

ASSESSMENT OF THE NON-AMBULANT NEUROLOGICAL PATIENT

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PURPOSE

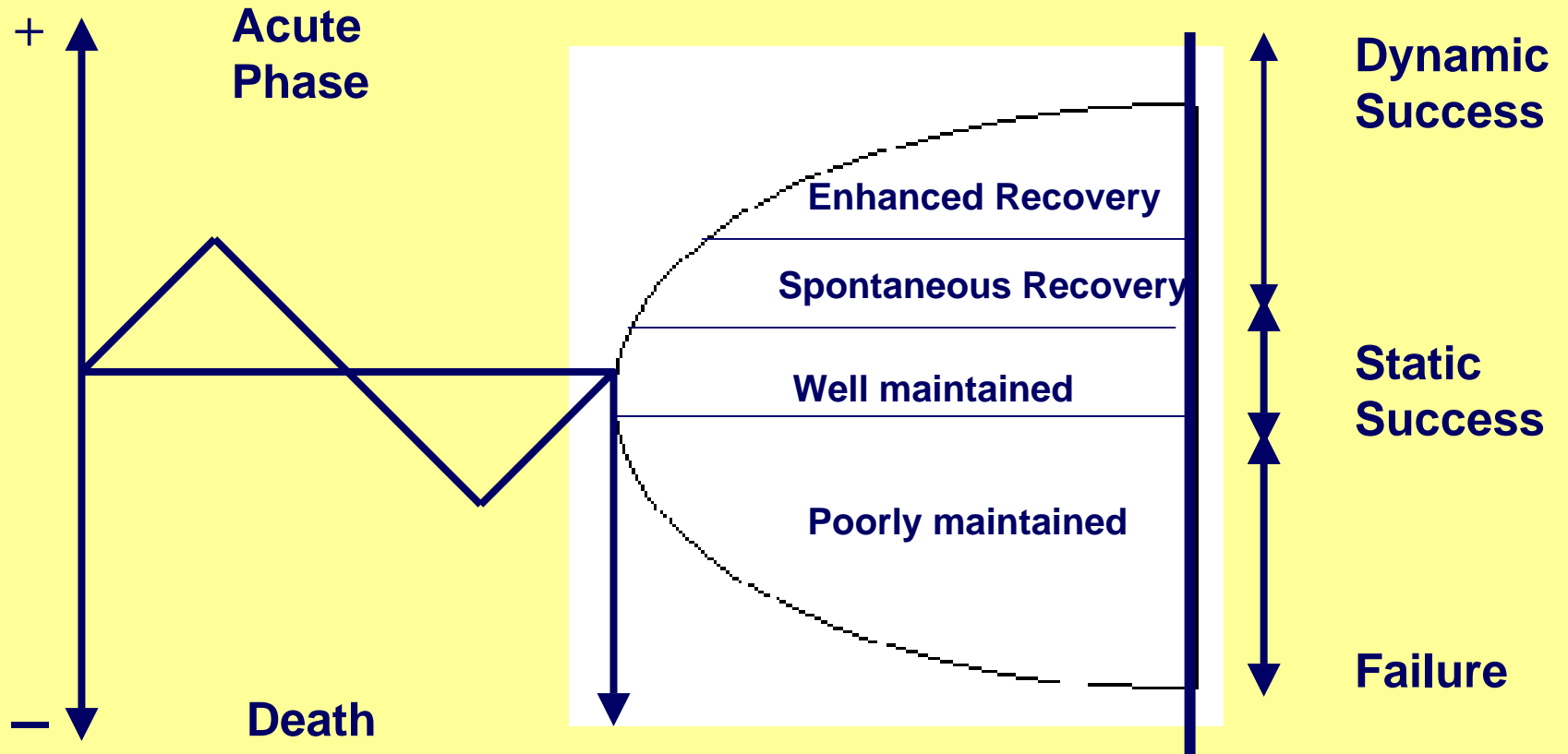
To obtain sufficient information from which to determine the management of the physical condition in the non-ambulant person with severe and complex disability.

