

# Implementation of a Joint Occupational Therapy (OT) and Physiotherapy (PT) Upper Limb (UL) Assessment Form for Neurological Clients Treated in the Community Setting

Trinh Vo<sup>1</sup>, Jill Douthie<sup>2</sup>, Ingrid Steenholdt<sup>3</sup>, Kate McLean<sup>4</sup>, Josie Weightman<sup>5</sup>, Jared Towers<sup>6</sup>

1 Monash Health Community, 140-150 Sladen St Cranbourne, VIC, 3977

2 Monash Health Community, 1 Tarella St Clayton, VIC, 3168

3 Monash Health Community, 140-150 Sladen St Cranbourne, VIC, 3977

4 Monash Health Community, 140-150 Sladen St Cranbourne, VIC, 3977

5 Monash Health Community, 140-150 Sladen St Cranbourne, VIC, 3977

6 Monash Health Community, Cnr Princes Hwy and Deveney St Pakenham 3810

## **Background:**

The Community Rehabilitation Neurological Special Interest Group was formed to ensure that The Stroke Foundation's *Clinical Guidelines for Stroke Management* were being met consistently across community rehabilitation services.

One aspect of the guidelines looks as standardised assessment:

Clinicians should use validated and reliable assessment tools or measures that meet the needs of the patients to guide clinical decision making. Complete assessment requires input from all members of the stroke team .....with the stroke team working together so as not to burden the patient with duplicating questions.

From this, a joint UL assessment form was developed. The form includes the use of standardised quantifiable assessment tools as well as a documented procedure where it encourages clear communication and a collaborative approach between therapists. This ensures a comprehensive approach to SMART goal setting and the management of the UL as well as reducing the duplication on assessment, treatment and documentation.

## **Method:**

The working party has completed benchmarking with other networks, a staff survey, and a literature review to meet best practice guidelines. An assessment form was developed taking into account the availability, validity, reliability, time and practicality of implementation into community rehabilitation setting.

## **Results:**

Three training and education sessions for all community rehabilitation staff have been delivered. A resource folder and equipment kit has been disseminated to all teams. The formal trial of the form will commence on 6th July for three months. The form will then be re-evaluated into a final version for roll out.

## **Discussion:**

Completing a joint OT and PT UL assessment will reduce duplication in assessment and treatment of the neurological UL and facilitate combined management of issues identified. This allows expertise in both professions to work collaboratively to maximise outcomes for the client.