WELCOME TO NEUROSCIENCES

AT

Newcastle General Hospital

OCCUPATIONAL THERAPY DEPARTMENT

Complied by Alison Jones SROT and Charlotte Lamden SROT
Reviewed Jan 2010
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Introduction to Students at Neurosciences Occupational Therapy Department

Welcome to the regional neurosciences Occupational Therapy department. This is intended as a guide to help orientation in the first few days and to guide your study.

Address: Occupational Therapy Neurosciences Occupational Therapy, Acute Services, Newcastle General Hospital, Westgate Road, Newcastle upon Tyne, NE4 6BE

Head OT: Odeth Richardson

Practice Placement Educator: Alison Jones
Sonia Porritt
Tracy Thomson

Phone: (0191) 233 6161 ext. 22864/22095

Bleep
Dect 'phone 21784

Description of Speciality: In Patient Acute neurosurgery/neurology - some outpatients, some rehabilitation of patients awaiting placement to specialist units elsewhere.

Ages Served: Adults
Purpose of the Service and Service Mission Statement

The Occupational Therapy department aims to provide a high quality service to the Regional Neurosciences centre. The Occupational Therapists provide assessment, some treatment (such as splinting) and discharge planning for appropriate patients. Approaches such as the neurodevelopment approach are used (see below) and all interventions are evidence based where possible. One of the most valued aspect of the Occupational Therapy service in the acute sector is the ability to facilitate safe discharges through timely intervention. The O.T.s prioritise their workload everyday concentrating on those patients who are being discharged home to ensure safety at home.

Neurological occupational therapy aims to:

- promote optimal level of independence in activities of daily living
- reduce the impact of deterioration in physical and/or cognitive function
- support families and carers
- support the transition from hospital into the community
- reduce deformity

Main conditions seen by Occupational Therapy:

- Traumatic Brain Injury
- Acquired Brain Injury i.e SAH, CVA, ICH, SDH
- Neuro-oncology, GBM (Tumour)
- Progressive neurological conditions e.g. multiple sclerosis Parkinson’s disease Motor Neurone Disease
- Peripheral Neuropathy e.g. Guillan Barre, CIDP
- Neuromuscular Disorders including genetic disorders such as spinal ataxia
- Neurosurgery - including spinal surgery /brain surgery - spinal surgery such as laminectomy ACDF microdiscectomy discectomy - due to prolapse or stenosis surgery of brain lesions including tumour/abscess/aneurysm/craniotomy shunt insertion for hydrocephalus cerebral aneuvrisms, Arnold Chiari malformation
- Epilepsy, as a primary condition and as an acquired condition.
- Immunology

Referrals

The Occupational Therapists have an open referral system to any members of the MDT. Criteria for referrals are provided on each ward (appendix 1). Occupational Therapy staff attend weekly MDT meetings on wards 30, 31 and 32. Telephone referrals are acceptable from wards, and we will also accept telephone referrals from ward 33. Referrals are usually picked up when any member of the M.D.T identifies functional difficulties.
Staffing

The team is based on the ground floor in the neurosciences block. Working hours are from 8.30 – 4.30 Monday to Friday. Alison finishes 4 on a Friday.

Access to administration staff via the RVI administration cover is available on both sites (Pat Jackson)

Band 7 Occupational Therapist covering Neurosurgery - Alison Jones

Band 7 Occupational Therapist neurology/IDU – Tracy Thomson

Band 6 Sonia Scandeng

1 rotational Band 5 OT neurosurgery and neurosciences on a 9 month rotation

1 technician – Karen Gemmell maternity leave

HELPFUL TELEPHONE EXTENSIONS AND NUMBERS/OT NEUROSCIENCES

Newcastle Hospitals 0191 2336161
Occupational Therapy Department 21086 / 22461
OT fax number 0191 256 3851 - will arrive at orthopaedics
All ward numbers are pre fixed with 235 Then add ward number e.g. ward 30 = 23530
Post room code C45970
Taxi X 24903
Red cross Newcastle 2737961
Appliances RVI 24010
Epilepsy Nurse – Penny Burt (based at RVI) X 22906
Head Injury Nurse – Helen Hastie X 22943
Brain Tumour Nurses – Lynn Park X 21060  dect 23739
MND specialist Nurse - Frances Kelly X 25467
MS nurses Carmel Higgins/ Jeanette Curless X 25403
Parkinson’s Disease Nurses – Trish McGee X 23331
Physio therapy team leader Julia Williamson X 22863
Start on 33 at the start of the day 8.00, and on 33 HDU after lunch Dect 21786/ 21841
Psychologist (based on 32) Dr. David Millar X 22262
SALT – Alison Davison & Holly Durham (NGH) X 21092 dect 21822
X 24323
Social Workers Karen Killey X 22520 23252
Newcastle Social Services 2788100 fax 2788188
Newcastle Loans 2194661 fax 2194665 (8785)
Newcastle Wheelchair Service X 31186 X 26904
### Occupational Therapy Staffing Newcastle General Hospital

