Government of **Western Australia**
South Metropolitan Health Service

Delivering care remotely – virtual neurological rehabilitation

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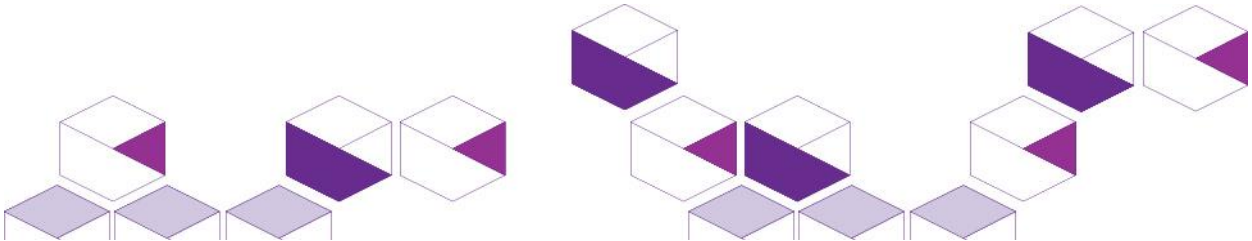
Objectives

- Current service delivery model
- Triage of referrals and waitlist management
- Assessment and outcome measures
- Tips for prescription of exercise and intervention
- Case examples of utilising Telehealth

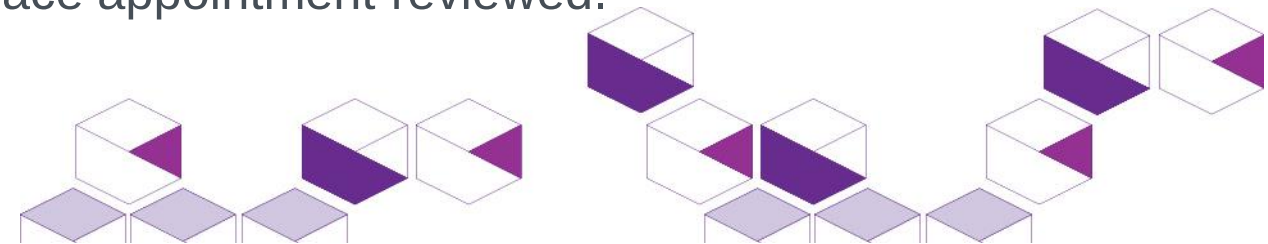


Fremantle Hospital

- Fremantle Hospital currently has 1.0FTE of outpatient neurological, vestibular and amputee physiotherapy
- Mix of Telehealth and Face to Face service model.
- New appointments: telehealth or telephone
- Follow up appointments: telehealth and face-to-face (based on criteria)
- Telehealth: video call via Health Direct.
- Use of Physitrack.

Criteria for Face-to-Face

- Blanket approval for those who fit decision tree based on the following criteria:
  - an objective physiotherapy assessment has not yet been completed and is essential to confirm diagnosis, impairments, or activity limitations that will enable safe management of the patient.
  - patient recently discharge from hospital, or rehabilitation in the home where outpatient physiotherapy was essential to enable discharge.
  - cognitive or communication impairments that make virtual service delivery impractical.
- Exceptions to the above can come to DHOD/HOD and staff encouraged to ask.
- Subsequent face to face appointment reviewed.

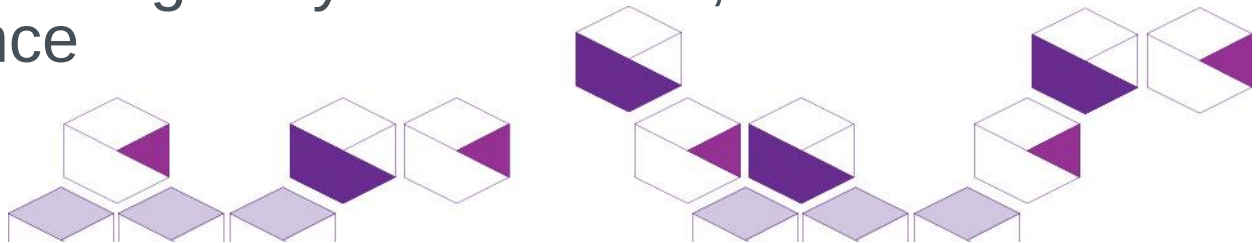


Telephone vs Telehealth

- Factors to consider in choosing telehealth for an initial assessment:
  - access to a smart device
  - access to the internet
  - Previous experience using videocalls
  - Co-morbidities
  - Interpersonal factors e.g. support of family
- Supportive factors – engaging stakeholders, practical support for patients

