to test the hypothesis that it is feasible to apply this consensus protocol at 8 different sites across Canada. Patients with impaired arm function after stroke are randomly assigned to receive 15 sessions of a specific arm training therapy in combination with either real or sham rTMS. Several tests of arm function are performed before and after the therapy session. The goal of this feasibility study is to demonstrate that each site can perform the stimulation procedure in conjunction with the protocol-specified physiotherapy intervention. A secondary aim is to identify potential weaknesses of the protocol that may need to be modified before performing a larger scale trial to test the efficacy of the intervention.

Implications cliniques: This interdisciplinary study underlines the utmost importance of standardization of study protocols in order to draw solid conclusions from study outcomes. Such homogenization of study protocols can only be achieved through multicenter collaboration studies. Successful implementation of our suggested rTMS stimulation protocol across all 8 participating sites across Canada would make rTMS an even more promising tool to improve recovery of function post-stroke.

22. Collaborative partnership between Hospital Elder Life Program and McGill University

Aisha Khan (1) ; Marie-Lyne Grenier (2), Crystal Garnett (2), Cynthia Perlman (2) ; Isabelle Lamontagne, (1) ; Maxine Lithwick (1) ; Gina Mills (1).

1. CIUSSS Centre Ouest de Montreal
2. McGill University
3. Jewish General Hospital

Message clé: Research contributes to enhancing user experience within programs. Collaborating with universities can facilitate the process, provide a unique perspective and valuable insight.

Résumé: The HELP program uses trained volunteers to perform personalized interventions with older hospitalized adults to prevent functional decline and is supported by numerous published articles worldwide. HELP was implemented at the JGH in 2017 and despite having anecdotal evidence showing its benefit, little research was done exploring its effect on users and volunteers/students at the hospital. Subsequently, HELP embarked on 3 research projects with McGill Master's students in physical and occupational therapy.

1. Exploring student perspectives of their participation in HELP (2020)

Qualitative study - Survey and semi-structured student interviews about their experience in HELP. Results were analyzed using content, competency and thematic analysis.

Results: HELP allowed students to have a positive learning experience and reinforced expected professional competencies.

2. Exploring patient and family perspectives (2020)

Scoping review - Literature search, thematic analysis and critical appraisal of articles

Results: Users/families participating in early prevention programs, such as HELP, value the experience and view their participation as health enhancing.

3. Student perspectives of older adults following participation in tele-HELP (2021)

Mixed methods - Students completed a survey pre and post Tele-HELP about their perceptions of older adults. Responses were analyzed quantitatively using inferential statistics and interpretive synthesis.

Main findings: Despite minimal alterations in student perceptions of older adults, positive student reflections suggest that Tele-HELP may provide valuable experience working with older adults and increase awareness of ageism in healthcare.

As a result of these projects, many recommended strategies were integrated into HELP to optimize user and student experiences. Moving forward, we would like to evaluate the perceptions of users who participate in HELP at the JGH.

Implications cliniques: The projects will highlight the importance and diversity of research and the different avenues that exist to facilitate it. HELP would not exist at the JGH if a group of workers did not recognize it in the literature as best practice in geriatric care and decide to implement it. Once implemented, the small HELP team would not be able to conduct research to improve user and volunteer/student experience on their own. They entered into a partnership with McGill, giving them access to resources and allowing them to explore other areas. Similar collaborations as this one between HELP and McGill can bring richness to the intended research by providing a different perspective and valuable insight.

23. Aspiration Pneumonia Prevention For Stroke Clients

Chelsey Tanoja (1)
1. CIUSSS Centre Ouest de l'Ile de Montreal - Richardson Hospital

Message clé: Rehab approach in preventing aspiration pneumonia for stroke clients.

Résumé: Dysphagia is a common complication of a stroke and increases the risk of aspiration pneumonia. Aspiration pneumonia leads to poor patient outcomes, such as longer hospital length-of-stay, decrease functional stroke outcomes and increased mortality rates. Effective assessment, communication and collaboration of the interdisciplinary team can decrease the risk of aspiration pneumonia at the Richardson Hospital ; thus, optimizing stroke clients' inpatient therapy and recovery. This project aims to reinforce staff member to understand their roles and responsibilities of dysphagia management within a stroke rehabilitation center, and how to utilize screening tools and communication tools already in place.

24. Evaluation of a web-based intervention for wheelchair follow-up and training of older adults and their caregivers

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1. Université de Montréal
2. Centre for Interdisciplinary Research in Rehabilitation (CRIR)

Message clé: The web-based program MOVIT+ was designed as a resource-efficient solution to provide training and follow-up for mobility device users and their caregivers by optimizing telemonitoring.

Résumé: INTRODUCTION: The web-based program MOVIT+ was designed as a resource-efficient solution to provide training and follow-up for mobility device users and their caregivers by optimizing telemonitoring. The system enables early detection of nine postprocurement problems – 1) non-use of device, 2) pain caused by the use of the device, 3) change in skin condition, 4) positioning issues, 5) incidents such as falls or bumping into obstacles, 6) psychosocial issues related to the device, 7) restricted participation in activities with the device, 8) limited skills and knowledge, and 9) technical problems. The system sends tailored resources to users and caregivers, alerts professionals if needed, in order to increase the independence of older adults and promotes their social participation in the community. OBJECTIVE : This pilot study evaluated the impact of the MOVIT+ intervention among wheelchair users, and their caregivers. METHODOLOGY : A sample of 40 wheelchair users was recruited in four Quebec-based rehabilitation centres, among community-based adults aged 65 and up. This study compares pre-acquisition (T0) and 3-month post-intervention (T2) period with structured questionnaires (QUEST : Quebec User Satisfaction with Technology; WhOM: Wheelchair Outcome measure; and CATOM: Caregiver Assistive Technology Outcome Measure). RESULTS : A clinically significant increase in satisfaction with participation (WhOM) was observed, particularly for activities performed outdoors. Consumers were quite satisfied with their mobility aids (QUEST). Family caregivers had a low burden (CATOM) since obtaining the mobility aid. CONCLUSION : These results are promising for the clinical evaluation and feasibility of the evaluation protocol for this new digital intervention.

