INTRODUCTION
The heterogeneous pattern of motor and sensory impairment caused by spinal cord injury (SCI), the psychological impact, and the diverse population group of people who sustain injuries means that specialist rehabilitation requires a comprehensive consideration of needs. The Needs Assessment Checklist (NAC) (Kennedy & Hamilton, 1999) and Goal Planning Approach was developed at the National Spinal Injuries Centre (NSIC), UK, and addresses the rehabilitation needs of patients within a biopsychosocial framework. It takes into consideration all aspects of rehabilitation from physical healthcare and mobility to psychological issues and community reintegration. This person-centred interdisciplinary assessment ensures that rehabilitation is tailored to the patient’s individual needs through feeding this information into regular Goal Planning Meetings (GPM).

OBJECTIVE
To evaluate the Needs Assessment Checklist (NAC) as a clinically appropriate assessment tool for use when planning spinal cord injury rehabilitation.

METHOD
Data was obtained during routine clinical assessments from 193 patients admitted to the NSIC between September 2007 and November 2009.

RESULTS
- Reliability analyses yielded high internal consistency coefficients (mean α .889, SD=0.051) with all subscales scoring higher than the specified level of .7 (See Figure 1). Mean item internal validity correlation was .534 (SD=.136).
- Paired samples t-tests revealed that all subscales of the NAC were highly significant to change between administrations (mean p<.001).
- Independent samples t-tests and one-way ANOVAs revealed the following significant results: females were more satisfied than males with the information received on changes in sexual function post SCI; younger patients scored higher on ‘Wheelchair and Equipment’ and ‘Discharge Coordination’; patients with less physical mobility scored significantly lower on ‘Physical Health Care’, ‘Activities of Daily Living’ and ‘Bowel Management’ subscales.
- Pearson r correlation analyses revealed a significant relationship between pain severity and mood. Individuals whose pain interfered with rehabilitation at the first NAC had lower mobility scores on the second NAC. Scores on ‘Psychological Issues’ were significantly related to scores on ‘Activities of Daily Living’, ‘Skin Care’ and ‘Mobility’.

CONCLUSION
The NAC is demonstrated to be a clinically reliable assessment tool which can be used to structure rehabilitation progress by the generation of person-centred goals. The results highlight the importance of assessing psychological issues and pain as this may affect rehabilitation progress.

REFERENCES