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Community re-integrated soldiers’ perceptions of barriers and facilitators to a home-based physical rehabilitation programme following lower-limb amputation

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Background: Soldiers' physical rehabilitation and long term health status has been hindered due to limited investment in and access to rehabilitation services. Home-based rehabilitation programmes could offer a potentially feasible alternative to facilitate long-term recovery.

Objective: To explore Sri Lankan soldiers' perceptions of barriers and facilitators to a home-based physical rehabilitation programme.

Methods & Materials: We conducted a descriptive qualitative study at five districts of Sri Lanka identified based on a priori knowledge of veteran community settlements (Disabled category registry) obtained from Directorate of Rehabilitation, Ministry of Defense (MoD), Sri Lanka. Semi-structured interviews were conducted with community re-integrated army veterans who had undergone unilateral lower limb amputation following war related trauma. Individuals were stratified for purposive selection. The interview guide was developed from existing methods and adapted for context. Verbatim transcripts of interviews were analyzed for emerging themes using an inductive approach. Following consent participants met the researcher (AW- a trained physiotherapist fluent in Sinhalese).

Results: Twenty-five interviews were conducted totaling 7.2 hours of new data (Mean±SD: 0.28±0.11). All participants were male, aged 30-55 years (Mean±SD: 46.1±7.4 years) and had experienced traumatic amputation as a result of conflict. Twenty-four sub themes were identified. Inadequate space for exercises, absence of equipment and assistance to conduct the exercises at home, alongside absence of community healthcare services were all barriers. Burden of comorbidities including chronic pain and disability level were also barriers. Social support systems including soldier societies, family and kinship with other amputees, were seen as facilitators to an at-home programme. Motivation for independence was a strong indicator of engagement.

Conclusion: Environment, chronic pain and absence of well-established community health services were key barriers. Family and soldier support was a facilitator. Engagement with community healthcare providers (physiotherapist and primary care physicians) will be essential to the success of a home-based rehabilitation programme.