

Specialist Rehabilitation Occupational
Therapy Service



A brief guide
2019

What are the goals of the SROT service?

The goal of the service is to enable the injured person to take on as much management of their new situation as possible, within the confines of their acquired long term condition. This is achieved through an occupational therapy lead functional restoration programme. The OT will work with the injured person on the activities they want and need to do every day, helping them to adapt and even overcome the impact of their new disability. Where this is not possible to achieve the OT will assist the injured person to find new activities or people, services or equipment to assist them to carry on their life as they choose to. This intervention provides a locus of control, which can often be lost in these types of cases and focusses on the long-term wellbeing of the injured person.

How often does the injured person see their OT?

During the rehabilitation phase the injured person will see their OT a minimum of weekly, if there is a need for high intensity rehab, then the injured person may be seen twice a week and up to a maximum of three times per week.

Why see the injured person so much?

One of the key components of therapy is face to face contact and the therapeutic relationship between the clinician and the injured person. Due to attempts to reduce costs, this has been eroded by statutory services and reduced to its base level. This has resulted in injured people not receiving regular specialist support and results in people becoming disheartened by slow progress or developing negative coping strategies which ultimately impair rather than improve function. What used to take weeks or months for a person to adapt to daily function can now take years or may never be achieved creating a reliance on services and external support. The SROT service seeks to redress that balance and provide a high face to face therapy contact early in the intervention programme to gain the greatest potential for functional recovery. The SROT service limits its rehab intervention to no more than 12 months.

A breakdown

The SROT service is primarily an occupational therapy driven functional restoration intervention which seeks to assist the injured person to return to the important activities in their lives which have been lost through the impact of the injury. A key component of this intervention is to enable the injured person to objectively adapt to the new long-term injury/disability they have acquired and gain a sense of control over their situation, in other words manage their own case.

The OT will seek to use activities that are important to the injured person as therapy to gain skills at completing tasks independently and returning to relevant life roles. As the skills increase the balance of responsibility and action moves from the OT to the injured person and this becomes an integral part of the functional restoration programme as skills are gained by the injured person through the rehabilitation process.

Functional Restoration

The functional restoration programme is a bespoke 1:1 intervention programme created and delivered by a highly skilled occupational therapist. The high face to face input allows for greater development and progression of the programme and focuses purely on practical return to previous activities, this includes:

- Remedial and restorative exercises to address physical, cognitive and emotional deficits because of the index injury
- Environmental assessments and adaptations to assist with the adjust of long term disability
- Assessment and facilitation of equipment including specialist wheelchairs, hoisting and rehabilitation equipment to address functional deficits.
- Provision of functional based therapy which address all previous activities of daily living including, self-care, work, hobbies, employment and leisure activities.
- Provision of specialist support regarding returning to or staying in employment/education where appropriate. Including work environment assessments, training and support for employers and access to specialist equipment.
- Education and support regarding the management of a long-term condition to enable the injured person to maintain a locus of control throughout the rehabilitation process.
- A graded withdrawal process that will allow smooth transition from a rehabilitation phase to a long-term management phase and enable the injured person to return to a positive life routine.

So, who would be suitable for this service?

At Think Therapy 1st, we always say that we are an answer not the answer, there are plenty of cases where this level of input is not needed and can even be detrimental. However, if the injured person has experienced a life changing injury and it has had an impact on their daily activities then it is highly likely that the SROT service would be of benefit to them.

The SROT service is highly flexible and we change and adapt as the injured person changes and adapts. We continually monitor the progress of the injured person using standardised assessments and through the narratives of the injured person and the people around them. We feed this information back monthly in the form of an update report. If the person progresses faster than initially anticipated, then that will be reflected in the cost of the service as the injured person will move down an intensity category and thus down in price.

The Ethos of the SROT service

- We seek to break the cycle of dependency that is created by long term disability, ideally before it can really start.
- We want to empower the injured person to take control and manage their own life to the level that is possible for them.
- We seek to work collaboratively with the Case Manager (if there is ne appointed) and ensure clear role parameters for the SROT.
- Finally, our goal is to give the injured person the skills to return to activities that are both meaningful and purposeful to them. Our goal is to help them become them again.

How much does this service cost?

The cost of the service is variable based on the level of intensity the injured person requires, this is assessed by the SROT and report with a proposal of work is sent to appropriate parties. In addition to this the SROT also provides a transition service (not always required when a Case Manager is involved as they may choose take on this role), which allows the graded withdrawal of the OT and the increase of other support services. This graded withdrawal allows for the transition, from being supported to a greater autonomy, to be smooth and reduce risk of anxiety or service collapse. Furthermore, the SROT service provides an early bolt on package (Environmental Change Intervention) with allows intervention for highly complex issues such as care planning and training carers, major adaptations to properties, moving property and even discharge from hospital or a specialist rehabilitation unit. Please see below for definitions of each phase of service and the cost of each service. Please contact us to discuss costs on more detail.

