



GB My Recent Journey During Covid-19

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My Story

- ❖ I am a 31 year old lady. (I love shopping, music and socialising)
- ❖ I have a diagnosis of spastic quadriplegia cerebral palsy
- ❖ I am wheelchair dependent and I am hoist transferred.
- ❖ I am dependent on my carers for all activities of daily living.
- ❖ I am able to communicate in very simple terms ie I nod/shake my head/ use my eyes.
- ❖ I lived at home until I attended college, I moved back home, I moved to a supported living placement, moved to Tir Einon and recently I have moved to another supported living placement where I am very happy.
- ❖ My mother lives near by and is still actively involved in helping me make decisions that have to be made.



Spastic Cerebral Palsy

My clinical features are;

- ❖ Stiff and jerky movements
- ❖ Difficulty in performing movements
- ❖ Difficulty in swallowing
- ❖ Weakness
- ❖ Tremors
- ❖ Muscular hypertonicity



GB

- ◇ I have been diagnosed with having dysphagia.
- ◇ I am under the care of the SALT team.
- ◇ I am under the care of the Physiotherapy team
- ◇ I am under the care of the Consultant in Rehabilitation Medicine for Spasticity Management



My Treatment of Dysphagia

- ❖ I am under the care of the Regional Consultant in Rehabilitation Medicine for Spasticity Management.
- ❖ My Dysphagia is aggravated by the fact that I cannot move my head sufficiently to promote a safe swallow.
- ❖ My head is held in left rotation with extension at my cervical spine and it is difficult to move from this position as my spasticity is so high
- ❖ I receive Botulinum Toxin injections to relax my muscles which allows me to move my head to promote an effective and safe swallow.
- ❖ Recently my swallowing has deteriorated so much that I have had to have a PEG fitted as the complications of dysphagia were so great for me.



Complications of Dysphagia

- ❖ Malnutrition
- ❖ Weight loss
- ❖ Dehydration
- ❖ Pneumonia
- ❖ Upper respiratory tract infections.



My recent need for intervention

- ❖ I have been unable to access my spasticity management clinic to receive my botulinum toxin injections which relax my neck muscles to improve my head posture.
- ❖ My head posture has deteriorated and is held in left rotation with extension at my cervical spine.
- ❖ I have found it much more difficult to move my head.
- ❖ My breathing has been more effortful.
- ❖ I fatigue easily
- ❖ My vocalisations have been minimum but I am making more guttural sounds.
- ❖ I am finding it more difficult to communicate non verbally with people.
- ❖ I am at risk of aspirating on my saliva.
- ❖ I would like some help with my head posture.
- ❖ I cannot access the switch with my head to use my communication aid



Referral to physio

- ❖ Physiotherapy services have led with the spasticity management of my head posture
- ❖ Referral sent to CTLD for physio intervention
- ❖ Physio contacted the manager at my home to discuss my current status.
- ❖ Photographs were sent to physio to show my current posture.
- ❖ A virtual meeting was set up to view my head posture and discuss the concerns that we all had. Staff were uncertain of moving my head as it is so tight and didn't like the fact that the physio wasn't in the room physically
- ❖ Training at home was needed to assist the new staff in working with my declining posture.
- ❖ The physio needed to be in attendance to do the training and reassure the staff as my head tone was so high.
- ❖ Risk assessments were needed to ensure that correct interventions were safely carried out.