PRINCIPLES OF THIS ASSESSMENT METHOD

- **Motor and functional performance are not the only criteria on which to base assessment in those with static or deteriorating conditions.**
- **Efficacy of intervention cannot be determined by these criteria alone.**
- **Overall physical condition, including secondary complications, must be examined.**
- **All aspects of lifestyle must be taken into account.**

RANGE OF POSSIBLE OUTCOMES:

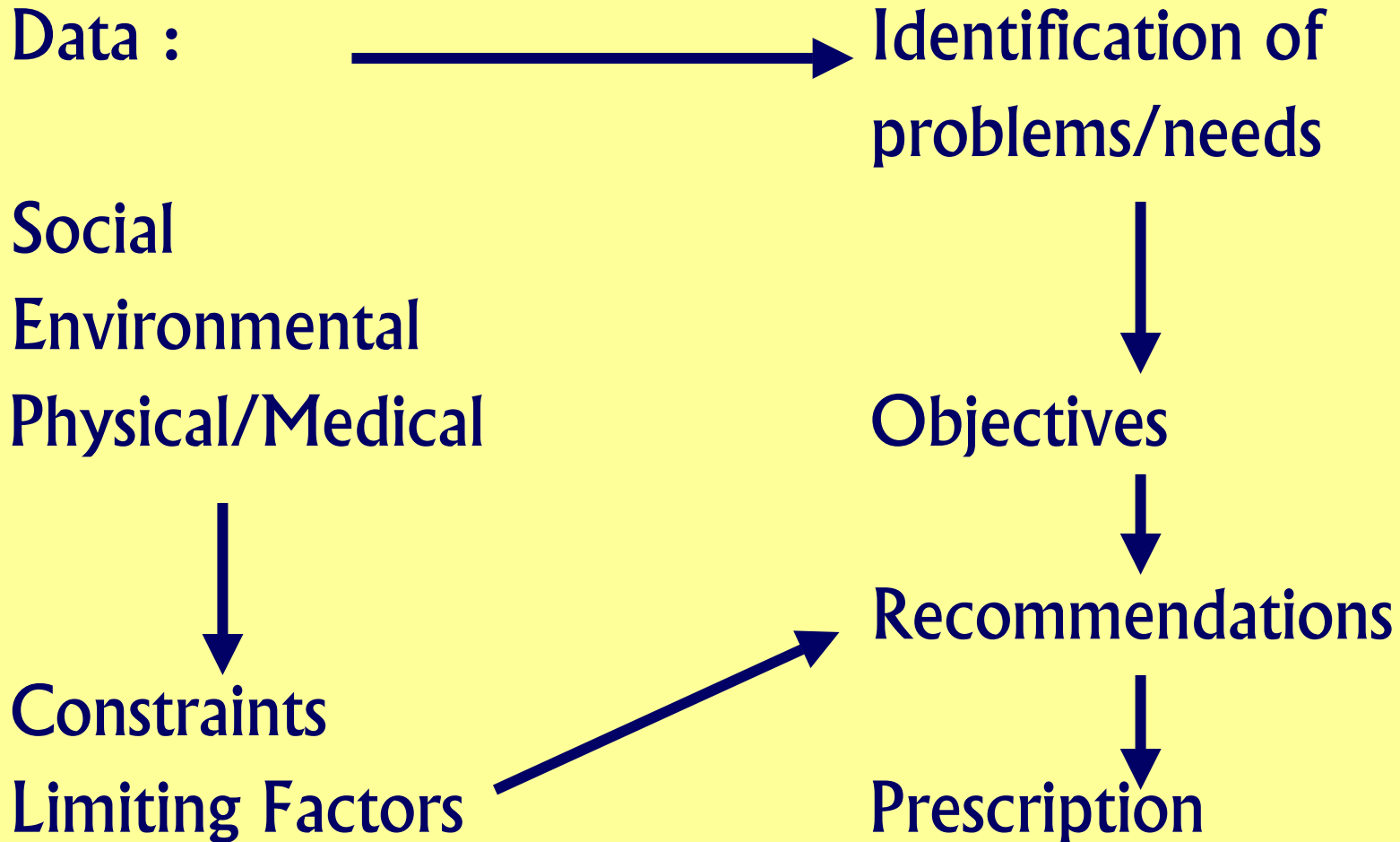
Pope (1988) Physiotherapy 74:12 647-650

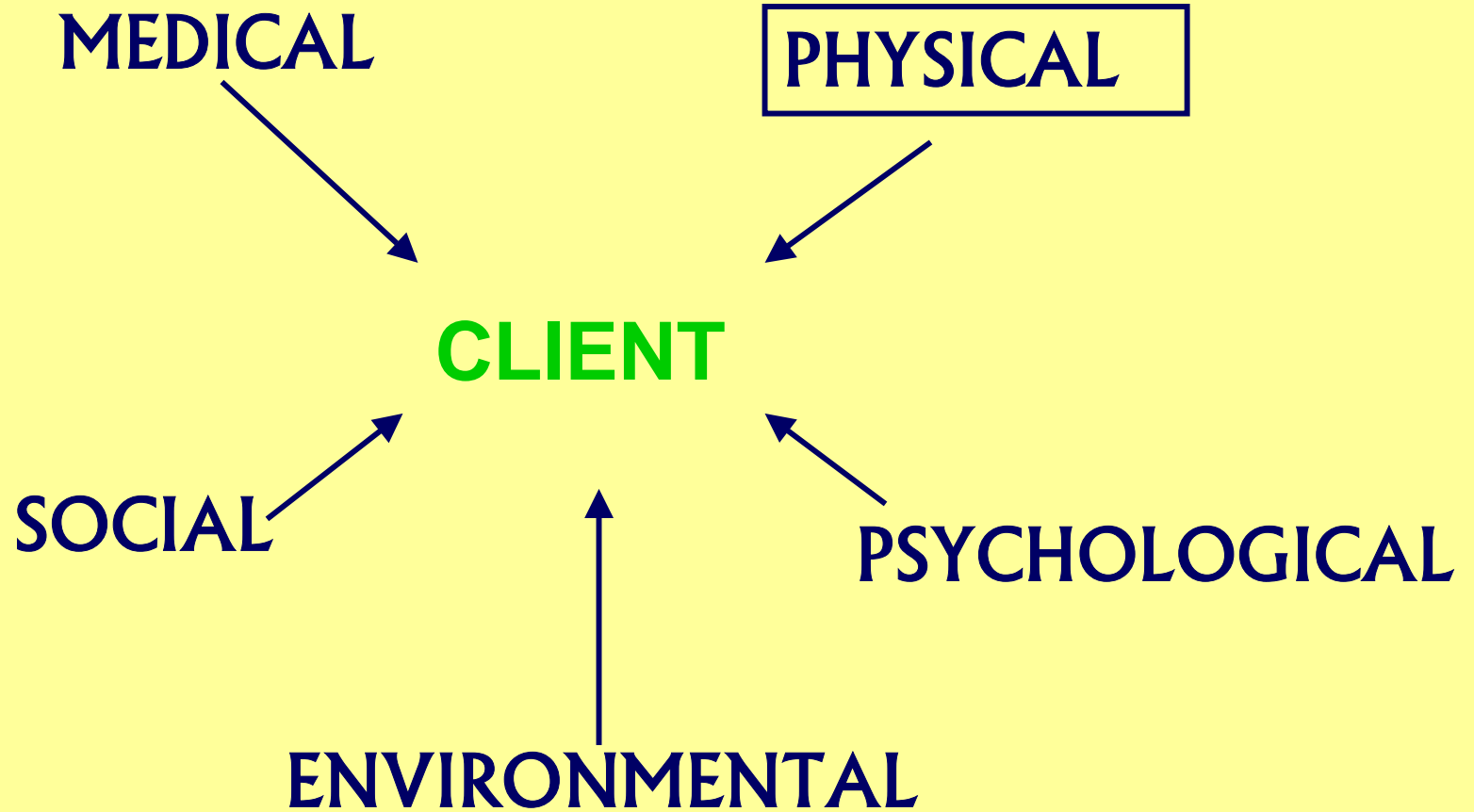


FIRST QUESTIONS

- Is there anything wrong?
- If so, what is it?
- What must I do to correct it?
- How will I know if I have succeeded?

