E-Poster

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A Nationwide Survey of PM&R Physicians Regarding Accessibility of Gynecological Care for Female Rehabilitation Patients

Topic: Specific Target Groups (Children, Women, Elderly, Athletes, Musicians, Refugees, Ethnic Groups, Workers, and Others)

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BACKGROUND

Many women with paralysis, impaired motor function, and other mobility needs have difficulty accessing gynecologic care for various reasons. For example, inaccessible clinics and exam tables, providers and staff with limited knowledge of SCI-related medical conditions such as neurogenic bowel and bladder, autonomic dysreflexia, wounds, spasticity, and bone loss, and lack of equipment or training needed to help with transfer onto the exam table. The aim of this study was to determine whether physical medicine and rehabilitation (PM&R) physicians perceive an unmet need for gynecological care in female rehabilitation clinic patients with diagnoses affecting mobility and independence in the United States, to describe barriers to this care, and to gauge whether PM&R physicians believe patients would benefit from access to gynecologic exams in rehabilitation clinics.

METHODS

A survey was created in RedCap and disseminated to PM&R attending physicians in the United States and Puerto Rico via various communication channels including email listserv of PM&R department chairs, PM&R residency and spinal cord injury fellowship program directors, a women physiatrists' Facebook group, and direct text messages/emails to colleagues.

RESULTS

One hundred ten (110) complete responses were received from 30 states (and Puerto Rico). Nearly 50% of respondents reported practicing for over 10 years since completing training. Eleven percent practice in a VA-only system, where significantly fewer women are seen than non-VA systems. Common diagnoses seen among respondents are spinal cord injury (SCI), acquired brain injury, neuromuscular disorders, and other paralysis due to infection or congenital disorders. Only 6.4% of respondents have accessible pelvic exams by a gynecologist available to their rehabilitation clinic patients. Within those clinics, barriers to accessible pelvic exams include limited availability of gynecologists, clinic space, and insurance issues. Most respondents believed patients would benefit from availability of gynecologic exams (55%) and mammograms (56%) in rehabilitation clinic. Barriers to accessible women's health exams perceived by respondents who do not have access to these exams in their clinics included gynecologist availability, equipment needs, staff disinterest, and health system, insurance, and reimbursement issues.

CONCLUSION

Most US PM&R physicians perceive a need for accessible gynecological care in female rehabilitation patients with various mobility-related diagnoses and believe patients would benefit from accessible gynecologic exams and mammograms in rehabilitation clinics, however there are various experienced and perceived barriers to implementation.

Statement of Disclosures

None

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