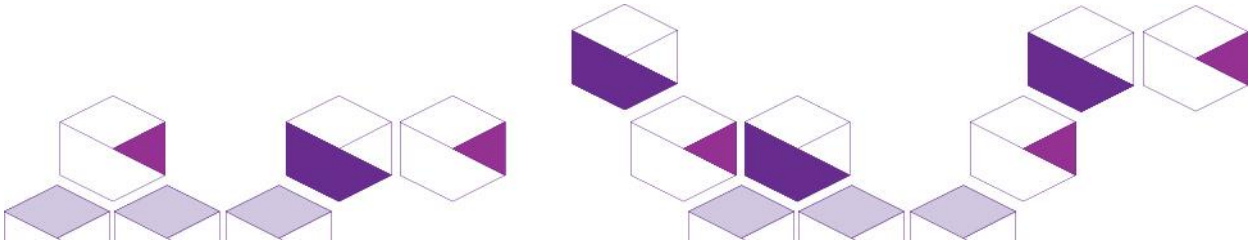
Assessment and outcome measures

- Subjective
- Objective: general observation
- Functional mobility tasks: STS, lie to sit
- Gait analysis
- 30 second STS
- TUG
- Timed walks
- Voluntary control: joint control; Chedoke McMaster
- Balance: BBS, DGI
- Range of motion
- Muscle Strength: antigravity movements, use of carer to apply resistance



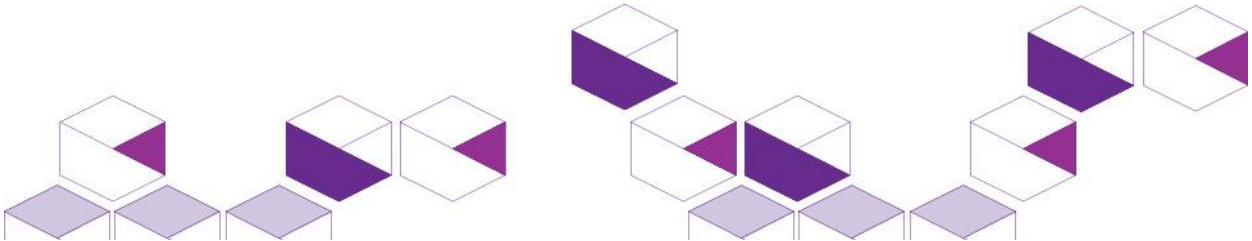
Vestibular Assessment and Treatment

- Cx ROM
- VBI screen
- Smooth pursuits and saccades
- Gaze evoked or spontaneous nystagmus
- Positional Tests
- Unable to complete: test of skew, VOR cancellation, head impulse test.



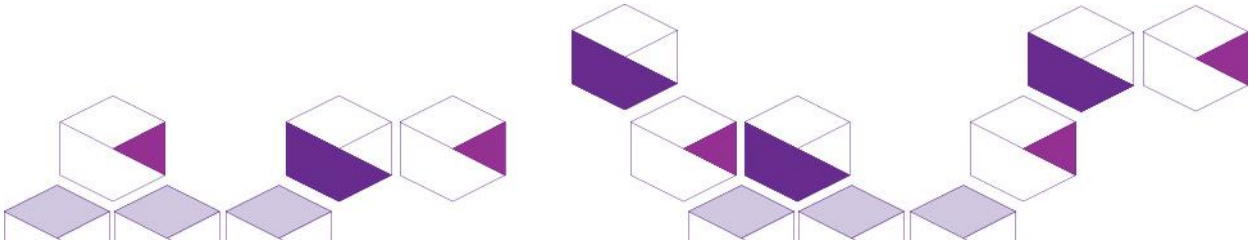
Treatment and Exercise prescription

- Alternate between face-to-face and telehealth
- Use of family / friends
- Use resources available in patients environment
- Email patients HEP



