I have worked as a Learning Disabilities occupational therapist in a community multidisciplinary team for the past 11 years. Taking the lead role in assessments for specialist seating and contributing to assessments for wheelchairs has always been part of this OT role. In the last 3 years I have had the opportunity to work on providing a specialist assessment and treatment process for service users who have complex postural needs.

In 2013, the LD lead physiotherapist and I were given funding to attend the Oxford Enablement 4 day course on using the assessment Management of Physical Disability 24-7 (MPD 24-7). The justification for securing the funding was to equip members of the occupational therapy and physiotherapy teams to collaborate in the development of a clinic for individuals with complex postural needs. The overall vision was for Rotherham to eventually have its own clinical pathway specifically for adults with body asymmetry and postural management problems. It was a very exciting time and I had returned from the training with a renewed sense of optimism for clients living with extremely difficult physical and psychological problems relating to ill-fitting seating and not having adequate support in lying. This approach to posture management and its potential to change lives through stabilising the body in relation to its supporting surfaces throughout a 24 hour cycle was something of a revelation to me (Hanson E 2010).

Work on this vision stalled in 2014 due to pressures on the service. The performance of the physiotherapy and occupational therapy teams were under scrutiny. At that time the value of using the MDT 24-7 assessment was questioned and became a contentious issue within the health trust. I partnered up with a fellow OT and together we presented a strong case to the clinical director of our Trust in 2015. We used a case study to illustrate the strength of the 24 hour approach and a cost benefit analysis. References were made throughout to the work of; Sir Jonathan Michael’s (2008) Inquiry report Healthcare for All; Confidential Inquiry into premature deaths of people with learning disabilities: CIPOLD (2013); Raising our sights: services for adults with profound intellectual and multiple disabilities: Mansell (2010). We used this as a platform to highlight gaps in our Trusts current service provision.

I am delighted to report, 2 years down the line, the vision of having a clinical pathway for the management of complex postural problems in the Rotherham learning disability service is finally becoming a reality. I believe one of the strong arguments that turned heads was the potential using this approach has to reduce the number of re-referrals long term, by getting it right from the first assessment. My colleagues and I have been able to prove that our work is achieving positive changes to the lives of the people we work with. As our confidence and skills have grown, we have adapted the MDT 24/7 to make it work better for us in our own community setting, and designed our own risk assessment screening tool for using sleep systems.

Attending the PMG conference has provided me the opportunity to meet and listen to some truly inspirational people. Having the opportunity to talk to some of the original members of PMG about their experiences, and other OT delegates, has given me a renewed sense of optimism that there is a huge amount of respect for occupational therapists in this area of practice.

I found the work of Caroline Desjardins and Susanne Ziegler in their presentation ‘Exploring seating solutions for children with complex physical disabilities- less is more’ very relevant to my own area of practice. Their discussion of how they are using the MDT 24/7 and developing their own programme raised some questions for me in thinking about outcome measures. We have our own quantitative outcome measures in the recording of ROM data taken during the assessment process. This presentation has led me to consider how we record qualitative data about the user (client and carer) experience. We currently collect this has a narrative in our clinical records, but on reflection I can see the benefit of using a questionnaire to evaluate posture comfort, activities of daily living, lifestyle, environment and manual handling.

I have taken the lead in setting up our own special interest group in postural management. Professionals, who have an interest in this field from within and outside the Trust, are invited to meet and share our learning, barriers to practice, and offer support. One of the drivers for that was a recognition that we felt relatively isolated as therapists using the MDT 24/7 assessment and felt we could really benefit from peer supervision from other experienced professionals using this approach and developing a network where experience and knowledge can be shared. Prior to the PMG conference I was looking forward to the idea of being able expand my awareness of a network of clinical expertise, although the thought of being surrounded by people at the top of their game, the innovators, the researchers and the hugely experienced, was in itself slightly disconcerting. In reality, all of the above was true, but so too was learning about a huge variety of innovative practice originating both in the UK and beyond from speakers from the fields of clinical science, neurosurgery, orthopaedic engineering, rehabilitation and wheelchair engineering as well healthcare practitioners. The experience of discussing our work in Rotherham with delegate from all over the country has provided me with a new perspective that we are offering something very specialist and have come a long way in developing our own expertise.

The equipment exhibition was particularly valuable for me as it opened my eyes to a vast array of seating solutions and postural positioning equipment that I didn’t know existed. I have tended to stick to the same manufacturers because I feel confident and familiar with their products. I now have a new bank of knowledge about products that I can use to make sure I get the very best solution for my service users (within budget of course). Trying out the equipment and discussing some of my current challenges, relative to what the equipment could or couldn’t offer was really useful. I think it’s possible to overlook a piece of equipment you come across online and significant design features can be overlooked due to time constraints.

I left the conference with a renewed sense of excitement about the possibilities for my own service and my own professional development. What is hugely significant for me is that I now feel that I am part of something much bigger. I have recently attended Posture Care Train the Trainer which is an independently accredited course run by Simple Stuff Works. The next step for us is to start training managers of residential homes and their care staff. We have learnt that without continued training on why, not just how we use postural care equipment, management programmes that are set up will not be sustainable. The overall aim is for our service to move to being more proactive in identifying needs, and sustainable solutions for all adults who live with challenges relating to postural care.

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