

# SCI HEALTH MAINTENANCE CHECKLIST:

## CONSIDERATIONS AT ANNUAL EVALUATIONS

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This is a tool for you to use to guide the conversation with your primary care provider (ie. family doctor or nurse practitioner) because there are common health concerns and complications after a spinal cord injury (SCI). Each section covers a different health issue and serves as a cue for you to ask questions to ensure you are receiving the care that is right for you.

We recommend that you review this checklist in advance with your supports: a partner, caregiver, or family member. The tool is lengthy because it includes many important aspects of care. We suggest you work as a team with your primary care provider. You won't have time to go over all the areas in just one appointment, but the tool will help you prioritize which health concerns are most important for you at this appointment. It may take multiple frequent visits to finish all the sections of the tool that are relevant to you. We also suggest you share the tool with your primary care provider BEFORE the appointment so they are able to use this information to prepare for your appointment.

There is also space for you to document important health information. This checklist helps prioritize the areas that are important to you for each appointment, is a record of important health information for you, and also helps improve the care of others with SCI as it builds the knowledge and skills of primary care providers.

The guide includes information that may not be relevant to you depending on how long it is has been since your injury, your age, or the type of injury you had. **Every SCI is a unique journey.** It may also NOT include an issue that is of concern for you. It also assumes that you have an ongoing relationship with your primary care team. In addition to the resources listed below, this checklist tool is paired with the Self-Management Guide for People Living with Spinal Cord Injury, which explains some of the issues and the reasons why these are important to consider.

## REFERENCES

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- ▶ Spinal Cord Injury Ontario (<https://sciontario.org/>)
- ▶ Spinal Cord Injury Ontario- CorTree Education Series (<https://sciontario.org/support-services/resources/cortree-online-learning/>)
- ▶ Canadian Spinal Cord Injury Best Practice Guidelines (<https://kite-uhn.com/can-scip/recommendations>)
- ▶ Spinal Cord Injury Canada Consortium (<https://www.sciconsortium.ca/>)
- ▶ Spinal Cord Injury Research Evidence (SCIRE) (<https://scireproject.com/>)
- ▶ Neurotrauma Care Pathways- Ideal Care Pathway for Spinal Cord Injury in Ontario (<https://www.neurotraumapathways.ca/sci>)
- ▶ Paralyzed Veterans of America Clinical Practice Guidelines- including Bone Health and Osteoporosis Management (<https://pva.org/research-resources/publications/clinical-practice-guidelines/>)
- ▶ Bare Bones Podcast series on Bone Health post SCI (<https://www.scifragments.ca/>)
- ▶ Christopher and Dana Reeve Foundation (<https://www.christopherreeve.org/>)
- ▶ Unite to Fight Paralysis Podcast series (<https://u2fp.org/get-educated/curecast/>)

## THINGS THAT I WANT/NEED YOU TO CONSIDER

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- Accessibility concerns for appointments (physical and time/scheduling i.e. later day, longer appointment, need for personal support)
- My preferences and needs (gender identity, Indigenous, housing, food security, finances/income, justice-involved, intimate partner violence, veterans)
- If I live in a remote community- where do I want to access care- travel for specialists or stay in the community and work with the family physician?

## SCI-SPECIFIC FREQUENT HEALTH COMPLICATIONS

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### SKIN

- Daily head-to-toe skin examination and assess risk factors for skin breakdown and the equipment (ie. Mirror/phone cameras) or a trusted caregiver/family to complete?
- Areas of concern for me:

- Consider referral to NW Wound, Vascular, and Limb Preservation Central Intake if wound?
- Consider referral to Occupational Therapy to review surfaces, equipment, education

### BOWELS AND NUTRITION

- Review bowel program: effectiveness, time, diet, oral medication, rectal interventions, complications
- Weight gain or Loss? Review diet plan.
- Consider referral to Dietitian?
- Ostomy: Do I have appropriate access to supplies? The last time seen by Wound and Ostomy clinic/specialist

## BLADDER

- Review bladder care/program: method (i.e. intermittent catheterization/indwelling), effectiveness/satisfaction with management, complications (i.e. UTI, stones, incontinence), medications
- Ensure regular follow up with Urology
- I am concerned I may have a UTI
- Do I have appropriate access/prescriptions to supplies?  
Supplier:

## RELATIONSHIPS, SEXUAL AND REPRODUCTIVE HEALTH

- Review of personal relationships: partner, family (parents, siblings, children), friends
- Review family planning (contraception, pregnancy, after birth recovery)
- Review sexual satisfaction, barriers, and if fertility desired
- Review menstruation and menopause
- Consider referral to Gynecologist, Urologist, Sexual Health clinic, Relationship Counselling?