Safety considerations

- Set up of environment
- Patient cognition
- Presence of family member
- History of falls
- Can they get themselves off the floor?
- Previous assessments

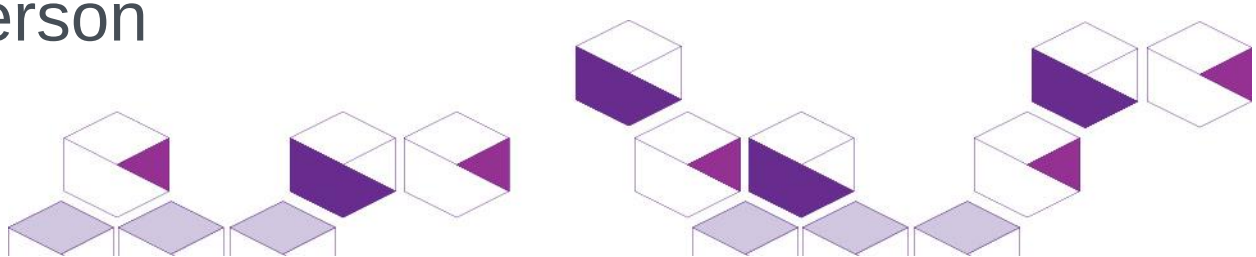


Take home messages

- Buy in from stakeholders – clinic clerks and referrers.
- Ask the patient to consider their telehealth set up – so that you can see them walking / moving etc.
- Involve family and use environmental resources.
- Have a back up plan.

Rockingham General Hospital

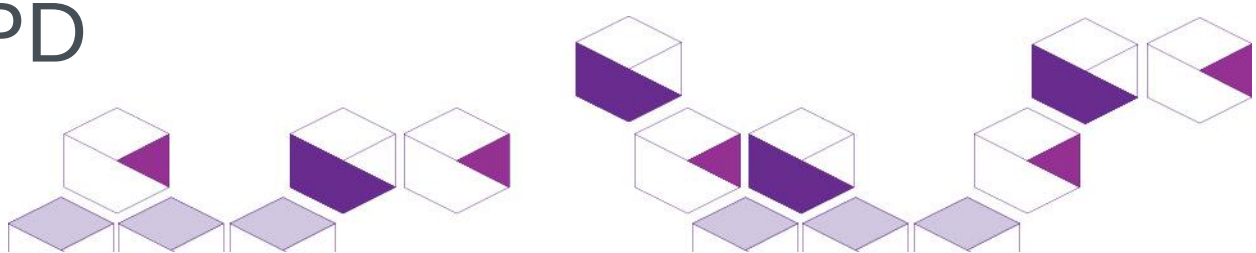
- Groups:
  - S&B x 1 per week
  - Cardiac Rehab x 1 / week TH, x 1 TPC
  - Breathing Easy x 1 TH, x 1 TPC
  - Pulmonary Rehab x 1 TH, x 1 TPC
  - Oncology x 2 TH
  - Hero (OA) x 2 TH
  - PD Group x 1 TH
  - Neuro Group – currently closed as needs to operate in person



Outcome Measures

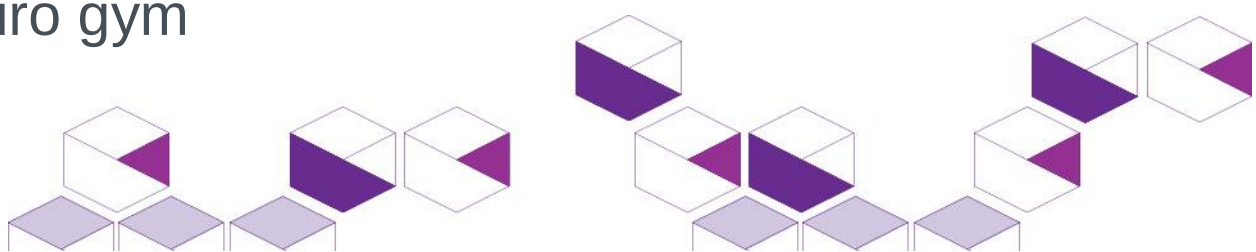
Useful TH outcome measures:

