

**Conference**

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**Title**

Interdisciplinary Rehab Team Creates Joint Rehabilitation Model for Impacted Couple

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**Case Diagnosis**

Concurrent rehabilitation of a married couple with multi-trauma

**Case Description**

Two spouses presented to our acute rehab unit after involvement in a motorcycle accident. The 32-year-old male sustained a traumatic spinal cord injury (i.e., T5 ASIA impairment scale B paraplegia), and the 29-year-old female had a traumatic brain injury resulting in left spastic hemiplegia, increased emotional lability, and cognitive deficits (e.g., with attention, problem solving, executive functioning, and deficit awareness).

To facilitate the concurrent rehabilitation of the couple, our brain injury and spinal cord rehabilitation teams worked closely together to create a joint rehabilitation program for optimal recovery. We arranged for the couple to stay in the same hospital room, and therapy sessions were coordinated so each spouse was able to observe and participate in one another's sessions. A joint family conference was held involving both patients, their families, and both rehab teams to help with balanced optimization of needs and discharge planning.

**Discussion**

To optimize recovery, it was essential to treat the couple as a family unit rather than two separate individuals. By coordinating their care, our rehabilitation team was able to better prepare the patients for the collective challenges they would face upon returning home. This allowed for increased awareness of each other's limitations as well as opportunity to support and encourage one another. This model also led to increased participation in therapy, safety compliance, and more time for family training. The couple also shared that cohabitation reduced the self-reported anxiety they experienced while staying in separate rooms prior to arriving on our unit.

**Conclusions**

In the rehabilitation of family members with concurrent injuries, it is important to acknowledge the increased psychosocial challenges and discharge barriers. Rehabilitation teams should aim to coordinate cohabitation and care during inpatient rehabilitation to maximize emotional well-being and functional outcomes at time of discharge.