



# Pushing the Boundaries: Rehabilitation for people with complex needs

# **Mater Private Rehabilitation Unit**



# Learning outcomes Session1:

Medical and therapeutic management of a complex clinical presentation: Quadruple amputation

**Dr Saul Geffen and Matthew Ames** 

- Knowledge of the medical approach to management of a complex patient in the rehabilitation setting
- Knowledge of the multidisciplinary approach and rehabilitation process for management of amputees in the rehabilitation setting
- Understanding the lived experience of multidisciplinary rehabilitation from a patient's perspective



# Learning outcomes Session2:

Supporting the needs of rehabilitation patients and families in the ward environment and return home

Judy Moretti (CN), Nick Flynn (OT) and Deirdre Cooke (Rehabilitation Coordinator)

- Understanding customised strategies to support the individual needs of patients and families in the rehabilitation setting
- Knowledge of the Occupational Therapy home assessment and home modification possibilities for simple and complex cases
- Understanding of rehabilitation discharge planning and community service linkages between hospital and home





### Supporting the needs of rehabilitation patients and families in the ward environment and return home

- Preparing for admission
- Working together
- Location location location
- Family time and support
- Positivity
- Wound care





# Social Work and Psychology

- Assessment of family and support systems
- Addressing the grief and loss issues
- Advocating for the patient and family
- Assisting family with future planning such as Transitional Care Packages, in home supports, alternate accommodation options, ACAT and aged care services



#### **Occupational Therapy Services in the Rehab Setting**

The MPH Occupational Therapy (OT) Team provide a wide range of services through both the inpatient and day therapy services:

- Cognitive and perceptual assessment and retraining
- Assessment and modification for the home environment
- Upper limb retraining and reconditioning programs
- Equipment prescription (e.g. wheelchairs, bathroom aids)
- Personal care retraining
- Oedema management
- Chronic pain education and management

The OT Team provide services to assist patients to achieve specific practical goals and facilitate independence.



#### **Occupational Therapy – Home Environment**

In Matt's particular circumstance there were a number of key modifications required in the home environment to facilitate his access and independence:

- Installation of internal lift
- Series of internal ramps and rubber wedges allowing smooth transitions for the electric wheelchair
- Environmental control system (C-Bus) enabling Matt to independently control the lights, automatic doors, air conditioners and electric louvers.
- Electronic swipe system and electric doors to allow Matt to independently access his home



#### **Occupational Therapy – Adapted Equipment**

Matt utilises a wide range of equipment to facilitate his independence and assist with his care needs:

- Power Drive Wheelchair with seat height adjustability and adapted joy stick
- Mounted infrared and blue tooth technology on the wheelchair to enable independent operation of the computer mouse, TV, DVD player and radio
- Hands free technology (i.e. Blueant) to access his smart phone and voice recognition software on the computer.
- Custom made collapsible wheeled commode
- Electric queen size bed
- 'Neater eater' a hydraulic arm enables Matt to feed himself
- Small electric lift platform

An Occupational Therapy driving assessor facilitated and guided the funding (i.e. VOSS) and modification of Matt's vehicle to enable wheelchair access.



#### **Upper Limb and Prosthetic Rehabilitation**

The focus of Matt's UL rehabilitation involved :

- Problem solving towards independence in activities of daily living
- Full range of motion and strengthening exercises
- Body powered upper limb prosthetic training
- Electrical stimulation to strengthen and improve control of triggers
- Myoelectric training



# Learning outcomes Session3:

Therapeutic exercise: What does it look like in the Rehabilitation setting, and who will benefit?

Amanda Bromley (Physiotherapist) and Deirdre Cooke (Rehabilitation Coordinator)

- Develop knowledge of standard exercises following common orthopaedic procedures
- Insight into the rehabilitation exercise program for a complex four limb amputee
- Insight into completion of daily tasks with a physical limitation
- Develop knowledge of patients suitable for multidisciplinary rehabilitation, referral processes and outcomes