PROCEDURE





OBJECTIVES OF PHYSICAL PROFILE

- **Qualitatively assess posture in current support i.e lying, sitting, standing. To identify what that support is or is not doing.**
- **Quantitatively and qualitatively assess postural ability. To identify not only the balance and stability without support but the strategy used to achieve it.**
- **Determine what is and is not correctable.**
- **Identify potentially useful movements that might be functionally exploited.**
- **Obtain a measure of the magnitude of any secondary complications.**

PHYSICAL PROFILE

Positive Factors

- Quality of posture.
- Postural ability.
- Active movement.
- Functional ADL.
- Transfers.
- Mobility.

Negative Factors

- Contracture/deformity.
- Neurological symptoms/signs.
- Respiratory problems.
- Tissue damage.
- Pain.
- Discomfort.

POSTURAL COMPETENCE SCALE (Sitting)

modified from: Hallett, Hare Milner 1987 Physiotherapy 73:5

Mulcahy et al 1988 Physiotherapy 74:7

Quantity

Quality

Level 1 -unplaceable.

Level 2 -placeable with
support.

Level 3 -can balance but cannot
move.

Level 4 -can move forwards and
backwards within base.

Level 5 - can move laterally.

Level 6 -can move out of base but
not return to base.

Level 7 -can get into and out of
base

Trunk symmetrical.

Head midline.

Arms resting by side.

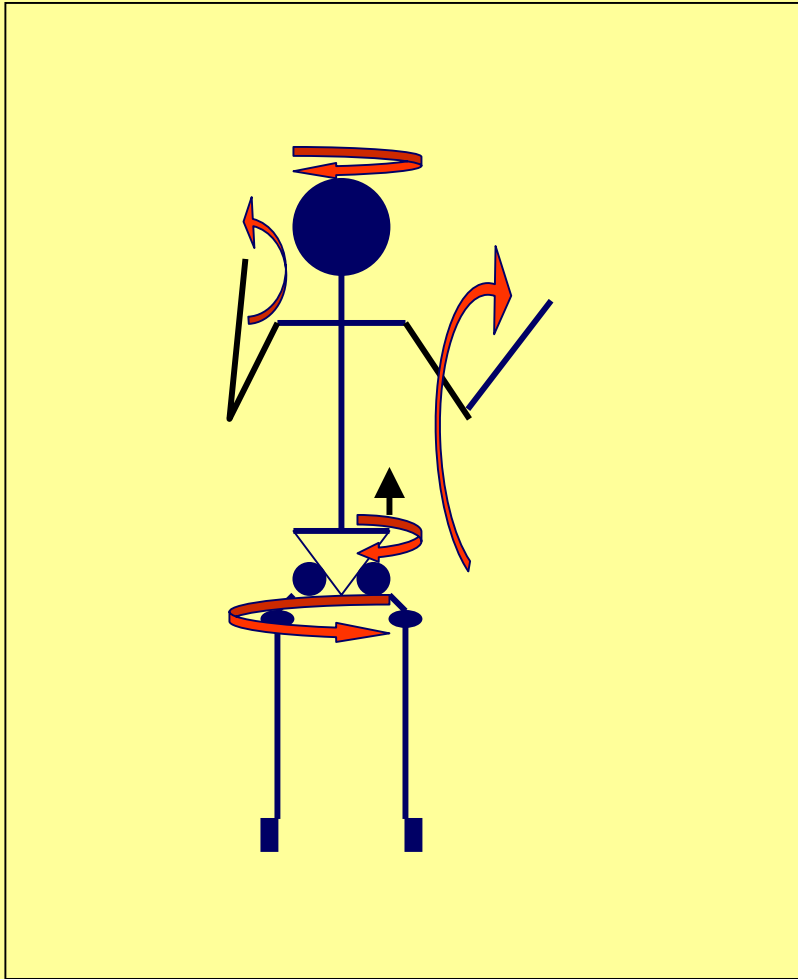
Thighs parallel.