#### Neurosciences

<table>
<thead>
<tr>
<th>Wards</th>
<th>Occupational Therapist</th>
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</thead>
<tbody>
<tr>
<td>33</td>
<td>Alison Jones/ shared with team</td>
</tr>
<tr>
<td>32</td>
<td>Kristi Allen (rotational post)</td>
</tr>
<tr>
<td>31</td>
<td>Alison Jones</td>
</tr>
<tr>
<td>30 / 19</td>
<td>Tracy Thomson (Ward 19 is Infectious diseases)</td>
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<td></td>
<td>Sonia Porritt</td>
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#### Orthopaedics

<table>
<thead>
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<th>Wards</th>
<th>Occupational Therapist</th>
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<tbody>
<tr>
<td>20, 21, 35</td>
<td>Marge Browne</td>
</tr>
<tr>
<td></td>
<td>Emma Birkinshaw (rotational post)</td>
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<td></td>
<td>OTA – Lorraine Guthrie</td>
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#### Paediatrics

<table>
<thead>
<tr>
<th>Ward</th>
<th>Occupational Therapist</th>
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<tbody>
<tr>
<td>24, 26</td>
<td>Liz Rowen Band 7 OT / Deb Gardiner Band 7 OT</td>
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<tr>
<td></td>
<td>Catherine Foster</td>
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<td>Rachel Kilburn OTA</td>
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WARD INFORMATION
NEUROSURGERY/NEUROLOGY CONSULTANT/INITIALS

<table>
<thead>
<tr>
<th>CONSULTANT</th>
<th>INITIALS</th>
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<tbody>
<tr>
<td>Bates</td>
<td>DB</td>
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<tr>
<td>Bhattachri</td>
<td>P</td>
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<tr>
<td>Burns</td>
<td>DJB</td>
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<td>Chinnery</td>
<td>PFC</td>
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<tr>
<td>Cleland</td>
<td>PGC</td>
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<tr>
<td>Crawford</td>
<td>PJC</td>
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<tr>
<td>Dorman</td>
<td>PJ</td>
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<tr>
<td>Duddy</td>
<td>ME</td>
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<tr>
<td>Gerber</td>
<td>CJG</td>
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<tr>
<td>Gholkar</td>
<td>AG</td>
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<tr>
<td>Goontillike</td>
<td>AG2</td>
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<tr>
<td>Griffiths</td>
<td>TG</td>
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<tr>
<td>Jackson</td>
<td>MJ</td>
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<tr>
<td>Jenkins</td>
<td>AJ</td>
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<tr>
<td>Jones</td>
<td>REG</td>
</tr>
<tr>
<td>Mendelow</td>
<td>ADM</td>
</tr>
<tr>
<td>Miller</td>
<td>JAM</td>
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<tr>
<td>Mitchell</td>
<td>PM</td>
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<tr>
<td>Nath</td>
<td>UN</td>
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<td>Nichols</td>
<td>P</td>
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<td>Nissen</td>
<td>JJN</td>
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<tr>
<td>Reading</td>
<td>PJR</td>
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<td>Ross</td>
<td>N</td>
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<td>Sengupta</td>
<td>RPS</td>
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<td>Tacconi</td>
<td>LT</td>
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<tr>
<td>Todd</td>
<td>NVT</td>
</tr>
<tr>
<td>Walls</td>
<td>TJW</td>
</tr>
<tr>
<td>Williams</td>
<td>TLW</td>
</tr>
<tr>
<td>Wynn Jones</td>
<td>G</td>
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WARD ROUNDS AND MDT MEETINGS

