

## ASCIP 2021 Interdisciplinary Champion Essay

In introspective moments throughout my young career as a physical therapist in the field of spinal cord injury, I often critically appraise the tenability of ideas that come to mind for my patients. I do this, in part, to become more aware of when my inherent biases impact clinical judgement. I am a ten-year wheelchair user following a spinal cord injury in 2011 as a twenty-year old. Since then, I have been tasked with progressively pushing back against the constraints of the status quo toward completing my undergraduate and graduate studies. This was a necessity in pursuing the career I chose, the position I'm in now, and undoubtedly shaped (and continues to shape) my perspective. This appraisal of ideas also facilitates the pursuit of a path that hasn't been paved, algorithm that hasn't been developed, technology that hasn't been implemented yet, or resources that haven't been utilized. The experienced healthcare professionals I've come to model myself after have common traits of discontentment with the status quo—with suboptimal outcomes for patients, and for lack of creative goal formulation or the prerequisite critical inquiry to attain them. They're all divergent thinkers who are talented enough to delve into the minute details of a problem that needs to be solved, but self-aware enough to look at the metaphorical big picture--a laudable trait combination I aspire to develop. I'm fortunate enough to work with these sorts of individuals daily.

I have been fortunate to work over the past 8 months at MetroHealth of Cleveland, Ohio within a field of rehabilitation on which I intend to make a career-long impact, and have truly come to understand the meaning of interdisciplinary work. My weekly responsibilities consist of contributing to research efforts of the Cleveland Functional Electrical Stimulation (FES) Center, directing the MetroHealth outpatient wheelchair seating clinic, and serving in upper extremity rehabilitation of (predominantly) patients with tetraplegia. My office is within walking (rolling, if you'd like) distance to our physical medicine and rehabilitation physicians, our in-patient rehab hospital, outpatient and in-patient occupational, physical and speech and language therapists, and numerous PhDs in the fields of biomedical engineering, sociology, and physiatry. Interdisciplinary collaboration is the substrate of optimal spinal cord injury rehabilitation. As an employee of one of only 14 Spinal Cord Injury Model Systems in the United States, I am blessed to see what (quite literally) model spinal cord injury rehabilitation looks, feels, and sounds like on a daily basis. It is also humbling to know that I have an opportunity to improve this system by offering my contributions and perspectives to an already deeply talented and diverse group of thinkers and doers. I've long subscribed to the notion that the ideal room to sit in is the one where one is the least knowledgeable. I sit in those rooms daily. Intimidating, and intellectually-challenging as these rooms (and discussions therein) are, the personal and professional growth opportunity far outweighs any lack of

comfort. My introduction to ASCIP was by happenstance while sitting in a room surrounded by a biomedical engineer, one of our physiatrists, an occupational therapist and PhD, and two orthopedic surgeons specializing in reanimating upper extremities in patients with tetraplegia.

As a graduate student, my interests naturally gravitated toward spinal cord injury rehabilitation due to my belief in the value I could add. While in school I became a certified assistive technology professional and helped provide complex rehab technology to small-town Kentucky (my home) part-time, and worked as an ambassador for Backbones Online, a non-profit organization promoting self-advocacy, community, and resource guidance for those with spinal cord injury. I additionally co-founded a charitable organization with my physical therapy class that constructed ADA compliant ramps for newly injury wheelchair users returning home. My graduate research was concerning identifying delays in complex wheelchair procurement. Serving the spinal cord injury population from multiple domains was, and is, natural. Unfortunately, I was frequently steered away from this interest by professors due to my physical limitations caused by paraplegia—certainly a fair proposition for the patient-safety-concerned professor. Persistence, determination, and perhaps stubbornness helped retain hope, nonetheless. Now, two years post-physical therapy school, in a role I've frequently termed my "dream job," I've never felt more valued, blessed, or more heavily relied upon to progress spinal cord injury rehabilitation as a clinician and peer. I was the beneficiary of a massive team of interdisciplinary champions at the Shepherd Center 10 years ago on July 11th. I'm grateful to bear the burden of benefactor today, and embrace the opportunity to grow and develop as a young constituent of spinal cord injury rehabilitation and champion of interdisciplinary efforts therein.