Knees mid position.

Feet flat.

Weight evenly distributed.

QUALITY OF POSTURE IN SEAT



OBJECTIVES CAN BE SET ONLY
WITHIN THE CONTEXT OF THE
OTHER ASPECTS OF PATIENT'S
CONDITION AND
CIRCUMSTANCES

MEDICAL

- FATIGUE
- SENSORY IMPAIRMENT
- ORTHOPAEDIC CONDITION
- RESPIRATORY STATUS
- SWALLOWING ABILITY
- CONTINENCE
- MEDICATION

+ PSYCHOLOGICAL

- COGNITION
- BEHAVIOUR
- RELATIONSHIPS

SOCIAL

- KEY PEOPLE
- CARERS
- EMPLOYMENT
- INTERESTS
- DAILY ROUTINES

ENVIRONMENTAL

- HOUSING/ACCOMMODATION
- ACCESS INDOORS/OUTDOORS
- TRANSPORT
- MOBILITY



OBJECTIVES



RECOMMENDATION

OUTCOME

Of what?

From whose perspective:

- Client?
- Therapist?
- Carer?
- Purchaser?
- Another?

OUTCOME MEASUREMENT - CLIENT'S PERSPECTIVE.



This is a great
challenge, especially
when dealing with
people unable to
communicate!

SMART GOAL PLANNING

- Specific
- Measurable
- Attainable
- Relevant
- Time Related

Maidment A & Merry L (2002)
Proceedings of the Canadian Seating and Mobility
Conference Sept. 1999

WHY SMART GOAL PLANNING?

- Client centered.
- Facilitates client/carer participation.
- Facilitates problem solving.
- Facilitates team approach.
- Clear goals within specified time.
- Requires goal agreement.
- Sensitive to change.
- Permits measurement of efficacy.

PROBLEMS

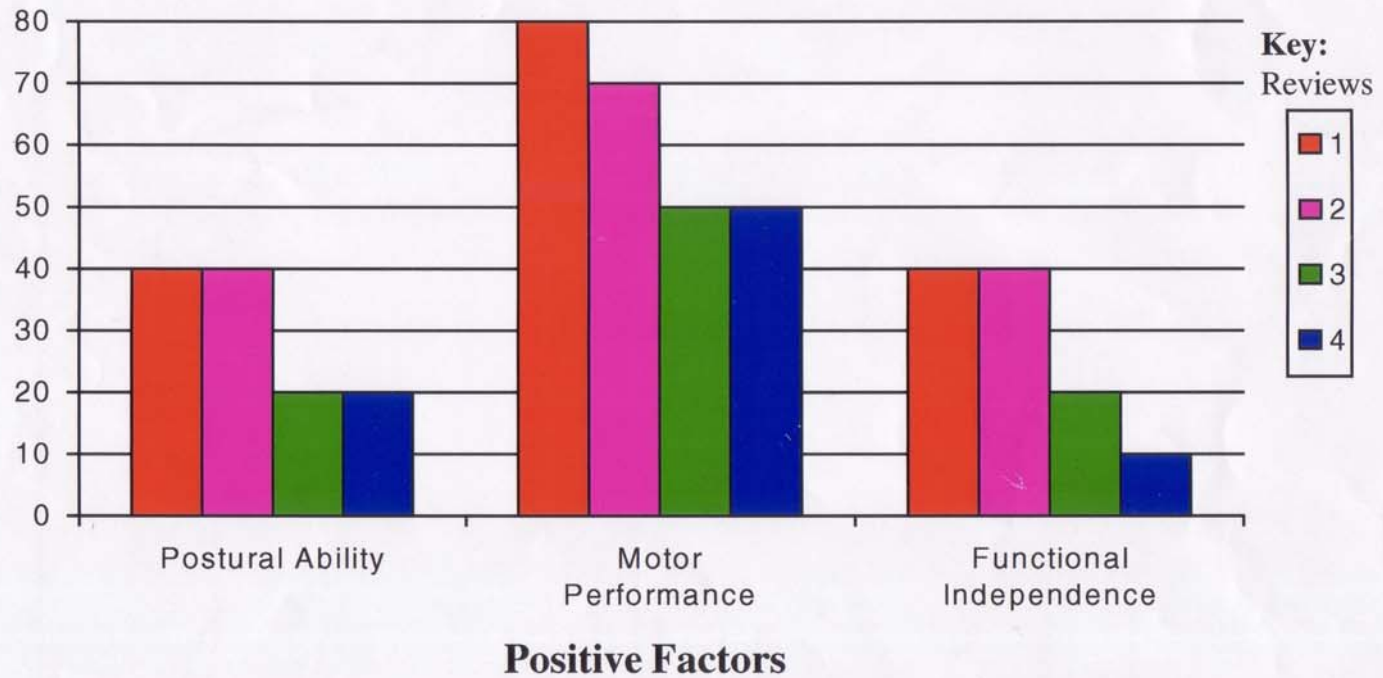
- Cognitive and/or communication difficulties.
- Process is time consuming.
- Does not take account of unforeseen benefit.