Environmental Change Intervention (ECI)

ECI is often nicknamed the home from hospital package, this is a 'bolt on' phase of therapy which is often recommended/commissioned prior to the start of the SROT service rehab phases. This is predominately where there is an environmental failure, and for the injured person to progress there needs to be a positive change in the environment. This phase is still kept within the SROT service ethos and the injured person is supported and enabled to participate within this process as much as possible ensuring they feel empowered and in control throughout. This can include:

- Facilitating discharge from hospital or a specialist rehab unit
- Facilitating discharge from a nursing care or residential care facility
- Sourcing a new suitable environment
- Adapting an existing environment with specialist equipment such as shower pods or stairlifts
- Sourcing specialist builders and/or architects to make major structural adaptations to a property
- Assisting with housing transfers through local council services
- Sourcing care support
- Training of carers, personal assistants and informal carers such as family or friends

This service will last no longer than 3 months and often this work can be completed in less time, if work is outstanding due to delays in timeframes of external agencies, then this is absorbed within the high intensity therapy phase. Maximum 3 months.

High Intensity Rehab (HIR)

HIR is the most intense phase of the SROT service it is where the injured persons environments are stable, but they have a high dependency on others to attends to activities of daily living. This is often where an injured person has a package of care and requires physical assistance to complete even the most basic of activities. The injured person will also most

likely require additional input from other therapies, such as psychology services, physiotherapy or speech and language therapy. This requires a highly coordinated and multidisciplinary approach which can make the injured person feel overwhelmed. The OT will provide support to the injured person to ensure all the therapies are working on the activities that are important to the injured person at that time and addressing functional restoration simultaneously. Not all injured people will require this level of intensity, but where it is identified, this high input and frequency of face to face therapy can significantly increase the speed of functional return and reduce the need for long term use of services. Maximum 4 months

Medium Intensity Rehab (MIR)

MIR is the most common level of input during the rehabilitation phase for people with life changing injuries. It is focused on providing a systematic functional restoration programme for people where their injury has impacted on their work and leisure activities. The MIR works with the injured person to analyse and re-introduce those activities at the pace that is suitable for the injured person's needs. It also is where the OT will provide education and training to the injured person on how they can adapt their activities or themselves to the needs of the injury to continue to complete those activities successfully.

Low Intensity Rehab (LIR)

LIR is often referred to as the refining phase of therapy, it is where a single functional difficulty persists or has been delayed in the MIR due to external factors and the injured person needs continued input to ensure the success of the SROT service. This can often take the form of a graded return to work service or education programme. It can also be a refining of a motor skills such as hand function or refining of stamina to return to an activity independently. This phase of therapy is used when there is still the need for specialist input and the injured person cannot move into the transition phase.

Please note that throughout each phase of active rehab (including the ECI bolt on) there is a monthly update which uses the standardised assessments and the personal narratives which will indicate progression in the rehab process. If no progress is achieved this will be closely reviewed by the senior clinical team and discussed with commissioner's and the injured person before either continuing the SROT service or deciding to withdraw.

Transition Support (TS)

TS is the systematic graded withdrawal of the specialist occupational therapist and is used when an injured person is not going to be referred over to a traditional case management service and will be supported by other services such as charities or supported by family or even able to manage their case independently. This service will last a minimum of 3 months as there is significant statistical evidence that this is the minimum time required to establish long term habits and routines. The withdrawal is carefully planned to ensure the minimum level of anxiety on the part of the injured person, but still allows for any minor difficulties or issues that may arise in this process. At the end of the TS phase there will be a Discharge report which will have highlighted what has been achieved using the standardised assessments and the personal narrative. In addition to this, there will also be a future plan which will highlight potential issues or life changes and how these can be addressed and where appropriate, potential costs for these. For example: Employment changes, pregnancy or following additional medical intervention.

Re-assessment cost if Occupational Therapy Assessment time limit expires – see below

Assessments are time limited, this is because people rarely remain the same, they are likely to either improve or deteriorate. As we use a fixed fee for our service it is important we have up to date information to base this on. For this reason, our Assessments are only valid for 6 weeks – a lot can happen in this time! So, if more than 6 weeks elapses between the Assessment and commencing treatment we will need to do a re-assessment. The minimum we will need to do is all the standard assessments again and the longer the gap between INA and treatment the more in-depth the reassessment will need to be. This is why we developed the Remote Specialist Support (RSS) to prevent re-assessment cost and maintain contact at a minimum through to remote assistance/light touch case management while funding is agreed.