<table>
<thead>
<tr>
<th>Location</th>
<th>Lead</th>
<th>Time</th>
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<tbody>
<tr>
<td>Ward 32 Social round</td>
<td>Ward sister</td>
<td>14.15 Tuesdays (at present not running)</td>
</tr>
<tr>
<td>Ward 31 Social round</td>
<td>Ward sister</td>
<td>14.45 Tuesdays (at present not running)</td>
</tr>
<tr>
<td>Ward 30 Social round</td>
<td>Ward sister</td>
<td>11.45 Tuesdays</td>
</tr>
<tr>
<td>Rehabilitation Ward round held on Ward 31 but covers the rest of the unit</td>
<td>Professor Mendelow</td>
<td>Tuesday mornings 09.15 except for the first Tuesday of the month</td>
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<tr>
<td>Neurology Round</td>
<td>Neuro Consultants</td>
<td>09:00 Tuesdays</td>
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<tr>
<td><strong>Information for Ward 30 NGH</strong></td>
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<tr>
<td>Tel 23530  Ward Clerk  Anne</td>
<td></td>
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<tr>
<td><strong>Sisters</strong>Sr. Eva Garside / Sr. Sr. Hazel Bergstrand</td>
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<tr>
<td><strong>Social Worker</strong> Karen Killey</td>
<td></td>
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<tr>
<td><strong>Physiotherapist</strong> team lead Julia Williamson</td>
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<thead>
<tr>
<th><strong>Information for Ward 31</strong></th>
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<tbody>
<tr>
<td>Tel.23531  Ward Clerk Christine</td>
</tr>
<tr>
<td><strong>Sister in charge Lesley Crozier</strong></td>
</tr>
<tr>
<td>Louis Gourley / Neil Watson</td>
</tr>
<tr>
<td><strong>Nurse Practitioners</strong>- Alison Rafferty</td>
</tr>
<tr>
<td><strong>Social Worker</strong> - Karen Killey</td>
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<tr>
<td><strong>Physiotherapist</strong> - team lead Julia Williamson</td>
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<thead>
<tr>
<th><strong>Information for Ward 32</strong></th>
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<tbody>
<tr>
<td>Tel. 23532  ward clerk Brenda Graham</td>
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<tr>
<td><strong>Ward Sister</strong>- Jill Ducker Senior Sister</td>
</tr>
<tr>
<td>Sandra Scarff / Sharon Gibson</td>
</tr>
<tr>
<td><strong>Nurse Practitioners</strong>- Sharon Bradley</td>
</tr>
<tr>
<td><strong>Social Worker</strong> - Karen Killey</td>
</tr>
<tr>
<td><strong>Physiotherapist</strong> - team lead Julia Williamson</td>
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<tr>
<th><strong>Ward 33 (HDU)</strong></th>
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<tr>
<td><strong>Physiotherapy</strong> - team lead Julia Williamson covered by the whole team</td>
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Assessment and Interventions

1 Assessments:
- Activity Analysis
- Activities of Daily Living
- Cognitive Components
- Developmental
- Environmental - adaptive equipment
- Evaluation for Orthotics
- Motor skills
- Screening of Sensory Skill & Components
- Visual Screening
- Motor
- Neurological
- musculoskeletal
- Psycho-Social Skills/Components
- Work & Productivity Activities

2 Intervention:

Performance Areas Activities of Daily Living
- Dressing
- Feeding/Eating
- Functional Communication
- Functional Mobility
- Transfers
- Grooming and Hygiene
- Object Manipulation
- Socialisation

Work and Productive Activities
- Educational Activities
- Domestic ADL
- Safety Procedures
- Vocational Activities

Play or Leisure Activities
- Hobbies/Interests

Performance Components - Sensorimotor Components

A. Neuromusculoskeletal
   - Muscle tone
   - Range of Motion
   - Strength and Endurance
   - Postural Control/Alignment
   - Reflex

B. Motor
   - Bilateral Integration
   - Fine
   - Co-ordination/Dexterity
   - Gross Co-ordination
   - Praxis
   - Visual Motor Control

C. Sensory
   - Perceptual Processing
   - Sensory/Processing
   - Sensory Awareness

D. Cognitive Integration and Components
- Functional cognitive and perceptual testing
- CAM, LOTCA, ACE-R, WHIM may be used as a tool for documentation
E. Psychosocial Skill and Components
   - Coping Skills
   - Pain Management - carried out by the pain team
   - Role Performance

F. Therapeutic Adaptations
   - Orthotic Design
   - Orthotic Fabrication
   - Orthotic Training
   - Adaptive Equipment Training
   - Assistive Technology

G. Prevention
   - Co-ordination of Daily Activities
   - Energy Conservation
   - Joint Protection
   - Safety Awareness and Problem Solving

Theory Guiding Practice

- **Model**: Canadian Model of Occupational Performance (CMOP)

- **Frame of reference**: Frame of reference that is primarily used is the Physiological frame of reference: depending on the condition the applied frame of reference will vary between; Biomechanical for some degenerative / peripheral neurological conditions or neurodevelopment for the trauma and some degenerative conditions.

