

Talking Points Case Study – a physiotherapist perspective

My name is Elspeth and I'm a physiotherapist working with NHS Lothian. I'm a musculoskeletal outpatient clinician, and so my case load usually involves backs, necks, knees and such like. Often I've only got 15 to 30 minutes per patient, so I try to focus on what I see as the person's main problems.

I was recently involved in managing a project with the Rapid Response team from the Edinburgh Intermediate Care service. Shadowing the Rapid Response therapists provided me with invaluable insight into their job and one particular home visit was a major turning point in my thinking as it beautifully demonstrated personal outcomes

From the referral it sounded like Mrs. D's problems were musculoskeletal, and therefore something I felt competent to deal with. I knew this lady was 63. She had had a brain injury ten years before and had recently fractured her right foot as a result of a fall. Mrs D was in pain and this was limiting her mobility. She lived alone in sheltered housing and had a care package in place. I had been informed by the GP that Mrs D was 'not coping'. The GP had tried to arrange admission to the Royal Victoria Geriatric Hospital the night before but Mrs D was deemed too young.

In the car en route to the visit I was compiling a wee list of Mrs D's problems.

- Pain
- Reduced Mobility
- Reduced Range Of Movement (ROM)
- Reduced Mental abilities
- Inadequate Care provision



Before I arrived, I was already finding a virtual solution to all Mrs D's problems. I felt that the most important thing was to get her up on her feet a bit more doing a bit of exercise to get that foot moving. My virtual treatment plan consisted of:

- Home Exercises
- Gait re-education
- Review of walking aids
- Review of medication

Well, things turned out differently. We arrived to find Mrs D surrounded by a sea of teddies. She was a charming lady, very much aware of her situation. And we sat and talked. Mrs D told us that the thing she really wanted to do was to go to her daughter's in Somerset for Christmas, but just couldn't see how it would work as she couldn't walk.

Her care package had recently been cut from 5 to 3 visits. Her carers had half an hour to get her up, washed, dressed, walked through to the living room and breakfasted. Mrs D has IBS and frequently had accidents during the night. Her foot was painful and it took us 5 minutes just to walk round her chair. She was upset that the carers had other people to look after and she was making them late.

The care manager had discussed her care prior to the fall and promised Mrs D that it would not be reduced. However it was reduced and had not been re-evaluated since the fall.

She loved winning soft toys at the raffle at lunch club. However, she wasn't going because her foot was too sore to walk and she "didn't really feel like it anyway!"

Mrs D's head injury was due to a drug overdose. Her son had committed suicide a year ago. Her daughter, who lived locally, was helping herself to cash from Mrs D's purse.

Yes, her foot was painful but that was way down her list of concerns. Mrs D's priorities looked a bit different from the list I had compiled.

- Wanted desperately to get to her daughter's for Christmas
- Did not want to feel distressed that the carers were having to rush
- Wanted to be involved in decisions and a further review of her support
- Wanted to get to the lunch club to alleviate loneliness
- Wanted an opportunity to talk about family problems
- Did not want to be in pain

I couldn't resolve all of these issues but could see that some of Mrs D's 'outcomes' could be improved. The list of 'interventions' or 'actions' after talking to Mrs D was

- Just talking, and listening
- Encourage Mrs D to use the wheelchair more, especially for the trip to her lunch club and at Christmas
- Review care package
- Follow up phone call in a week to review progress and refer onto community physio as required

We walked out of there leaving a much happier lady. She had been treated with respect, listened to and had a say. With regard to the key outcome she wanted to achieve, Mrs D was reassured that she could use the wheelchair which, with a bit of support, would make the travel to Somerset possible. We would pass updated information to the care manager and ask for a review of the care package. While community physio would still play a part, the immediate outcome was not dependent on this.

My eyes were opened to the importance of just listening to what people want and I thank Mrs D and the team involved for doing just that.