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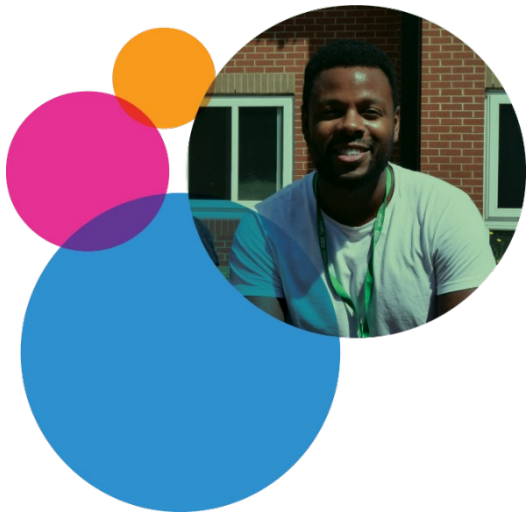

Community Neurology Service

April 2025

Razia Patel, Specialist Physiotherapist

working together | always improving | respectful and kind | making a difference

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Introduction

Community Neurology Service

- Countywide in Gloucestershire
- Domiciliary (at home)
- Outpatient (Clinics in Glos, Chelt, Stroud, Dursley, Ciren and N.Cots)

Multi- Disciplinary Team (MDT) a group of different health professionals working collaboratively to address all aspects of health to come up with a treatment plan to support your needs

- Physiotherapists
- Occupational Therapists
- Psychologists
- Speech and Language Therapists

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Referral Pathway

Any health care professional can make a referral into the service via our referral form being sent to:

communityneurologyservice@ghc.nhs.uk

Patients known to the service can refer via new self referral form

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Referral Criteria

Inclusion

- Confirmed Neurological Condition
- Not Urgent (not requiring response in 24-48 hours)
- **Primary reason related to neurological condition**
- Requires specialist rehabilitative interventions and would benefit from an MDT approach

Exclusion

- Patients whose needs can be met by Integrated Community Teams (ICT):
  - Assessment for transfers only with a view to needing new aid
  - People slowly deteriorating over time
  - Patients referred for reasons not directly related to neurological condition

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Referral Pathway

Any health care professional can make a referral into the service via our referral form being sent to communityneurologyservice@ghc.nhs.uk

….What happens next?

Referral received → Triaged to ensure it meets inclusion criteria → Referral accepted → Waiting list → Domiciliary or Outpatient appointment → Invitation for initial appointment (by letter)

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Role of Specialist Physiotherapist

- Specialist Neuro Assessment: gait, balance, posture, transfers (home/ clinic)
- Review mobility aids/equipment
- Collaborative goal setting
- Specialist advice re symptom management
- Specialist advice re exercise and physical activity
- Signposting to community services
- Onward referrals eg orthotics, wheelchair services, botox
- Liaise with Specialist Nursing Team/Consultant Neurologist (wider MDT approach)

Mobility aids/equipment

- Standard walking aids: walking sticks, frames, rollators
- Specialist walking aids (U-Step)
- Other equipment:
  - Chair/ toilet seat raisers
  - Commode
  - Bathing equipment
  - Grab rails
  - Half steps
  - Slide sheets
- Orthotics: hand splints, foot splints

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Progressive Supranuclear Palsy (PSP)

- Parkinsonism
- Neurodegenerative condition
- Uncommon movement disorder affecting movement, gait, balance, speech, swallowing, vision, eye movements, mood, behaviour and cognition.
- The disorder's name refers to the disease worsening (progressive) and causing weakness (palsy) by damaging the brain above nerve cell clusters called nuclei (supranuclear). These nuclei predominantly control eye movement

Corticobasal Degeneration (CBD)

- Parkinsonism (Parkinsons Plus)
- Neurodegenerative condition
- Parkinson-Plus Syndromes are a group of neurodegenerative disorders that present with symptoms typical of Parkinson's Disease (bradykinesia, apraxia, resting tremor, rigidity, etc.)
- Caused by accumulation of tau protein which leads to damaging clumps forming in brain cells. The surface of the brain, known as the cortex, and a deeper part of the brain, known as the basal ganglia, are affected (Corticobasal) These areas are important for movement

Corticobasal Degeneration (CBD)

- Parkinsonism (Parkinson-Plus Syndrome)
- Parkinson-Plus Syndromes are a group of neurodegenerative disorders that present with symptoms typical of Parkinson's Disease (bradykinesia, apraxia, resting tremor, rigidity, etc.)
- Does not typically respond well to PD pharmacological management and have additional symptoms such as cognitive deficits, dementia, and cranial nerve involvement

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PSP: Common movement related symptoms

Supranuclear vertical gaze palsy: slowing of vertical eye movements

Unable to look up/down

Stiff neck

Postural instability

Falls (backwards)

Bradykinesia (slowness of movement)

Early Stage	Mid Stage	Late Stage
Symptoms subtle Reduced balance/falls Features of Parkinsonism or can be mistaken for other neurological disorders or normal ageing	Symptoms more noticeable May need support with mobility Frequent falls May interfere with activities of daily living	Symptoms more pronounced and/or severe Significant impact on independence, mobility and function

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CBD: Common Movement related symptoms

Affects one side of the body

Myoclonus

Rigidity

Alien limb

Apraxia

Sensory loss

Dystonia

Early Stage	Mid Stage	Late Stage
Symptoms may include subtle changes in movement and coordination, such as stiffness or difficulty with fine motor tasks	More pronounced motor symptoms develop, including tremors, rigidity, and difficulty with balance. Cognitive changes may also begin to appear.	Significant impairment in both movement and cognitive functions. May require assistance with daily activities and struggle with severe motor symptoms, such as stiffness and shaking

Specialist Physiotherapy approach to symptom management

- Individualised exercise programme specific to your symptoms
- Task practice to promote independence with activities of daily living/personal care
- Transfer practice/techniques. Supporting carers
- Falls assessment, education and advice
- Mobility aid/equipment review

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Questions