Implications cliniques:: MOvIT+ is a technological and a social innovation (a new product) that transforms the post-procurement interactions with older adults and their entourage. Policy-makers and practitioners need to understand which technologies create an added burden on caregiving tasks and how to adapt their training strategies for older caregivers. By collecting crucial standard data (e.g. types of problems reported post-delivery of AT, satisfaction level with AT), the MOVIT+ system will inform policy and program guidelines by screening for problems post-procurement for specific models of AT. MOvIT+ bring practice innovation by providing users and their caregivers tools for self-management, enhancing their self-efficacy, functional status, quality of life and reducing their use of health services.

25. Reconnaitre les personnes proches aidantes comme partenaires clés en santé et services sociaux : du projet de société aux initiatives locales

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1. Bureau de la présidente-directrice générale adjointe, CIUSSS Centre-Ouest
2. Direction de la réadaptation et des services multidisciplinaires, CIUSSS Centre-Ouest

Résumé: Nous proposons une discussion sur la reconnaissance politique et sociale des personnes proches aidantes, de leur contribution sociale et de leurs besoins (via la Loi, Politique nationale et Plan d'action gouvernemental pour les personnes proches aidantes). L'exemple d'initiatives locales au sein du CCOMTL viendra illustrer l'application de cette reconnaissance dans le milieu de la réadaptation physique.

26. Using a Social Determinants of Health (SDOH) Framework with Caregivers of Neurodivergent Individuals and their Families (NDIF) to Improve Navigating and Accessing Services and Supports

Lucyna Lach (1,2)

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2. Departments of Paediatrics, Neurology and Neurosurgery, Faculty of Medicine, McGill University

Message clé: SDOH provide a theoretical and empirical foundation for practice. Appreciating this connection provides practitioners with a ‘scientific’ rationale for working with NDIF.

Résumé: Introduction: It is important to understand how SDOH map onto assessment of the needs of NDIF. Methodology: 35 SDOH frameworks were reviewed to ascertain how they map onto NDIF. An adapted SDOH framework was developed and underwent stakeholder consultation with NDIF, researchers, policy makers and practitioners. The action-oriented part of the framework was further developed in BC, Yukon, and Alberta. Results: SDOH tell a story about the needs of NDIF. The ‘action’ side of the framework provides guidance about how to build capacity at different layers of the ecosystem. Capacity can be built among NDIF, healthcare providers, and the relational and governance components of the systems who touch their lives. Conclusion: This has serious implications for how systems supporting NDIF can build capacity.

Implications cliniques: SDOH provides a map for conducting psychosocial and needs assessment. It also provides a way forward for building community capacity.

27. Soutien technologique au budget : une opportunité pour vos usagers?

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2. Centre de recherche interdisciplinaire en réadaptation (CR)R
3. Université de Montréal

Message clé: La technologie pourrait accroitre la participation des personnes présentant des troubles cognitifs pour réaliser et suivre leur budget.

Résumé: Les personnes ayant eu un traumatisme crânio-cérébral (TCC) peuvent présenter des troubles cognitifs persistants impactant leurs activités instrumentales de la vie quotidienne et leur participation sociale. Pour les intervenants de service de soutien à domicile, la gestion du budget est l’un des défis principaux relevés sur le terrain (achats quotidiens, paiements des factures, préparations des repas, accès aux loisirs, ...).. Faire et tenir son budget est une capacité à développer pour les personnes TCC afin qu’elles puissent mieux s’intégrer dans une dynamique socialisante. Un moyen auxiliaire technologique axé sur la gestion d’un budget, et personnalisable en fonction des troubles cognitifs, pourrait être un levier pour soutenir les capacités a gérer un budget. Objectif : Développer une solution numérique de gestion de budget, prenant en compte les paramètres d'assistance et répondant aux besoins des profils cognitifs et sensoriels (trouble neurovisuel). Méthodologie en 3 étapes : 1 - Identification des besoins des futurs usagers et des différents profils; 2 - Co-conception d’une solution technologique inclusive; 3 - Mise en œuvre de la solution numérique. Résultats : Cette solution numérique inclusive sera le livrable principal. Finalisé, il sera disponible avec la documentation appropriée. Le scan environnemental des besoins spécifiques et le cahier des charges seront publiés pour être utilisés sur d’éventuels autres projets de solution numérique. La mise en œuvre de cette solution sera effectuée auprès de l’ATCCDR qui est partenaire de ce projet, avant de le proposer à d’autres structures.

Implications cliniques: Ce programme est réalisé en collaboration avec l’Association TCC des Deux-Rives. Il pourrait aider les cliniciens dans le support des usagers, mais également les usagers eux-mêmes quel que soit la pathologie. Cela pourrait-il être un soutien pour le programme Jeunesse / Jeunes Adultes, le programme TranXition, ou le programme Neurologie/AVC?

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