

# Mapping out paths toward work after spinal cord injury

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**Conclusions** This project illustrates alternative paths for return to work (RTW) through a new rehabilitation intervention after spinal cord injury (SCI). ReWork-SCI was feasible in a clinical setting and shows potential to facilitate decision-making and collaboration among stakeholders. This contributed to design of a RTW plan within a relatively short duration after SCI.

**Aim** the overall aim was to explore and generate knowledge about RTW among adults with SCI, in order to develop and evaluate the design and feasibility of a complex intervention that can serve as a complement to current RTW systems

## Introduction

Labour market inclusion is an important part of the convention on the rights of persons with disabilities and sustainable development goals. Still employment rates are low in populations with acquired physical disabilities, such as SCI.

This project follows the Medical Research Council's guidance to systematically develop and evaluate the feasibility of a new rehabilitation intervention, ReWork-SCI (fig 1).

## Method

This project builds on a combination of qualitative and quantitative designs, including persons with SCI (n=21) and professional stakeholders (n=36) (fig 1).

**Studies I-III** used narrative, participatory, and constructive grounded theory approaches to generate knowledge about RTW after SCI from different perspectives.

**Study IV** used a pre-post test design to evaluate the feasibility of ReWork-SCI and the study design for evaluating the intervention with regard to recruitment, retention, adherence, and acceptability.

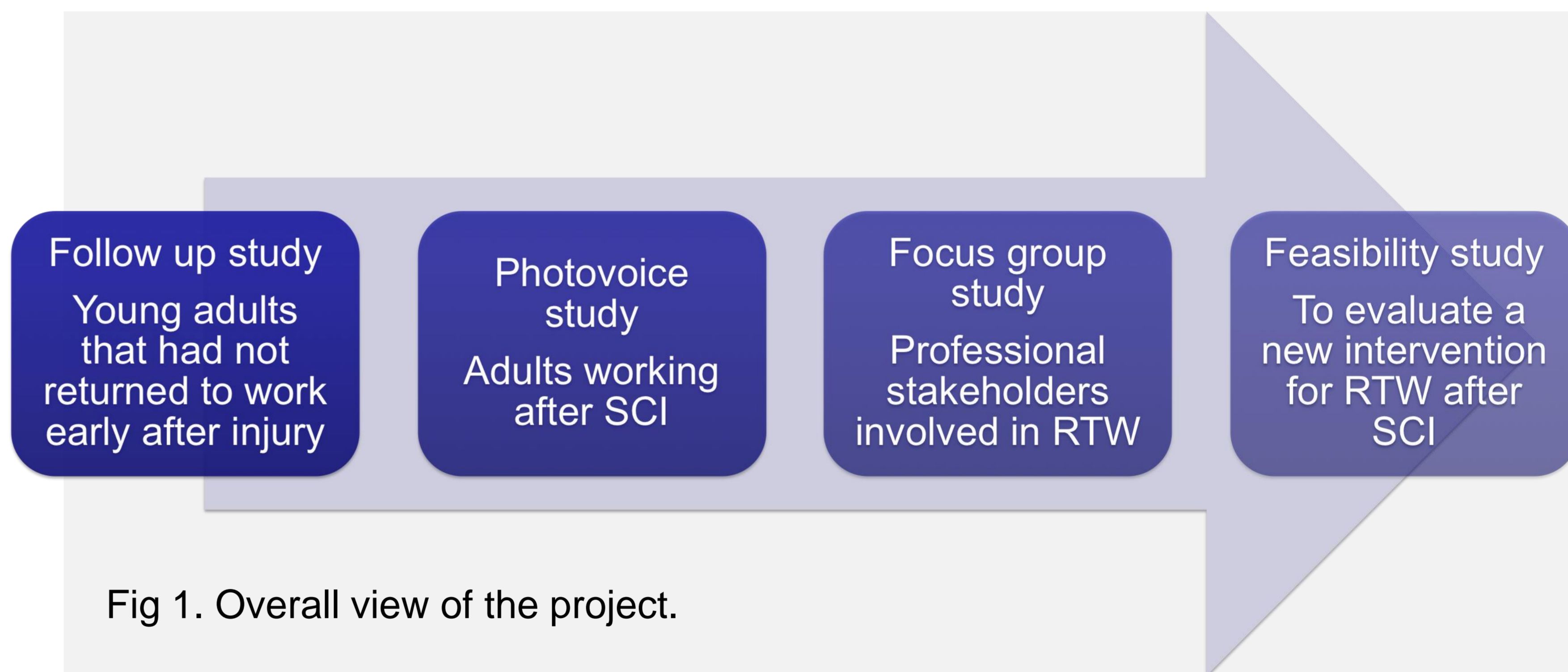


Fig 1. Overall view of the project.

## Intervention

ReWork-SCI was developed in three steps: 1) identifying guiding principles and components (studies I-III), 2) modelling within the research group, 3) modelling in collaboration with stakeholders.

ReWork-SCI includes four phases and 15 steps guided by a RTW-coordinator based in the SCI rehabilitation team. ReWork-SCI offer an early but timely, person-centred, and structured but non-linear RTW process.

## Findings

ReWork-SCI was feasible in a clinical setting. Active components were coordination deriving from a specialized rehabilitation unit in health care, a non-linear structure initiated through person-centred mapping, and dialogue with the employer.

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