BEST PRACTICE MODEL OF CARE - Occupational Therapy

The following article by Sarah Solomon, with additional contributors - Rachael Russell and Stephanie Williams Outlines the Best Practice Model of Care of people with MND for Occupational Therapists

Adjusting and adapting to an ever moving target.
Motor Neurone Disease (MND) is an incurable but not untreatable rapidly progressive neurological condition. It can be a challenging, demanding and confronting area of practice for occupational therapists.

MND is an umbrella term for different disease phenotypes. These phenotypes are characterised by rapid and varying physical presentation and subsequent functional difficulties which may in turn impact on the selection and timing of interventions. Understanding the phenotypes assists in making informed decisions regarding choice and timing of interventions.

1 Base clinical reasoning on knowledge of phenotype
It is important to understand phenotype characteristics, prognosis, physical and cognitive presentation, as well as subsequent functional difficulties.

2 Use knowledge of phenotype pattern and presentation to predict an individual’s likely short and long term requirements.

3 Client centred proactive care
- Introduce equipment early to allow time for adjustment and for the client to decide what is important.
- Make clients aware of options to assist with informed decision making.

4 Home modifications
Base decisions on each individual situation. However, it is important to consider the following:
- Prognosis and length of life and psychological impact of permanent home modifications to family and friends after end of life.
- Consider non-permanent, cheaper and flexible solutions such as rubber shower inserts, wedge ramps and portable ramps.
- Sensible negotiation, flexibility and willingness to compromise and experiment with practical alternatives is essential.

5 Understanding impact of respiratory involvement
On function and role participation.

6 Embrace technology
There are many mainstream and specialist systems available to ensure the ability to communicate, to control the environment, to use a computer and control a wheelchair is maintained.
7 Pressure care and pain management
Passive stretches, positioning cushions, neck supports, pressure cushions and mattresses. Understand the role of medications and discuss these with medical staff.

Challenges for occupational therapists
- People with MND require flexible, responsive and ongoing input.
- MND can progress so rapidly that functional capacity may deteriorate from week to week.
- The rapid progression of this disease results in significant functional decline.
- There is often limited time to adjust to a loss in function before next loss occurs.
- Vast array of presenting functional deficits depending on phenotype and onset location.
- Individual reaction to diagnosis may differ greatly - introduction of changes and options need gentle and often repetitive discussion.
- Large challenges for funding equipment and supports in a timely manner.
- Huge psychological adjustment to neurological - palliative diagnosis

Author: Sarah Solomon, Senior Clinician Occupational Therapist. State-wide Progressive Neurology Disorders Service – Bethlehem Hospital, Caulfield, Victoria.

Additional Contributors – Rachael Russell and Stephanie Williams (Occupational Therapists Bethlehem Hospital).

References