



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 1137

**Submitting author:** Ms TSZ YING JOYCE CHEUNG

**Post title:** Senior Occupational Therapist, Tuen Mun Hospital, NULL

### **Occupational Therapy for Patients with Motor Neuron Diseases in NTWC: a Service Revamp**

*Cheung TYJ, Ip MWJ, Yip YMM, Poon HKJ*

*Occupational Therapy Department, Tuen Mun Hospital*

#### **Keywords:**

Motor Neuron Disease

Occupational Therapy

#### **Introduction**

Motor neuron diseases (MNDs) are a group of progressive neurological disorders that destroy motor neurons and thereby adversely affect daily activities such as eating, speaking, walking, dressing, toileting and most self care activities. Occupational Therapist contributes to maintain functional independence through adaptive strategies, assistive technology and environmental modification. Patients with MNDs usually need to consult various clinical specialties such as neurology, rehabilitation, palliative, respiratory, etc. In NTWC, out-patient referrals from various clinical specialties are handled by different teams of occupational therapist. Frequent case handover and repeated information retrieval were necessary for patients with MND.

#### **Objectives**

To address patients' needs at different phases of disease progression with continuity of care and effective communication with referring doctors.

#### **Methodology**

A service revamp was conducted in Jan 2014. Irrespective of referral clinical specialties, all out-patient referrals with principal diagnosis of "MND" were centralized and handled by designated occupational therapists.

#### **Result**

From Jan 2014 to Dec 2015, 27 patients with MND (male=18, female=9) were referred from palliative medicine (26%), medical rehabilitation (15%), neurology (11%) and a combination (>1) of these specialties (48%). Occupational Therapy interventions provided included Activities of Daily Living (ADL) assessment and training (96%), assistive devices such as wheelchairs, communication aids, computer aids, household aids (74%), seating and pressure care interventions (67%), home modification (30%) and splintage (20%). Feedback from patients, attending therapists and referring doctors were positive. Rapport between patients/carers and therapist could be established and holistic care could be provided. Designated therapists could develop clinical expertise, establish connection with related community resources and maintain close and effective communication with referring doctors for case management.