Guidelines for safe intervention on a face to face basis

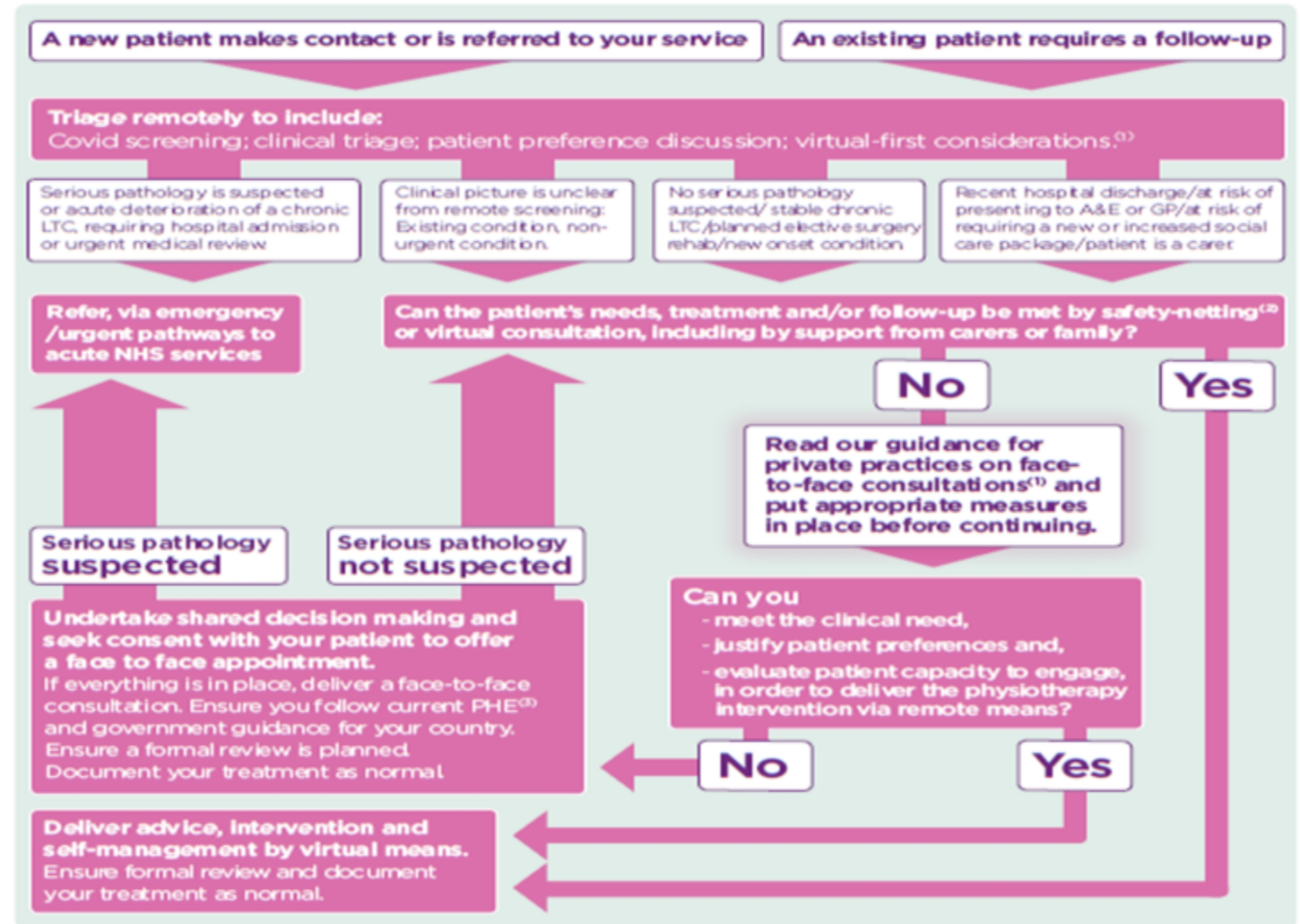
- ❖ All HDUHB, WAG and Physiotherapy guidelines and risk assessments adhered to.
- ❖ CSP National Physiotherapy documentation includes the following

Physiotherapy Pathway

COVID-19

How to decide if face-to-face consultations are appropriate

Correct as of 4 June 2020



References

- <https://www.csp.org.uk/news/coronavirus/clinical-guidance/face-to-face-or-remote-consultations/guidance-and-and>
- <https://www.sciencedirect.com/science/article/pii/S2666879820303838>
- <https://www.gov.uk/government/publications/when-not-to-see-a-patient-with-coronavirus-infection-prevention-and-control>

Considerations and clinical reasoning during Covid 19 pandemic

regarding patient contact

Considerations	Y/N	Justification/Clinical reasoning (please complete for every question)
1. Have you used the CSP flowchart (attached) on how to decide if face to face consultations are appropriate during COVID 19?		
1. Has a telephone triage call been done to determine clinical need including Covid screening?		
1. Did you refer the patient to emergency/acute NHS services if a serious pathology or an acute deterioration suspected requiring hospital admission or urgent medical review?		
1. If the clinical picture was unclear from the clinical triage process, if they do not have serious pathology or if a clinical need for physiotherapy is identified. Can the patient's needs be met by a virtual appointment?		
1. Have all virtual options been explored?		
1. If you have been unable to meet the needs virtually, are the benefits of seeing the patient face to face demonstrably greater than the risks of infection transmission?		
1. Have you referred to the CSP guidance on face to face consultations and considered the measures that need to be put into place?		

