Outpatient Neurological Rehabilitation
Victoria General Hospital

Pam Loadman BSC.P.T., MSc.
Physiotherapist
OPN - overview

- **Who we see:**
  - Inclusion criteria
  - Diagnoses

- **Who we are:**
  - Clinicians involved

- **What we do:**
  - Type of Assessment / Treatments

- **How its done:**
  - Referral process
  - Waitlists
OPN - overview

- Interdisciplinary outpatient neurological rehabilitation team
- Main floor VGH, behind emergency department
- 8 – 4 pm
- Assessment and treatment or consult only
- Dr. (or nurse practitioner) referrals for patients residing on Vancouver Island
Inclusion Criteria

• Adults (or teen out of high school)
• Acquired *central nervous system* impairment
  – i.e. no peripheral nerve impairments or neuropathies
• Significant change in physical and/or functional status
  – new injury/condition OR
  – chronic condition with new problems (old stroke, new change in function)
• Tolerates 30-60 minutes of activity/therapy **plus** trip to and from VGH
• Transportation
Fast track stroke criteria

Early high intensity intervention results in improved outcomes

- Stroke within 3 months of referral
- Mainly motor impairment
- Referrals from
  - Rapid Stroke Assessment Unit (VGH)
  - Acute Care
  - Inpatient Rehabilitation Unit
  - Dr office
OPN – who we see

Referrals Submitted to VOPN By Diagnostic Group (%): 2013/14

- ABI (42%):
  - Traumatic injury
  - Subdural bleeds
  - Tumors
e.g. Parkinson's cerebellar ataxia

- Stroke (27%)
- SCI (3%)
- MS (5%)
- FTS (10%)
- Other (5%)
- Complex Neuromuscular
- Multiple Sclerosis
- Spinal Cord Injury
- Stroke
OPN Interdisciplinary Team

- Occupational therapy
- Neuropsychology
- Speech Language Pathology
- Physiotherapy
- Recreation Therapy
- Social Work
- Neuro-Psychiatry
- Psychiatry
- Patient
OPN – Assessments and Treatment

Referral

Simple
Single discipline

Coordinated
Requires ID team approach
OPN - Treatment

- Goal oriented
- Time limited
  - Maximum 10 weeks (with some flexibility)
  - Goals reviewed at 5 weeks
## OPN - Treatment

<table>
<thead>
<tr>
<th>Individual therapy</th>
<th>Group therapy</th>
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<tbody>
<tr>
<td>PT</td>
<td>Attention training</td>
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<tr>
<td>OT</td>
<td>Listening</td>
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<tr>
<td>SLP</td>
<td>Education</td>
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<td>RT</td>
<td>Wellness</td>
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<tr>
<td>SW</td>
<td>Moving On</td>
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<td>Psych</td>
<td>Hand Class</td>
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OPN – when to refer

- **cognitive deficit** – attention, organization, memory, problem solving, planning, language and writing (receptive and expressive) OT, SLP, Neuropsychology
- **vision, visual perception and vestibular deficits** OT, PT
- **physical deficit** – spasticity, balance, coordination, gait impairment, falling PT, OT
- **return to work** OT, PT, SLP, neuropsychology (testing), SW
- **community integration** OT, PT, SLP, RT, SW
- **Speech and swallowing deficit** SLP
Referral Process

Dr. referral

Weekly Intake (team)

Fast track stroke

Assessment (within 2 weeks)

HCC
Rehab Med
Psych

Do not need to go through Rehab Medicine

Other

Functional Interview (Within 2 weeks)

Simple or Team Assessment(s)
Waitlist 1-3 months

**Simple physio often less**
Referral Sources

VOPN Referral Sources: 2013-2014

- VGH Rehab: 40%
- VGH acute: 17%
- Dr. office: 24%
- SRAU, MS clinic: 12%
- RJH: 2%
- Other: 3%

Legend:
- Comm
- Dr
- RJH-A
- RJH-R
- VGH-A
- VGH-R
- Z-Oth
<table>
<thead>
<tr>
<th>SERVICE (CHECK ONE ONLY):</th>
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<tr>
<td>Physical Therapy</td>
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<tr>
<td>Respiratory</td>
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<tr>
<td>Speech Therapy</td>
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<td>Therapy for the Elderly</td>
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<tr>
<td>Work Readjustment Program</td>
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<tr>
<td>Work Readjustment</td>
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<td>Work Hardening</td>
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<tr>
<td>Referral from Health Care Professional, Family</td>
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<tr>
<td>Respiratory Medicine</td>
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<tr>
<td>Renal Therapy</td>
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<td>Renal Dialysis</td>
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<td>Rehabilitation</td>
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<td>Social Work</td>
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<tr>
<td>Recreation Therapy</td>
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<td>Other (Specify)</td>
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<th>REASON FOR REFERRAL:</th>
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**OUTPATIENT REFERRALS MUST HAVE ATTACHED RELEVANT REPORTS INCLUDING MEDICATION, TEST RESULTS AND A BRIEF HISTORY**

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<tr>
<th>DATE OF INJURY/SURGERY:</th>
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**RELEVANT HISTORY/TEST RESULTS / MEDICATIONS**

**WORK RELATED INJURY**:  
**YES**  
**NO**

**SECONDARY DIAGNOSIS/PRECAUTIONS**:  

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<thead>
<tr>
<th>REFERRAL SOURCE/AUTHORIZED SIGNATURE</th>
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<tr>
<td><strong>PHONE</strong>: GINA</td>
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<tr>
<td><strong>250.727.4098</strong></td>
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<tr>
<td><strong>FAX</strong>: 250.727.4075</td>
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Dear Dr.

The above patient was assessed by the following disciplines on dates indicated. Based on assessment findings, intervention will be offered in the following areas:

**Occupational Therapy**

- visual perceptual function
- cognitive skills
- fine motor function
- management of ADLs or instrumental ADLs

**Physiotherapy**

- vestibular function
- fine motor coordination
- balance
- fall prevention
- pain

**Speech Therapy**

- expressive language skills
- receptive language skills
- swallowing
- voice
- motor speech/dysarthria

Outcome:

______________________________________________________________________________

Occupational Therapist: ____________________________

Date: ____________

______________________________________________________________________________

Physiotherapist: ____________________________

Date: ____________

______________________________________________________________________________

Speech Therapist: ____________________________

Date: ____________
Acute Concussion follow-up

Early intervention (education and reassurance) helps prevent the development of post-concussive syndrome

- Referrals from **Emergency department** only
- Phone interview and screening questionnaire within a week of presentation to Emergency by psychology assistant
- Phone follow up by neuropsychologist for education, reassurance and any recommendations or referrals to
  - Physiatrist
  - OPN
  - Counselling
Other IH Options: Home and Community Care

• **OT/PT/SW/Nursing**
  - In-home assessments for safety and acute problems
  - Short-term treatment for those unable to access OP services

• **RRAD** – Regional Resources for Adults with Disability
  - For those pts for whom **in home rehab is most appropriate** (OT/PT/RT)
    - Energy deficits
    - Cognitive impairment - inability to integrate information from clinic to home
  - Treatment requires use of home or community environment (specific equipment use, stairs, community access)

**Phone HCC Central Intake: 250-388-2210**

HCC Brain Injury Program (BIP)

- **funding and support services NOT rehabilitation**
- Assist in obtaining transitional or permanent housing
  - Supported apartments, group homes, family care homes
- Provide and subsidize support workers to support community access and assist with instrumental activities of daily living (shopping, leisure and recreation)

BIP: 250.370.8455
QUESTIONS?