

An outstanding experience
for every patient

Lower Limb and Trauma Services



Patient-Centred & Safe

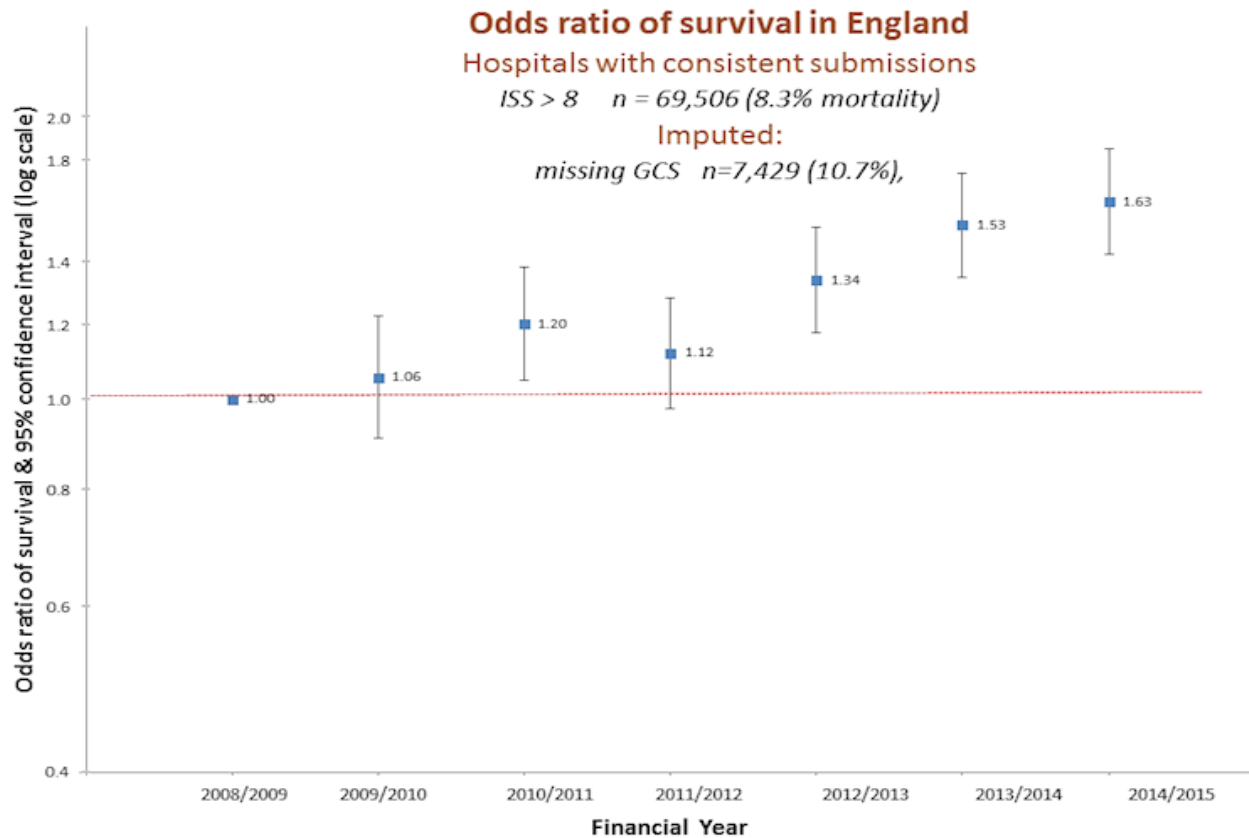
Professional

Responsive

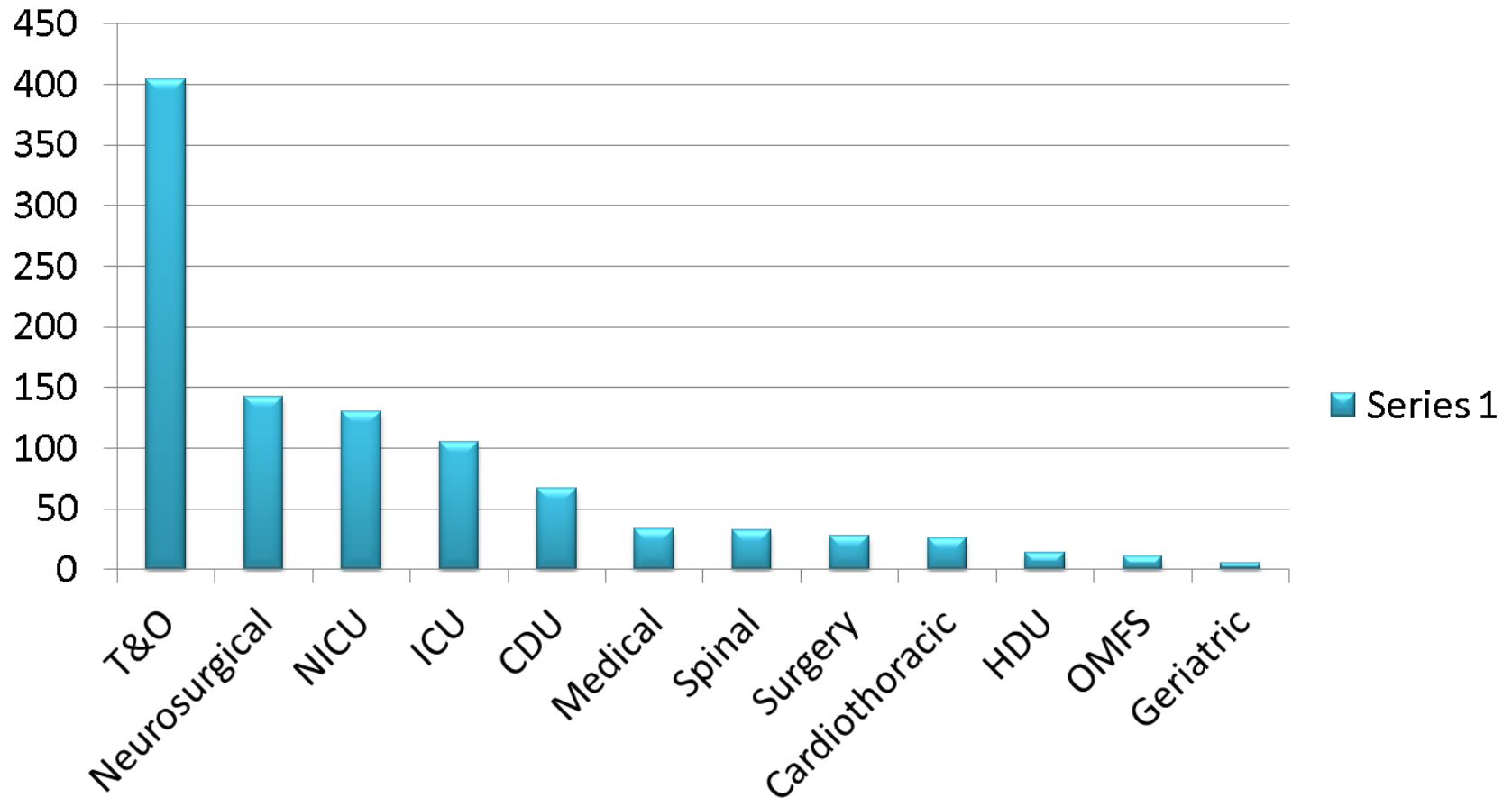
Friendly

- Overview of trauma networks
- Where Wessex Rehabilitation Centre (WRC) fits into trauma network locally and regionally
- What services do we offer here?
- What patients do we accept, including non-trauma?
- How is WRC different to local Out Patient or Community services?

Survival chances post trauma



UHS Admitting Ward



Patient-Centred & Safe

Professional

Responsive

Friendly

What does this mean?

- Increased survival post big injuries. Not seen before.
- Gap in service – complex MSK rehabilitation. Identified in clinical reference groups (CRG), patients (national forums) and in regions.
- A lot of complex musculoskeletal (MSK) injuries.
- Significant skin procedures: flaps, splint skin grafts (SSG).
- Specialised rehabilitation centres – predominantly neuro. Spinal cord injuries (SCI) & head injuries (HI).
- British Society of Rehabilitation Medicine (BSRM) – predominantly neuro-rehabilitation. National ‘shapers’ and guidelines all in this field.
- Silver trauma – in some areas.

- Psychology access – Nigel talking.
- Key worker system
- Expertise in complex MSK patients.
- Time – up to 22 hours intensive therapy in a week.
- Pain consultants and staff with expertise in pain management.
Two Consultants and 2 x NMPs.
- Large hydrotherapy pool
- Group work – psychological support of group.

- Multi Disciplinary Team (MDT) – British Society of Rehabilitation Medicine (BSRM) guidelines.
- 16 – 80+ yr olds.
- Vocational rehabilitation expertise. Workshops – see talk.
- Therapy including activities of daily living – kitchen skills, bedroom, gardening.

