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### Homelessness in America

- More than 600,000 are homeless in the USA.
- 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 disorders.
- Hospitals often encounter difficulty with discharge when homeless patients are medically stable enough to be transferred to a lower level of care.
- Hospitals risk potential legal action and poor claims he/she was discharged improperly.
- 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 history of fall - no protective wounds on hands or arms - no evidence of attempt to protect self.
- Non-surgical treatment using Thoracic Lumbar Sacral Orthotic.
- Deficient range of motion in bilateral lower extremities limited by pain; good strength & coordination throughout upper & lower extremities.
- High fall risk (Tinetti Balance and Gait Assessment).
- Scored within normal cognitive functioning (Montreal Cognitive Assessment).

### Case Description

- 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.

### 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>
</tr>
</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>
</tr>
</tbody>
</table>

### 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


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