Underutilization of Inpatient Rehabilitation Facilities for ThinkFirst Traumatic Injury Prevention Programs

James Whitaker, DO, Michelle M. Gibler, PhD, Fred Murdock, PhD
Department of Physical Medicine & Rehabilitation, University of Missouri, Columbia, MO

Program Description
Since 1986, the ThinkFirst National Injury Prevention Foundation (TFNIPF) has been conducting evidence-based, theory-driven educational programs in schools and communities throughout an expansive network of national and international chapters. Chapters are based primarily in healthcare settings, including medical centers, children’s hospitals, and rehabilitation facilities. The primary method of education involves a survivor with a brain or spinal cord injury providing audiences with personal testimony about the experience of living with a preventable permanent disability.

Setting
Free-standing inpatient rehabilitation facility with a Physical Medicine and Rehabilitation academic training program.

Results
This study was completed using data provided by the TFNIPF and communication with chapters via phone and email. Based on 79 of 135 chapters completing the TFNIPF annual survey in 2011, 50 (63%) were located in a hospital trauma or neurosurgery department, 18 (23%) were located in a rehabilitation facility, 6 (8%) were located in “other” healthcare setting, and 5 (6%) were located at a children’s hospital. Combined, these chapters provided 5,973 presentations reaching 520,531 people.

Discussion
Rehabilitation facilities are model settings for ThinkFirst (TF) chapters because they are staffed by experts in physical medicine and provide extended access to TF speakers. In a report to congress, MEIDPAC reported there were 1,196 inpatient rehabilitation facilities operating in the United States in 2009; however, only 18 (1.5%) reported primary injury prevention through ThinkFirst in the 2011 TFNIPF annual survey. Given the number and distribution of these facilities, there is great potential to expand the number of ThinkFirst chapters in rehabilitation settings and increase the number of people served.

Conclusion
Rehabilitation facilities are ideal venues for conducting ThinkFirst injury prevention programs; however, participation in such programs is low. Progressive rehabilitation facilities should consider establishing a ThinkFirst chapter to provide injury prevention in the community.