

# Special Needs of Patients with Disabilities



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# Special Needs of Patients with Disabilities

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*Health care is an important part of everyday life for many people with disabilities; frequent health care visits can be intimidating or difficult for these patients. This Directed Reading explains tools for interacting with patients with disabilities to make communication more effective and comfortable for both the caregiver and patient. This article covers how to improve the medical encounter and reinforce a positive approach to the provider-patient relationship.*

## After completing this article, readers should be able to:

- Evaluate the special needs of individual patients with disabilities.
- Apply communication tools and strategies in caring for patients with disabilities.
- Understand literacy issues in health education.
- Assess written health care materials.
- Discuss the Americans with Disabilities Act.

**R**adiology facilities see thousands of patients with special needs. Many of these patients have recognizable disabilities, while others may be affected by a disability or impairment that is not readily apparent. Increased awareness of disabilities and conditions that may affect communication and interaction between provider and patient can improve the imaging experience and examination outcome.

Disability is a broadly defined category, encompassing a range of physical and mental health conditions. One or more conditions may cause the disability.<sup>1</sup> Estimates indicate that nearly 1 in every 7 people, or a total of 35 million Americans, have a disabling condition.<sup>2</sup>

There is no clear line that separates the “able” from the “disabled.”<sup>3</sup> The degree of disability may be based on the amount of limitation to everyday activities that most people take for granted. The ability to get in and out of bed, to dress without assistance, or to shop for groceries are examples of activities of daily living (ADL) and instrumental

activities of daily living (IADL) (see Table 1).<sup>1,4</sup>

Although degrees and definitions of disability vary, the Institute of Medicine’s Committee on a National Agenda for the Prevention of Disability offers clarifying definitions. Disability refers to limitations in function measured against expected ability. The term health condition implies active disease (pathology) or an impairment (losses in mental, physiological, or anatomical structure or function). Impairment also may include residual losses from formerly active disease. A disabling condition is any physical or mental health condition that can cause disability.<sup>2</sup>

This Directed Reading provides an overview of the disabilities and special needs of patients who may be seen in the radiology setting. It is outside the scope of this article to cover every possible disability or to examine each disability in great detail. Literacy has been included in the discussion because it can be a serious obstacle to receiving adequate health care.

## Attitudes Toward People with Disabilities

Although society's attitudes have evolved since the days of automatic institutionalization of people with disabilities, some would argue that "unwanted" or "misunderstood" conditions are still, for the most part, ignored. As IK Zola noted in *The Psychological and Social Impact of Physical Disability*, "Our approach to social problems is to decrease their visibility: out of sight, out of mind .... The result of our social efforts has been to remove the underlying problems of our society farther and farther from daily experience and daily consciousness, and hence to decrease in the mass of the population, the knowledge, skill, resources, and motivation necessary to deal with them."<sup>5</sup>

The trend toward deinstitutionalization during the past 20 years demonstrates the valuable ways in which people with disabilities contribute to society. However, many people today still react to individuals with disabilities as if they were deviants. In addition to overcoming limitations linked to their conditions, people with disabilities also must work to negate the myths, prejudices, and discrimination they encounter.<sup>6</sup>

In the 19th century, popular thought insisted that disability was the result of poor racial heredity or social inadequacy. By the 1960s, people with disabilities were identified as a stigmatized minority, and with this identification, the medical community recognized the management of disability as a pathology.<sup>7</sup> While progress continues, research has shown that medical professionals often are unaware of, or are insensitive to, the special needs of patients with disabilities.<sup>6</sup>

Medicine plays a crucial role in the lives of people with disabilities. In fact, medical advances are largely responsible for the growing number of people living with disabilities, as well as their increased life expectancies. For example, only people with low-level paraplegia were expected to survive in the 1950s, while today, people with high-level quadriplegia not only survive, but enjoy high-quality lives.<sup>2</sup>

## Types of Disabilities

According to physicians and rehabilitative experts, it is difficult to quantify or categorize disability. In most cases, function after a disabling condition is measured against norms for a peer group. However, more specific assessment of disability may be derived by comparison

Table 1

### Activities of Daily Living<sup>4</sup>

Domain	Examples
Locomotion	Walking, wheeling, stairs
Transport	Driving, use of public conveyance
Transfers	Bed mobility, bed-wheelchair, sit-stand
Personal hygiene	Bathing, shaving, grooming, toileting
Dressing	Clothing, shoes, orthoses, or prostheses
Feeding	Ingestion of food, liquid, pills
Environmental	Control of temperature, control lights, television
Communication	Speaking, writing, typing, telephone use
Recreation	Knitting, cards, sports
Homemaking	Shopping, bed making, kitchen
Work	Lifting, equipment operation

with a patient's functional ability prior to onset of the disability or to functional desires and requirements.

Under this standard of comparison, "true disability" is defined as the level of current function compared with a person's function prior to disability. When assessment of prior function is not available, norms for a peer group can be substituted. "Significant disability" is different because it measures the difference between actual capabilities and functional requirements of the individual (see Figure 1). With few comparative norms and infrequent availability of a patient's prior history of abilities, professionals most often focus on current functional capacity and positive residual abilities.<sup>4</sup>

Conditions reported as the main cause of disability are called "primary causes."<sup>8</sup> Often, more than 1 condition may contribute to or exacerbate disability. Primary causes range from accidental injury to congenital disease to chronic disease. Causes can be grouped into 5 categories (see Figure 2):

- Mobility limitations (approximately 38% of causes).
- Chronic diseases (32%).
- Sensory limitations (8%).
- Intellectual limitations (7%).
- Other causes (15%).<sup>2</sup>