

# NEUROREHABILITATION

*at the Atkinson Morley's Hospital and Wolfson  
Medical Rehabilitation Centre*

In February - March 1996, I spent a 3 week placement at the Wolfson Medical Rehabilitation Centre and Atkinson Morley's Hospital, Neuroscience, St. George's Healthcare Trust in Wimbledon, London. My work at the Atkinson included treatment on the Acute Neurosurgical and Neurological wards whilst in the adjoining Neurorehabilitation Centre, I was involved on the general rehabilitation programme, chronic pain programme and the acute stroke programme.

During this time I joined in all OT departmental activities including in-service training and staff-meetings so the days were usually full and varied. Work started at 8:30 and finished at 5:00. However, many therapists came in much earlier between 1 hour - 1.5 hours and remained until 6:00. The lunch break was also taken up very often by talks, lectures, ongoing educational meetings, staff meetings and discussions with other disciplines, not to mention the famous audit meetings (which is where a representative of the NHS visits and requests the standardised assessments, treatment plans and sessions protocol for each patient, e.g. An assessment of a new referral has to take place within 2 days; each patient must receive a minimum of 1.5 hours OT, 1 hour PT daily and Speech Therapy a minimum of 2-3 times per week)

As part of a multidisciplinary team, OT at the Atkinson aims to provide a comprehensive assessment package, identifying plans of action and contributing to management and discharge planning of the patient.

Special attention is given to the following:

- Early assessment and advice on the management of cognitive and perceptual problems, with recommendations for further rehabilitation.
- Assessment and advice on the functional implications of the patient's level of disability and how it affects personal, domestic, work and leisure activities.
- Teaching compensatory strategies and training in the use of adaptive equipment to help improve independence in personal and domestic tasks, and where appropriate, the work environment.
- Offering wheelchair/seating assessments and providing advice and recommendations on the most appropriate chair to meet the needs of the patient.
- A package of therapy advice and instruction to patients who have undergone back surgery.

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The Wolfson consists of 38 beds and 12 out-patients. This allows a multidisciplinary team to work closely with the individual, their relatives and carers, and respond to their needs and at all stages of their rehabilitation. The Wolfson provides intensive rehabilitation for the extensive range of needs of people with a disability following brain or spinal insult, to a level where community resources are then able to step in. The aim is to maximise an individual's potential, utilising their capabilities and help to overcome barriers.

The professional services provided at the Wolfson include OT, PT, Clinical Psychology (Neuropsychology), Social Work, Speech and Language Therapy as well as visits from Dietetics, Chiropody and Neuropsychiatry. The medical input is usually kept to a minimum since clients are usually medically stable prior to admission to the Wolfson.

The Client group managed by the unit range from conditions such as stroke, head injury, multiple sclerosis to chronic back pain. The rehabilitation package is tailor-made to suit the individual's needs and depending on the problems related to the disability. The goals are set jointly with the patient and can be flexible. The aim is to enable individuals to live as independent a life as possible, empowering them with the ability to make choices in terms of their lifestyle and quality of life, access to service etc within their own home/social/work environment.

The major aims of the care packages are as follows:

- Moderate to severe acquired physical disability: To maximise functional independence and implement a clear management framework for the future.
- Chronic back pain: Providing a method to enable self-management of pain and increase chances of return to employment. The role of the O.T. with these clients is to assess, advise and treat people who are having difficulties with daily living activities at home, work, in leisure, due to their backpain. The sessions involved an interview, questionnaire to discover the specific area of difficulty ; talks, discussions, videos and active treatment sessions; stimulating activities to work on during

the sessions so as to increase tolerance and improve the methods; and finally active treatment to improve the flexibility of the spine and improve on the problem solving abilities in relation to adopting good back care.

- Cognition and communication: To enable self identification of limitations and develop strategies to cope in order to operate safely in society. The OT uses standardised assessments, specific activities and tests, computers as well as teaching ways to compensate for lost or impaired skills.

- Multiple Sclerosis: To offer intensive rehabilitation and comprehensive evaluation of problems that have resulted from a significant deterioration or breakdown of support for an individual, aiming to prevent admission to hospital.

- Early Stroke Unit: To facilitate early discharge home, offering a comprehensive early rehabilitation package, aiming to maximise independence and reduce stress on family/carers. The procedures used for stroke clients is slightly different at present with specific framework and guidelines for admitting clients. The multidisciplinary team from the Wolfson visits the stroke client who is referred from either the Atkinson, St. George's Hospital or Bolingbroke Hospital. The OT uses formal, informal as well as standardised assessments with these clients. Once these functional abilities and level of impairments are established, intervention is planned. Multidisciplinary Goal planning sessions are held to set Long Term Goals and more immediate Short-Term goals as well as joint sessions, social meetings, reviews and discharge planning.

OT at Wolfson is particularly concerned with addressing the impact of cognitive, perceptual and physical problems on everyday life. The

approach used follows the Sanderson and Reed Adaptation through Occupation model. This enables the OT to review the patient's performance in the areas of Motor, Sensory, Cognitive, Intrapersonal, Communication and Perception and what effects this has on their personal care, work and domestic tasks, leisure and relationship to and with the environment.

Special attention is given to the following:

- establishing a starting point based on the patients' previous and present capabilities.
- assessing the client's functional abilities (personal care, domestic, work and leisure skills).
- training in the use of adaptive equipment to help improve independence in personal and domestic tasks and, where appropriate, the work environment.
- identifying the most appropriate goals in vocational and leisure pursuits.
- offering advice on appropriate wheelchair and other seating needs which people require within their home or work environment.
- assessing level of cognitive impairments whether cognition, perception, motor function, psycho social skills.
- home and community visits and resettlement into the community.

In the short time that I visited the Wolfson and Atkinson I had the opportunity to use standardised and non-standardised assessments, assess patients' functional abilities and their level of disability as well as planning intervention and joining in goal planning sessions. This placement involved hands-on training in assessment, treatment and home and community work with patients suffering from neurological problems. During this time I learnt new skills whilst enhancing previous knowledge which I found extremely valuable in my work at St. Luke's Hospital.

**Adaptation Through Occupation Model (Sanderson & Reed)**