#### **Physiotherapy with Matthew**

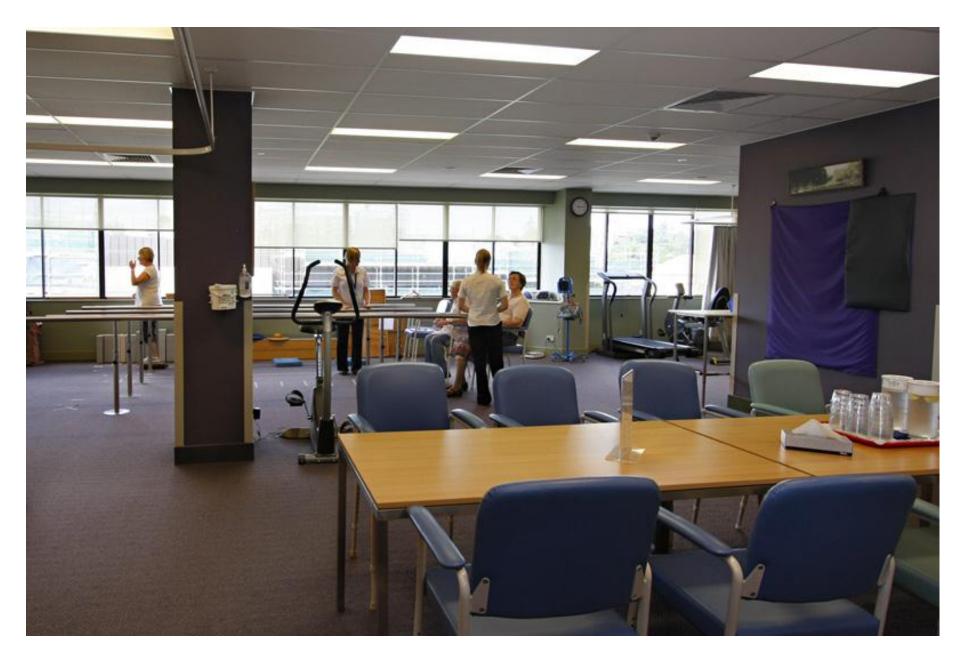
- Early focus was to strengthen remaining muscle groups (his abdominal, paraspinal, head and neck musculature) and maintain joint range of motion
- Sitting balance work for his altered centre of gravity and general deconditioning
- Then progressed to high level balance exercises in a sitting position utilising different surfaces and external perturbations.
- Rolling from supine to prone and other bed mobility work for pressure area relief and prevention of joint contractures



#### **Physiotherapy with Matthew**

- Rolling from supine to prone and other bed mobility work for pressure area relief and prevention of joint contractures
- Lower limb strengthening was performed in a prone position.
- Hydrotherapy, requiring a pool chair, life-jacket, walk belt and two assistants, proved beneficial for pain management, weight management and cardiovascular fitness.
- As strength, balance and endurance improved, independent transfers were achieved, initially with a foam-covered slide board. Subsequently, when transferring to or from his height-adjustable power wheelchair, the slide board became unnecessary.







#### Mater Private Rehabilitation Service Overview

48 Inpatient Rehabilitation beds and 7 Day Rehabilitation Program

Rehab Day Therapy – 4 mornings per week, 4 hour sessions for multidisciplinary input

#### **Goal-focussed Rehabilitation Programs**:

- Neurological Rehabilitation
- Lower Limb Orthopaedics
- Upper Limb Orthopaedics
- Reconditioning
- Pain Management



Leading the way in GP education

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# **The Mater Rehabilitation Team**

- Medical Specialists and registrars in Rehabilitation and Geriatric Care
- Physiotherapists, Occupational Therapists, Speech Pathologists & Rehab Coordinator
- Rehabilitation Nurses
- Social Work, Dietetic, Psychology, Neuropsychology, and Prosthetic/Orthotic input as required
- Pastoral Care support
- Volunteers





# Multidisciplinary Discharge Planning

- Length of stay based on progress towards functional goals
- Weekly multidisciplinary case conferencing
- Family meeting
- Day leave and then overnight leave at weekends prior to discharge
- OT home assessment modifications & equipment
- Services for home such as community nursing, domestic support and respite
- Home exercise program & follow-up therapy services
- Discharge summary



# Candidates for a Rehab Referral – Inpatient Rehab or Day Therapy

- Concerns about managing at home problems with personal cares, domestic tasks or return to work/driving
- Upper or lower limb weakness
- Mobility or balance / vestibular problems
- Cognitive, visual or perceptual changes
- 'bit of a tune-up', review or 'pre-hab'



#### Learning Outcomes in Review

# Pushing the Boundaries: Rehabilitation for people with complex needs

- Medical and therapeutic management of a complex clinical presentation: Quadruple amputation
- Supporting the needs of rehabilitation patients and families in the ward environment and for return home
- ✓ Therapeutic exercise: What does it look like in the Rehabilitation setting, and who will benefit?



#### Mater Private Rehabilitation Unit Medical Specialists



#### **Dr Lisa Gemmell**



**Dr Phong Nguyen** 



#### **Dr Saul Geffen**



## **Referrals to Mater Private Rehab**

Direct to one of the Medical Specialists, or to the unit.

Mater Private Bookings Office Fax: 3163 1193. Phone enquiries: 3163 1600

www.mater.org.au

Do come and pay us a visit: 41 Annerley Road South Brisbane Ph 3163 1946 to arrange a time with the Rehabilitation Coordinator