## MENTAL HEALTH

- Is it possible I had a brain injury as well? (for example concerns with memory, thinking, brain fog, vision, etc.)
- Review my mental health and well-being (mood, anxiety, depression, suicidal ideation, addictions)
- Review medications such as anti-depressants
- Review use of: tobacco, alcohol, cannabinoids, pain medications, other illicit drugs
- Review social supports
- Refer to counselling, groups, peer support, Spinal Cord Injury Ontario

## AUTONOMIC DYSREFLEXIA

\*A condition that can affect people with SCI most commonly at T6 and above that involves a sudden rise in blood pressure. The rise in blood pressure may be accompanied by heart rate changes, headache, sweating, and other symptoms. When severe, autonomic dysreflexia is a medical emergency that requires immediate treatment.

- Review triggers of autonomic dysreflexia e.g. bladder, bowel, skin
- Review frequency of episodes of autonomic dysreflexia
- Consider home autonomic dysreflexia kit (including blood pressure cuff for example) discuss with healthcare provider

## MUSCLE SPASMS/SPASTICITY/TONE

- Review effectiveness of non-medicinal management of spasticity (ie. stretches, exercise, weight-bearing, muscle stimulation) and medicines for spasticity
- Consider referral to Psychiatrist (St. Joseph's Hospital)

## LUNGS AND BREATHING

- Review of signs/symptoms of sleep-disordered breathing, shortness of breath, infections, or COVID concerns
- Consider referral to Respiratory Therapist or Physiotherapist



### BONE HEALTH

Bone Density (also called DXA) every 1- to 2-years

Last done:

Contact Information:

History of leg fractures? When:

Consider physical modalities (e.g. ambulation, supported weight-bearing/standing frame, functional electrical stimulation) and medication management for bone health

Discussion of Vitamin D (for all) and calcium supplements (for some).

Consider referral to Dietitian?

### MOBILITY AIDS

Year of purchase of: wheelchair

and cushion

Funding source: (ie. ADP, NIHB, ODSP):

Concerns with current equipment? Change in functional abilities?

Last seating evaluation

with (provider)

and (vendor)

Consider referral to PT, OT, or Seating Clinic

## EXERCISE AND DIET

- Review physical activity plan. GOAL >150 min moderate to vigorous/week. Guidelines:  
<https://sciguidelines.ubc.ca>
- Refer to Physiotherapist or Kinesiologist?
- Weight gain or Loss? Review diet plan. Consider referral to Dietitian?
- Review sports and exercising activities and goals

## MUSCULOSKELETAL

- Screen for overuse injuries (i.e. shoulder, elbow, wrist)
- Changes to ROM/tightness
- Consider referral to Physiotherapist
- Details of any treatment to date

## PAIN MANAGEMENT

- Review of any pain/changes in pain (ie. type, description, frequency), interference in life/function, management
- Current treatments/modalities and their effectiveness
- Discuss use of: tobacco, alcohol, cannabinoids, pain medications, other illicit drugs
- Consider referral to Psychiatrist (St. Joseph's Hospital) or Physiotherapist

## OVERALL LIVING AND FUNCTION

- Review management of Activities of Daily Living (ADLs) such as dressing, bathing, grooming, eating
- See Tools in Appendix: Reintegration to Normal Living Index (page 11):  
<https://scireproject.com/wp-content/uploads/2022/04/RNL-Worksheet.pdf>
- Moorong Self Efficacy (page 12):  
<https://scireproject.com/wp-content/uploads/2022/04/Moorong-Self-Questionnaire.pdf>
- Review management of Instrumental Activities of Daily Living (IADLs)
- Transportation (public transportation, assisted transportation, personal vehicle/driving, parking pass), appointments, meals, cooking/meal prep, groceries, food security, outdoor maintenance, work/school/activity reintegration
- Review management of fatigue
- Review leisure activities
- Review spirituality- ability to attend and participate in cultural/religious practices and ceremonies
- Review management of thinking, brain fog, focusing, and memory
- Assess need for service dog
- Assess need for equipment
- Assess need for home renovations
- Consider referral to Occupational Therapist
- Consider referral to Spinal Cord Injury Ontario