Benefits are considered to greatly outweigh
the problems!

THE END

Assessment of Non-Ambulatory Neurological Patients

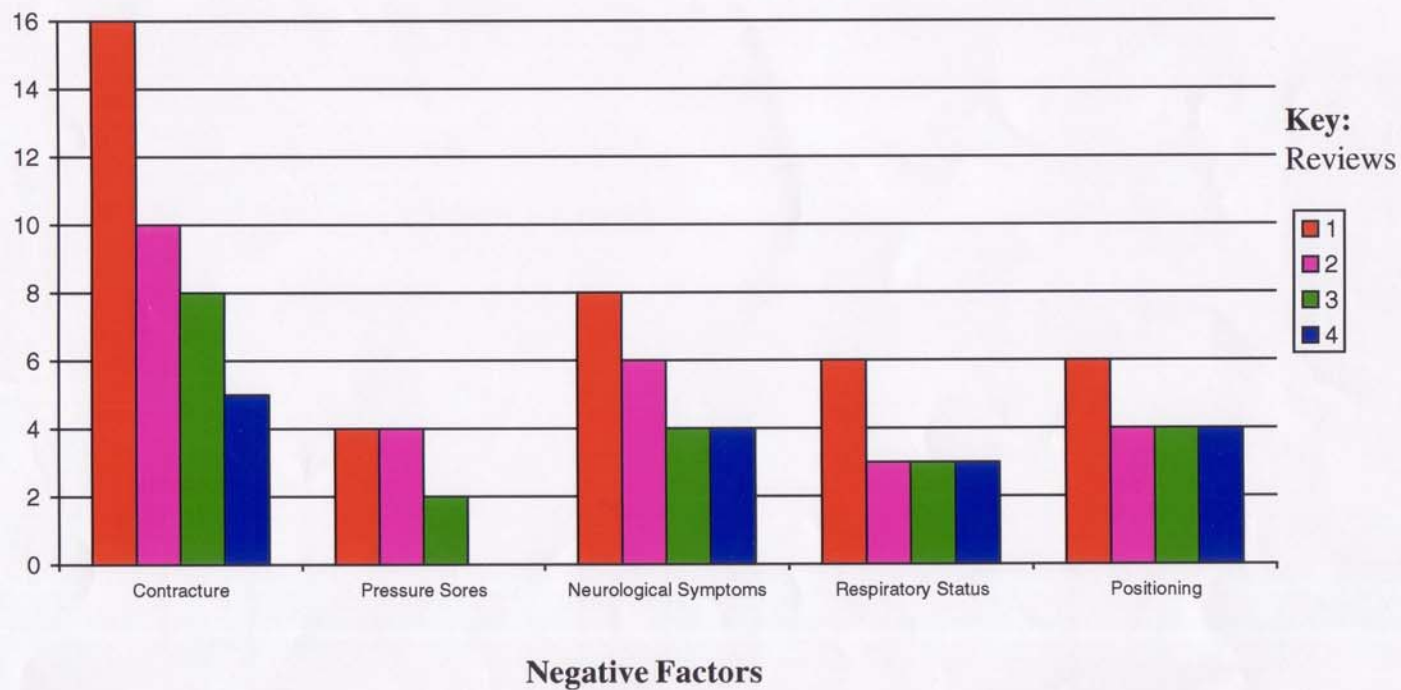
Section Score



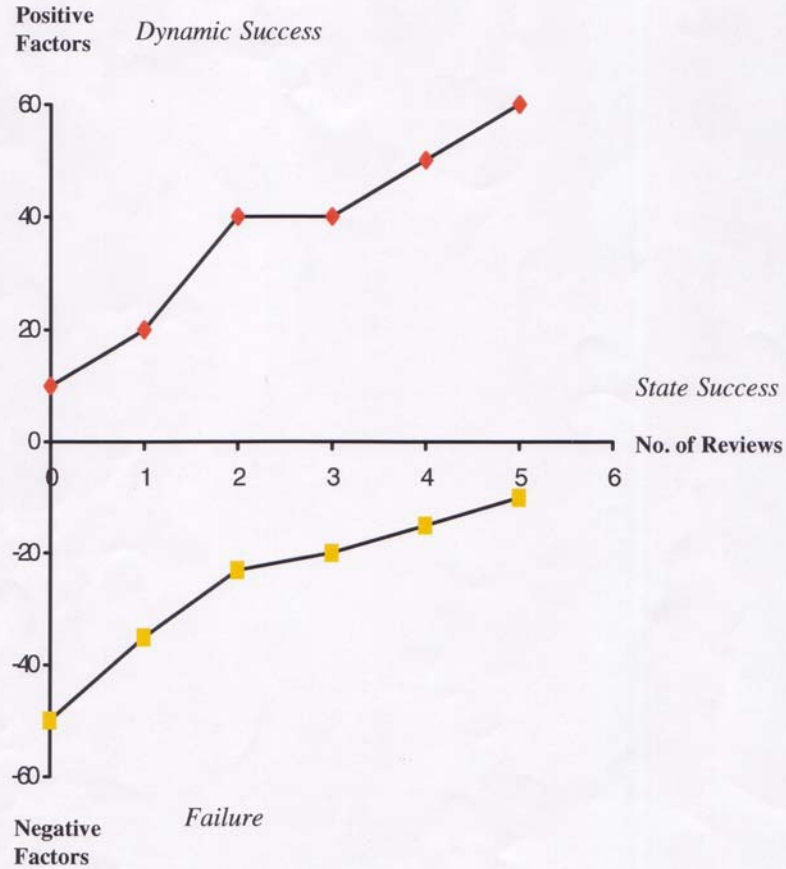
Nuffield Orthopaedic Centre NHS Trust - Rehabilitation Technology - Mary Marlborough-Cox

Assessment of Non-Ambulatory Neurological Patients

Section Score



Evaluation of Input - Total Scores



QUALITATIVE ASSESSMENT OF POSTURE - *sitting*

- Direction of rotation of pelvis and lower limbs.
- Tilt of pelvis.
- Pelvic obliquity
- Scoliosis
- Shoulder obliquity
- Trunk profile.
- Head position.
- Attitude of arms.
- Main loaded areas.



POSTURAL COMPETENCE SCALE (Sitting)

*modified from: Hallett, Hare Milner 1987 Physiotherapy 73:5
Mulcahy et al 1988 Physiotherapy 74:7*

Quantity (Circle appropriate level)

Quality (Tick correspondingly)

Level 1 Unplaceable in sitting

Trunk symmetrical

Level 2 Placeable with support

Head midline

Level 3 Can balance, not move

Arms resting by side

Level 4 Can move forwards within base, cannot reach sideways

Knees midline

Level 5 Can sit independently, move arms freely and reach sideways

Feet flat on floor

Level 6 Can transfer across surface, cannot regain sitting position

Weight evenly distributed

Level 7 Can move into and out of sitting position

SCORE NUMBER OF TICKS