- 5 x sit to stand
- Standing balance at bench (EO/EC/FT etc)
- TUG (if repeating an initial and family can mark out)
- DHI for vestibular hypofunction
- UPDRS for PD



Case Study

- Complex vestibular hypofunction / falls
  - Commenced therapy pre covid
  - Mix TPC & F2F
  - Repeated outcome measures (standing balance at bench as part of Berg to compare)
  - F2F as had deteriorated and can't do TH – only TPC
  - Rx ongoing: current focus on vestibular hypofunction
- ABI post assault
  - Significant speech issues but wife present at all TH appointments
  - Nil F2F needed
  - Assessment and treatment all via TH
  - DC to CPS neuro gym

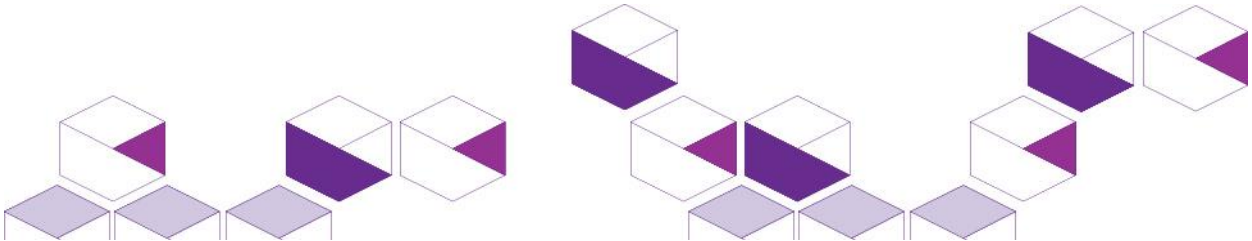


Rockingham General Hospital

- General operations
- 1 FTE for neuro outpatients, plus additional Community Rehab FTE
  - Initial TPC (problems with initial TH bookings and technology issues with many patients)
  - F2F if required after that
    - Nil strict criteria for F2F – at clinician discretion
    - In person if required for therapeutic reasons – ideally a mix of F2F and TH rather than all F2F

Fiona Stanley Hospital

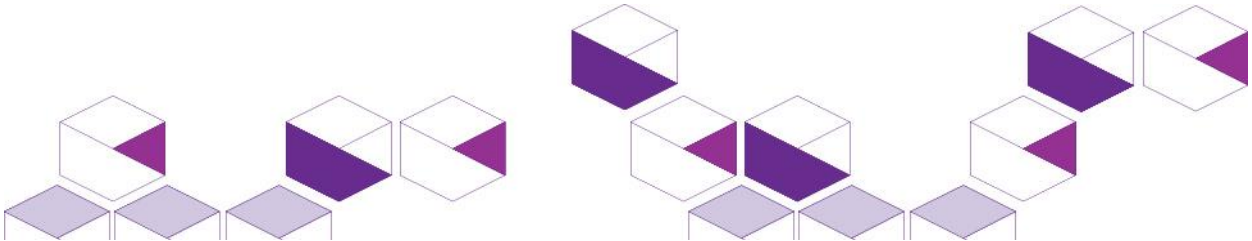
- Fiona Stanley currently has 0.5 FTE for neuro rehab outpatient physio
- Accept any patient with a neuro condition within WA who is under one of our rehab consultants
- Mix of Telehealth and Face to Face service model.
- New appointments: telehealth or telephone
- Follow up appointments: telehealth and face-to-face (based on criteria)
- Telehealth: video call via Health Direct



Criteria for Face-to-Face

- Recent acute event (within 6 months)
- OP involvement is part of discharge plan per inpatient or RITH
- Verbal discussion and approval from P3
- Requires at least 1 x assist for all mobility tasks
- F2F for objective assessment that was not otherwise undertaken
- Objective assessment vital to direct care

Case Examples



Questions