- **Approaches used**
  
  **Rehabilitative**
  - Neuro-developmental – Normal movement – Bobath - Sensory stimulation - motor
  - Biomechanical – compensatory, Adaptive, Remedial, Cognitive

LIST OF ASSESSMENTS AVAILABLE

Addenbrookes Cognitive Examination – (ACE)

Cognitive Assessment Minnesota – (CAM)

Loewenstein Occupational Therapy Cognitive Assessment - (LOTCA)

Galverston Orientation and Amnesia Test – (GOAT)

Access to other assessments via neuropsychology e.g. TVTC tests - behavioural inattention test (BIT) etc.

**OTHERS**

Wessex Head Injury Matrix (WHIM) - this is not an assessment but can
be used as a tool for TBI.

**Prerequisites for placement:**
- CPR
- Manual Handling
- MRSA check
Recommended reading: Neurology

Essential

Turner, Foster and Johnson (2002) - Occupational Therapy and Physical Dysfunction Churchill Livingstone. Chapter 3 for level 4 placements and a refresher for other levels. Chapters 15, 16, 18, 20, 21, 26 – for Neurology / IDU


or


Additional


Recommended reading: Neurosurgery

Essential


Additional


NANOT website - COT website includes forum for discussion on neurological topics. [www.cot.org.uk](http://www.cot.org.uk)

American Brain Tumour Association website (ABTA) [www.abta.org](http://www.abta.org/)

**Supportive information**

**Neurosurgery**


Bobath, B (1990) Adult Hemiplegia: evaluation and treatment Heinemann, London (This is a very old book but the sections on normal movement and assessment are still relevant.)


**TBI**


**Neurology - Additional Supportive information**


### High Risk Referrals – Urgent < One Day Response

Referrals must include a deficit within a functional area shaded below and one or more of the categories to be included within that criteria.

**Level of Function – Recent Deterioration**
- *Mobility* – Major difficulties, supervision required to mobilise safely, at risk of falls
- *Cognitive Function* – Prompts / supervision constantly required to maintain safety
- *Transfer* – Unable to transfer safely without assistance or equipment
- *Self Care* – Assistance needed with all aspects of personal self care
- *Transfer* – Mobility difficulties – struggling to complete
- *Self Care* – Partial assistance with
- *Domestic Tasks* – Previously completing main meal increased difficulty reported
- *Grip* – Specific problems reducing performance in ADL
- *Fatigue and Stamina Problems* – Reduced activity tolerance

**Social Circumstances**
- Lives in house with stairs
- Lives alone/carer working full time
- Inadequate services in situ

**Discharge Plans**
- Patient condition palliative and no support services to follow
- Limited life expectancy with discharge imminent
- Medically stable for intervention

**Service is from Monday to Friday 8:30 – 16:15. Occupational Therapist can be contacted on Extension 22864**

### Medium Risk – Two Day Response

**Level of Function – Gradual Deterioration**
- *Mobility* – Recent provision of frame
- *Transfer* – Difficulties – struggling to complete
- *Self Care* – Partial assistance with
- *Domestic Tasks* – Previously completing main meal increased difficulty reported
- *Grip* – Specific problems reducing performance in ADL
- *Fatigue and Stamina Problems* – Reduced activity tolerance

**Social Circumstances**
- Supported at home by home care or family, carer concerns
- Known to services previously
- Lives in supported accommodation

**Discharge Plans**
- Weekend discharge or leave planned
- Palliative condition
- Will remain on ward for at least 7 days

**Service is from Monday to Friday 8:30 – 16:15. Occupational Therapist can be contacted on Extension 22864**

### Low Risk Referral – Dependent upon capacity after high-medium risk. Can these needs be met in the community?

**Level of Function – Minor Deterioration**
- Independent mobilising, problems identified with long distance mobility – requiring potential wheelchair assessment
- Residual problem that is being addressed by local services
- *Self Caring* on ward but identifies difficulties with bath or car transfer issues

**Social Circumstances**
- Housing inappropriate for long term need, but few issues at present
- Supported at home by home care / family
- Patient is known to local services in place of residence with regular therapy input

**Discharge Plans**
- Awaiting transfer to tertiary service
- Not medically stable for intervention

Referral made < 1 day before discharge.

*This is an example of the framework used for prioritising referrals. It is aimed to identify those at high risk who require our most urgent attention, not necessarily those who would benefit most from Occupational Therapy. It is designed for use at point of referral based on information provided by the referrer at the time. Response times may be subject to variation depending on caseload and staffing levels. These response times do not relate to timescales for discharge; this will be dependent on needs and resources available to access. CFL/AJ JULY 2005*