1. If you feel a face to face is still required to meet this patient's clinical need, have you discussed your clinical reasoning with a colleague?		
1. Have you explained the risks and gained consent from the patient to carry out a face to face contact? (please refer to the attached information on gaining informed consent)		
1. Have you completed a risk assessment and considered measures (see attached) to mitigate risk prior to delivering a face to face apt?		
1. Have you rung the patient on the morning of the Face to face contact to screen for Covid 19 symptoms?		
1. Have you put a copy of this form in the patient's clinical record?		

Physiotherapist:
Date

Signature:



Documentation sent to the client to ensure clients understanding of face to face visit.

- ❖ Easy read questionnaire to ensure consent to visit the home was sent to the client, family and staff
- ❖ Easy read leaflet to describe Covid-19 was sent to client
- ❖ Easy read Leaflet- Keeping you safe when we visit was also sent to the client



Decision made to visit client

- ❖ All preparation/documentation/risk assessments have been carried out to reach a decision to visit the client as the risks are too great to the client if she is not seen.
- ❖ Discussions were held with MDT members i.e. Manager, OT, SALT and Physiotherapy Lead in LD.
- ❖ Agreement obtained from the home manager to visit



Home Visit

- ❖ Date and time arranged for face to face home visit
- ❖ Phone contact to ensure that there were no Covid-19 symptoms with the client, staff/family and physio
- ❖ All were well and the physio attended the home
- ❖ Client prepared for the physio to be wearing PPE
- ❖ All PPE was worn by the physio including visor as the client coughs frequently
- ❖ Social distancing observed at all times and client contact kept to a minimum.
- ❖ Physio's temperature taken on arrival and check in procedure adhered to
- ❖ Access only to the room where the client was
- ❖ Hand sanitizer used frequently during the assessment



GB My Assessment and the Outcomes

- ❖ I have had the physio assessment for my head posture

Actions

- ❖ Training of the staff in my Physio program for the management of the spasticity
- ❖ Referral to Consultant in Rehabilitation Medicine to discuss my current situation and have a medication review as clinics are not operating currently.
- ❖ Update SALT on my current head posture and the risks of aspiration.
- ❖ Referral to OT to discuss my 24 hour postural support.



Outcomes from the Actions

- ❖ The Consultant in Rehabilitation Medicine contacted the home and then my GP to prescribe an increase in my Baclofen so that my muscles could relax more. I have not been able to have this increase before as I was still orally fed and I did not want my swallow to deteriorate further. Now I am PEG fed this is no longer an issue.
- ❖ Physio to monitor the titration of the baclofen on a weekly basis until an optimum dose is reached.
- ❖ Physio to feed back on the medication titration to the Consultant
- ❖ Physio to train the staff to carry out the physiotherapy program
- ❖ Physio to continue to feed back to SALT on my improving head posture with a view to re-engaging with my communication aid
- ❖ Physio to help position my switch to work my communication aid so that I can access it with my head
- ❖ Physio to discuss the 24 hour postural management with OT to work out the best plan on going forward with my program.
- ❖ Physio to measure me for the prescribed equipment by OT negating the need for an OT visit.

Current situation, only 1 member of the CTLD has visited but many are involved

- ◇ My baclofen increase has helped my tight muscles
- ◇ The staff are now trained to complete my physio program as they had only had some training before Covid-19 as I have not lived here for very long.
- ◇ My head movement has much improved and it is more comfortable
- ◇ I am able to swallow my saliva easier and I do not drool
- ◇ My vocalisations are much easier
- ◇ I can non verbally communicate with my team far easier
- ◇ I can now access the switch on my communication aid
- ◇ My breathing has improved and I don't make so many guttural noises
- ◇ My fatigue is better and I have lots more energy
- ◇ I smile a lot more (I love having a joke with everyone)