

An MDT approach to managing Dysphagia and improving global weakness



Care and Rehabilitation Centre

Introduction:

After a long stay in hospital with complex medical needs, including a tracheostomy and critical illness weakness, with a severe acute stenosis of the cervical spine also noted; the client was referred to QEF for intensive multi-disciplinary rehabilitation

- **Speech and Language therapy** - swallowing rehabilitation
- **Physiotherapy** - lower limb strengthening, standing and walking
- **Occupational therapy** - using upper limb in functional activity
- **Psychology** - Cognition and Mood

Client-centred Goals:

On arrival, the client presented with global weakness, required assistance of two to complete daily functional activities, for all personal care, bed mobility and transfers and relied on a PEG for all nutrition and hydration needs. Their aim was to return home to live with their spouse.

Several client-centred and SMART goals were developed for each discipline which included:

- **SLT** - To attend a VF appointment to check swallowing status on X-ray and to progress to a level 7a easy chew diet with strict advice on slowing down and eating safely.
- **OT** - To be independently completing single handed personal care tasks at sink with +/- adaptive aids in 3/52.
- **Physio** - To be able to mobilise household distances on a single level with the assistance of an appropriate aid.
- **Psychology** - To monitor mood and use different coping strategies to support with any low mood and anxiety.
- **MDT** - To partake in meaningful recreational activities with the appropriate support, such as going out with children and grandchildren.

Treatment

- **SLT** - The client presented with significant pharyngeal sensorimotor dysphagia, related to cervical myelopathy. A PEG tube was in use for all nutrition, hydration and medication. Therapy interventions focused on laryngeal strengthening and slow swallow rehabilitation.
- **OT** - Client was working on functional and dexterity tasks, upper limb strengthening and stability exercises including use of the Tyromotion, plus functional kitchen tasks and techniques for washing and dressing.
- **Physio** - The client was highly motivated and their mobility progressed significantly. They were independently mobile with a standard 4-wheeled walker for approximately 150-200m indoors and able to grasp a standard walker handle due to improved upper limb and grip strength.
- **Psychology** - The client displayed some anxiety around the future, but was encouraged by the close support of family and the desire to return home. Work was also done to look at changing mindsets and cognitive beliefs towards progress.
- **Nursing and care** - focus was on working with incontinence until the client was able to access the toilet safely, fitting a nebuliser at night to support respiration and managing medicines through the PEG and then taking medicines safely orally.



Outcomes

- **SLT** - Over 3 months they progressed through all the diet levels (IDDSI) and reached the goal of eating a normal diet and drinking normal fluids, without the cough/clear strategy required to give extra airway protection. PEG tube was no longer needed and all tablets were administered orally.
- **OT** - The client progressed to showering using a drop-down shower chair with supervision and a perching stool for personal care at the sink. They required assistance of one for dressing upper body but could dress lower body using adaptive aids with supervision. Thermoplastic custom-made resting hand splints were made for wear during the day.
- **Physio** - Strength generally improved in all aspects of function. Outside, the client was able to mobilise safely with a four wheeled walker. They succeeded in ascending and descending the stairs with bilateral rails and supervision of one. Balance improved considerably and sitting tolerance also improved.
- **Psychology** - by leveraging the strong family support progress was made in slowly reintroducing the client to daily enjoyed activities.

Conclusion

Overall, the client made significant progress in all outcomes, which was shown in function from initially being significantly affected physically and with the swallowing status, to returning home independently, taking a full normal diet and mobilising with aid.

Rehabilitation Specific Outcome Measure	Score at admission	Score at discharge
Rehab Complexity Scale (RCS)	12/22	7/22
Barthel	15	70

Physiotherapy outcome measures:	Score at admission	Score at discharge
Berg Balance	25/56	45/56
Modified Rivermead	6/40	38/40
10 metre walk test	0	0.54 metres per second
Timed Up and Go	0	31.08 seconds