Neurological Rehabilitation in Practice

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Outline

- Key concepts in rehabilitation
- Neurological rehabilitation in primary care
  - Focus on long-term and progressive conditions
- Local resources for neurological rehabilitation in primary care
- Regional and national resources to support service development
Key concepts in rehabilitation
Rehabilitation: a definition

- “The use of all possible means to minimise the impact of disabling conditions on autonomy and participation”
Autonomy

- The ability to choose, and the opportunity to live in accordance with one’s choices

- NB: Autonomy is possible with varying degrees of independence, and physical independence does not guarantee autonomy
Participation in context

Impairment
World Health Organisation
International Classification of Functioning and Health (ICF)
http://www3.who.int/icf/icftemplate.cfm

Participation

Activity

Personal factors

Environmental factors
The individual + the environment = Autonomy and participation
ICF-based rehabilitation assessment

- **R**eview pathology and impairment
- **E**nvironmental factors
- **P**articipation & personal factors
- **A**utonomy
- **I**ndependence
- **R**isk management & prevention
Rehabilitation principles in progressive conditions

- Patient- and family-centred
- Focus on the environment + individual
- Focus on participation
- Forward-looking: **anticipation** and **prevention** of physical + social problems
- Build rehab goals into care packages
Neurological rehabilitation in primary care
.. many of the solutions are easily within our grasp..
Mrs P. (74) – right hemiparesis following stroke 2 yrs ago - can stand but not walk
Enjoys reading, visiting grandchildren
Hasn’t been out since April.
Losing weight, dysphagia
Neck pain
Incontinent
One other major problem?

Refer to neurologist?

Review pathology
Environment?
Participation?
Autonomy
Independence
Risks/prevention?
'Heading for a crisis'

- Mrs J age 37 – MS 15 yrs
- Physio: “worse and worse” – resting splints to help her in standing - right arm tone increasing
- SSD OT: ‘she chooses to sit in low settee – ...house totally unsuitable…’
- Specialist nurse: Husband not engaged with rehabilitation goals –‘just wants to know about disease-modifying drugs’
- Care manager: Who can get young children to school? Application for direct payments ‘to enable parenting’ rejected
MS across 22 years

Mrs C.
- Employment
- Childcare
- Mobility
- Pain, spasticity
- Nutrition
- Carer support
- Respite care
- Dementia
- End-of-life decisions

Review pathology
Environment?
Participation?
Autonomy
Independence
Risks/prevention?
Local Resources for Neurological Rehabilitation in Primary Care
Key Community Personnel

The family +
- GP
- Care manager
- Community Matron
- Community therapists (NHS, SSD)
- Care workers (SSD, agencies)
- etc
Inter-agency and inter-disciplinary communication

- Explicit goals for all interventions (rehabilitation, not just care)
- Inter-professional joint working at all levels
- Confidentiality and trust
- Patient-held records
Rehabilitation medicine

Rehabilitation medicine is

- a registered specialty providing assessment and rehabilitation for adults with complex disabilities

Rehabilitation Medicine consultants

- are based in hospitals but with strong community links
- work with specialist teams
Rehabilitation medicine consultants are trained to

- assess complex situations
- recognize psychological and social factors
- recognize the potential use of assistive technologies
- provide specific medical interventions
British Society of Rehabilitation Medicine
http://www.bsrm.co.uk/

British Society of Rehabilitation Medicine
The Royal College of Physicians
11 St Andrews Place
London NW1 4LE
Tel/fax 01992 638865
When are specialist neurological rehabilitation services needed?

- Specialist input only where needed (cost, distance from home, complexity of care)

- Specialist help required for:
  - Complex impairments (spasticity)
  - Complex combinations of problems (e.g., cognitive + physical problems)
  - Technologies (e.g., seating, communication)
Neurological rehabilitation in primary care

Can you help?
The British Society of Rehabilitation Medicine seeks your help in developing simple desk-top tools, adaptable to local conditions, to support GPs as participants in neurological rehabilitation

contact c.d.ward@nottingham.ac.uk
Regional and National Resources to Support Service Development
NSF for Long-term Conditions

www.dh.gov.uk/longtermnsf
www.longtermconditions.csip.org.uk

1. A person centred service
2. Early recognition, prompt diagnosis and treatment
3. Emergency and acute care
4. Early and specialist rehabilitation
5. Community rehabilitation and support
6. Vocational rehabilitation
7. Providing equipment and accommodation
8. Providing personal care and support
9. Palliative care
10. Supporting family and carers
11. Caring for people with neurological conditions in hospitals and other health and social care settings

Participation, Environment
Risk management
Activity, Participation, Environment, Risk management
Environment
Activity, Participation, Environment, Risk management
Risk management
Aims of the
Trent Neurosciences Network
http://www.tin.nhs.uk/local-networks/neurosciences

- Develop service model
- Access
- Pathways
- NSF
- Integrate care between primary & secondary/tertiary care
- Agree standards
In conclusion: four suggestions
1. Build rehabilitation principles into all services at all levels
2. Value and build on existing services and connectivities
3. Use regional and national resources to facilitate service improvement
4. Make use of local resources, e.g., rehabilitation medicine team

Review pathology
Environment?
Participation?
Autonomy
Independence
Risks/prevention?