Non-trauma patients

- Patients not improving with outpatient input
- Lower limb elective surgery
- Psychological blocks
- Peripheral nerve issues
- Chronic pain problems like Complex Regional Pain Syndrome
- Total knee and hip replacements

- Appearance
- MOI – PTSD
- Mood – depression, suicide risk?
- Self esteem – not working, role



Hydrotherapy



- Wii fit
- Xbox
- Laterality programmes
- Anti-gravity machine.
- UNICAM bike



Anti - G



Average change in patient functional capacity is 44% improvement (4.4 out of 10) per goal

(Based on Patient Specific Functional Scale (PSFS) - Patients set their own goals and rate their ability for each goal out of 10. Minimum clinically important difference is 2 per goal)

Average change in musculoskeletal health is a 20% improvement (11 point change)

(Based on MSK Health questionnaire which looks at pain levels, function and mobility, sleep and emotional well-being, confidence to self-manage. 14 questions, scored out of 56. Minimum clinically important difference is 3 – based on Out Patient Depts)

So the differences -

- Lots of time – for listening, multiple injuries etc. Patient centred approach. OP / Community / private...
- In line with national guidelines.
- Multi-disciplinary team – lots of professionals working together. One stop shop!
- Return to work focus.
- Expertise in MSK rehabilitation including psychology.
- Pain management expertise.
- Key Worker so easy contact.
- Mixture of modern techniques and best of old!

Who can refer?

- For private referrals – a health professionals input is useful: Allied Health Professional, Dr, Occupational Health, GP, nurse...
- Possibly a Case Manager as long as medical details included.
- Issues generally around solicitors agreement and therefore delay to treatment...