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Homelessness in America
- More than 600,000 are homeless in the USA⁴
- Homeless people have higher rates of premature mortality than the rest of the population, especially from unintentional injuries, and have an increased prevalence of mental disorders¹ ⁴
- Hospitals often encounter difficulty with discharge when homeless patients are medically stable enough to be transferred to a lower level of care⁵
- Hospitals risk potential legal action and poor portrayal by the media if a homeless patient claims he/she was discharged improperly⁶

Case Description
- 77 year old homeless male living out of his car
- Sustained compression fractures to T12 & L1 vertebrae after falling from 4 foot height
- Presented with head wound consistent with lack of protective head gear
- High fall risk (Tinetti Balance and Gait Assessment
- Deficient range of motion in bilateral lower extremities due to inpatient rehab on the grounds that he could not maintain spinal precautions while living out of his car

Interventions
- Constant coordination with hospital Case Management was required to ensure acceptance to inpatient facility
- Physical Therapy recommended to Case Management that the patient be discharged to inpatient rehab on the grounds that he could not maintain spinal precautions while living out of his car

Outcome

<table>
<thead>
<tr>
<th>Tests &amp; Measures</th>
<th>Initial Results</th>
<th>Final Results</th>
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</thead>
<tbody>
<tr>
<td>Tinetti Balance and Gait Assessment</td>
<td>Balance score: 8/16, Gait score: 6/12, Total: 14/28, indicates high fall risk</td>
<td>Balance score: 14/16, Gait score: 10/12, Total: 24/28, indicates low fall risk</td>
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<tr>
<td>Visual Analogue Scale (VAS) Pain Level</td>
<td>At rest: 6/10 With activity: 8/10</td>
<td>At rest: 4/10 With activity: 6/10</td>
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<tr>
<td>Montreal Cognitive Assessment (MoCA)</td>
<td>26/30, indicates normal cognitive function</td>
<td>Not assessed</td>
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Discussion
- The patient was effectively and efficiently medically stabilized
- After medical stabilization at the hospital, the patient was discharged to an inpatient rehab facility for further recovery
- Finding inpatient rehab facilities willing to accept homeless patients is difficult due to disparities in health insurance coverage
- Case Management encountered difficulties finding an inpatient facility that would accept the patient – required constant updates/notes and meticulous justification from Physical Therapy
- Physical Therapy and Case Management worked together to help the patient reach the conclusion that inpatient rehab was the best choice for him

References
2: Hospital case management: Discharge planning and the dilemma of dealing with homeless patients. American Health Consultants; 06/05/2006/14-81.

Acknowledgements
The author acknowledges Brian Swanson, PT, DSc, OCS, FAAOMPT, for assistance with case report conceptualization and Lauren Roy, MSPT for supervision.

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