**SUPPORT/RESOURCES/RELATIONSHIPS**

- Review attendant care
- Review social supports
- How am I doing- overall well-being (emotional, spiritual, cognitive, grief)?
- How are my family and friends doing (emotional, grief, educational needs, support)?
- Consider referral to Spinal Cord Injury Ontario (Regional Service Coordinator, peer-support, education) for self or family; or Hospice Northwest for grief support

**ADDITIONAL CONSIDERATIONS FOR AGING WITH A SCI**

- Changes of symptoms and needs as I age
- Assess need for different/new equipment
- Assess need for home renovations
- Consider referral to Occupational Therapist
- Aging out of existing services or low income ie. ODSP
- Plans for the future: housing, care, assistance, Advanced Care Planning- wishes, wills, Power of Attorney for Personal Care and Finances
- Refer to Spinal Cord Injury Ontario? (Regional Service Coordinator)
- Referral to Geriatric Medicine?



# My Past Medical History

## INJURY DETAILS:

## SURGERIES:

## HOSPITAL STAYS:

## EMERGENCY DEPARTMENT VISITS:



**OTHER:**

**MY CURRENT MEDICATIONS**

# APPENDICES:

## REINTEGRATION TO NORMAL LIVING INDEX

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Adapted from Wood-Dauphinee S and Williams IJ. Reintegration to Normal Living as a Proxy to Quality of Life, J Chron Dis, 40(6): 491-9, 1987; Fig 2. Used with permission from Elsevier Publishing.

There are 11 items in the Reintegration to Normal Living Index. Each of these items is accompanied by a visual analog scale (VAS) anchored by phrases reflecting whether the statement describes the situation of the patient. It allows you to determine the extent to which the statement in question applies to their specific situation. Each VAS is scored out of 10 points: 1 = minimal reintegration, 10 = complete reintegration.

Date:		<b>SCORE (1-10)</b>
1. I move around my living quarters as I feel is necessary. (Wheelchairs, other equipment or resources may be used.)		<input style="width: 80px; height: 25px;" type="text"/>
2. I move around my community as I feel is necessary. (Wheelchairs, other equipment or resources may be used.)		<input style="width: 80px; height: 25px;" type="text"/>
3. I am able to take trips out of town as I feel are necessary. (Wheelchairs, other equipment or resources may be used.)		<input style="width: 80px; height: 25px;" type="text"/>
4. I am comfortable with how my self-care needs (dressing, feeding, toileting, bathing) are met. (Adaptive equipment, supervision and/or assistance may be used.)		<input style="width: 80px; height: 25px;" type="text"/>
5. I spend most of my days occupied in a work activity that is necessary or important to me. (Work activity could be paid employment, housework, volunteer work, school, etc. Adaptive equipment, supervision and/or assistance may be used.)		<input style="width: 80px; height: 25px;" type="text"/>
6. I am able to participate in recreational activities (hobbies, crafts, sports, reading, television, games, computers, etc.) as I want to. (Adaptive equipment, supervision and/or assistance may be used.)		<input style="width: 80px; height: 25px;" type="text"/>
7. I participate in social activities with family, friends, and/or business acquaintances as is necessary or desirable to me. (Adaptive equipment, supervision and/or assistance may be used.)		<input style="width: 80px; height: 25px;" type="text"/>
8. I assume a role in my family which meets my needs and those of other family members. (Family means people with whom you live and/or relatives with whom you don't live but see on a regular basis. Adaptive equipment, supervision and/or assistance may be used.)		<input style="width: 80px; height: 25px;" type="text"/>
9. In general, I am comfortable with my personal relationships.		<input style="width: 80px; height: 25px;" type="text"/>
10. In general, I am comfortable with myself when I am in the company of others.		<input style="width: 80px; height: 25px;" type="text"/>
11. I feel that I can deal with life events as they happen.		<input style="width: 80px; height: 25px;" type="text"/>