Cost for re-assessment and report:

6-12 weeks post Assessment

3-6 months post Assessment

6-12 months post Assessment

12 months plus – full Occupational Therapy Assessment

Documentation

The documentation of the SROT service is a working document which starts at the SROT Assessment and finishes at the discharge report. This documentation is clinically robust and written in plain English and it forms a written time line of the injured persons progress and ultimate plan for long term management of the life changing injury.

Proposal of work

Basic Details

Name of Injured person:

Name of Commissioner:

Name of Assessing Associate OT:

Date of proposal:

Details

Following an SROT assessment, it has been identified that (NAME) would benefit from the unique Specialist Rehabilitation Occupational Therapy service. The active therapy phase of this service will not take longer than 12 months with the goal to restoring (NAMES) functional activities within the confines of their newly acquired disability.

The following is an estimated timeframe of how long each phase of therapy is likely to last to maximise (NAME)'s potential for functional restoration and increased sense of autonomy. Please note that this is an estimation, and this will be reviewed monthly in the form of an update report and any changes not be made until all relevant parties agree.

Phase of therapy	Estimated number of months	Monthly rate
Environmental change intervention		
High Intensity Rehabilitation		
Medium Intensity Rehabilitation		
Low Intensity Rehabilitation		
Transitional Support		

Additional costs

During the SROT Assessment it was identified that (NAME) would require some additional specialist intervention and support, the following is the cost of these services (where applicable)

Name of service (please refer to INA for details)	Rate	Cost for 1st 3 months
Equipment		
Care Services		
Physiotherapy		
Psychology		
Speech and Language therapy		

Gym membership		
Education fees		

Totals

The total number of estimated months for the SROT service =

The estimated cost for the SROT service =

The above cost is only an estimation of cost and following active intervention estimated costs frequently are reduced due to the engagement of the injured person. For this reason, a cost for the first three months are given as this is the most accurate cost that can be provided at this time.

The total cost for the SROT service for the 1st 3 months =

The total cost for additional services for the 1st 3 months =

The validity of the proposal of work is estimated to last 6 weeks before there is likely to be additional changes to (NAME)'s needs. If you wish to proceed with the SROT service for (NAME) but your instruction is made after the 6-week period an additional review assessment will need to be completed to ensure that the INA intervention plan remains valid, this would incur an additional cost of £250.00.

Between 6 – 12 weeks -

From 3 – 6 months -

6 – 12 months -

12+ months -

If using Remote specialist support whilst waiting for funding this fee will be waived.

Confirmation

If you wish to proceed with this proposal, please send a written letter of instruction to:

Julie Warren
Clinical Administrator

Think Therapy 1st
Mob: 07988 038236
Tel: 01206 864582
C/O 38 Shirley Road, Leigh on Sea, Essex SS9 4JY
email - julie@ThinkTherapy1st.co.uk

Algorithm to determine starting phase of therapy required

To aid the Associate and Long arm mentor in identifying which phase of rehab the injured person is most likely to start in an algorithm utilising the key indicators for the SROT has been developed:

Function

Providing the injured person was independent prior to the index injury score the following, if they were not independent do not score:

Self-Care	Independent	With assistance	Unable
Eat and drink	1	2	3
Wash and dress	1	2	3
Toilet	1	2	3
			Total

Productivity	Independent	With assistance	Unable
Cooking	1	2	3
Shopping	1	2	3
Housework/DIY	1	2	3
Travel/Drive	1	2	3
Work/School	1	2	3
			Total

Leisure	Independent	With assistance	Unable
Socialising	1	2	3
Active Leisure	1	2	3
Sedate Leisure	1	2	3
Worship	1	2	3
			Total

Impairments

Impairments are identified at assessment of formally diagnosed, except for psychological impairments, these must be formally diagnosed by an expert in this field (psychologist/psychiatrist)

Impairment	Impaired prior to Index injury	Impaired as a result of index injury
Physical	1	2
Cognitive	1	2
Emotional Including low mood, anxiety or stress	1	2

Psychological PTSD, OCD, Psychosis, Bi- Polar	1	2	
			Total

Contraindications

The contraindications are pre-morbid issues that may indicate that a higher intensity of rehabilitation may be detrimental to the injured person.

Contraindication		
Over 75 years of age	-1	
Complex co-morbidity Unstable diabetes, chron's disease, rheumatoid arthritis, fibromyalgia	-1	
Progressive condition MS, Parkinson's disease, Ca, MND, HIV	-1	
		Total

Analysis of score:

Total score between 44 – 30 indicates the need to start at High Intensity Rehab (HIR)

Total score between 29 – 20 indicates the need to start at Medium Intensity Rehab (MIR)

Total score between 19 – 9 indicates the need to start at Low Intensity Rehab (LIR)

Total score below 9 indicates OTRCM service is not appropriate for the injured person's needs.