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Aim

To demonstrate the effectiveness of a locally led service in managing a complex case that required MDT approach.

A case study of a client with a rapidly deteriorating condition.

The Team

- Dedicated Senior Physiotherapist
- Dedicated Head OT
- Dedicated Administrator
- Rehabilitation Engineer
- Approved Repairer

Primary issues

- Spasticity
- Contractures
- Previous reluctance of client to accept more aggressive medical intervention
- Effect on function
- Pain

Secondary Issues



- Carers needs
- Hoisting

Environmental factors



To get in....



Then
indoors..

Result

- Neither modular nor customised seating products could address the difficulties
- Unseatable

Immediate Action

- Client centred approach
- Discussed issues fully & honestly
- Provide interim measures to enable client to have safe mobility option (compromise)



- Standard folding lightweight chair
- Modular off the shelf segmented back system (robust)
- 4-Point BRS
- VE Foam cushion with postural control
- Calf-pad, heel loops removed

Co-ordinated & expedited communication with

- Consultant at specialist centre
- CNS, Spasticity management
- Community Physiotherapist
- Clinical Specialist Physiotherapist (MS & Spasticity)

Outcome

- Trial of Intrathecal baclofen pump successful
- Resulting in
 - ➔ increased hip flexion and knee extension
 - ➔ decrease in spasticity
 - ➔ Able to sit

The
return of
the old
favourite
.....➔



Standard equipment that meets primary clinical
and secondary needs.

Conclusion

- On site expertise in posture management
- RE input immediately as required
- Thorough assessment of home environment and home situation
- Confident and assertive local initiation of communication with specialist services
- Direct clarification of primary and secondary issues and resulting disability with discussion of possible intervention

Local Services

- Direct confident approach
- Involve all MDT members
- Utilise expertise offered by specialist services
- Regular review in clinic
- Develop and have confidence in your skills