Rehabilitation for People with Parkinson's Disease

Proactive Care Pathway

Rehabilitation healthcare professionals and hospital leaders may use this pathway soon after a diagnosis of Parkinson's disease (PD) to assess current function, promote lifestyle change for positive health behaviors, and maintain functional ability of people with Parkinson's.

TO ASSESS IF PROACTIVE CARE DELIVERY IS A GOOD FIT FOR YOUR CENTER, CONSIDER:

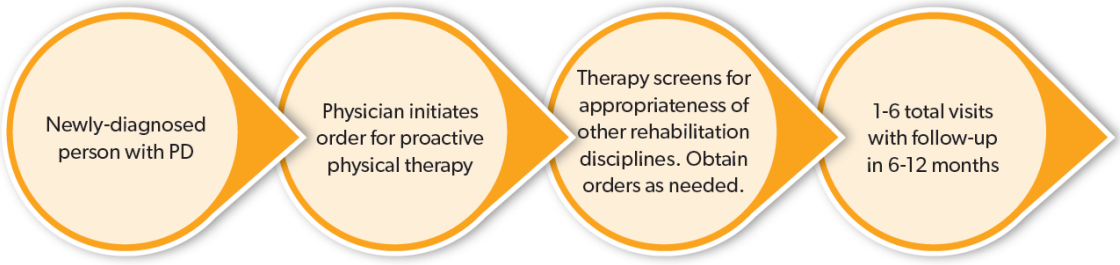
- What is the current referral pattern to rehabilitation? Are people with PD referred soon after diagnosis and when are referrals utilized throughout disease course?
- Capacity of rehabilitation disciplines to accommodate a potential increase in PD referrals.
- Alternative mechanisms to accommodate volume, such as community fitness centers staffed with providers for early referrals, or dedicated scheduling slots for proactive care sessions.

WHAT ARE THE OPERATIONAL CONSIDERATIONS?

- Recommend creating a specific order set and dedicated appointment type to facilitate operations.
- A dedicated person to coordinate this care pathway or a flexible scheduling protocol may be beneficial due to the differences from restorative care delivery.
- Typically, a lower frequency and number of visits is needed. A full plan of care may be addressed in 1-6 sessions spread over weeks or months.
- Complete an extended initial visit or divide over multiple visits.
- Physical therapy is the most frequently referred discipline. Screen and refer for needs addressed by other disciplines (occupational therapy, speech and language therapy, social work).
- Depending on patient presentation and needs, more visits may be appropriate at an initial encounter with fewer visits at follow-up episodes.
- Follow-up visits
  - Provide regular follow-ups every 6-12 months over the continuum of disease.
  - Schedule follow-ups prior to discharge to facilitate return.
  - At each follow-up, assess functional status over time using a core set of outcome measures.
  - Identify if there are deficits or decline that warrants a restorative care bout, or if continued independent management of condition is appropriate.

HOW IS THIS FINANCIALLY SUSTAINABLE?

- Insurance coverage supports reimbursement. If there are billing limits for initial extended visits, schedule multiple shorter visits.
- Lower number of visits per episode of care may not initially generate significant revenue per patient.
- Consider other metrics (patients establishing care, patient satisfaction). When individuals establish a care relationship early in disease, there may be potential for greater revenue over continuum of disease.



Proactive rehabilitation can be paired with exercise for maintaining function in people with Parkinson's.

To learn more, visit parkinson.org or scan the QR code.

Shirley Ryan AbilityLab

This resource was developed by the Rehabilitation Medicine Learning Collaborative, organized by the Parkinson's Foundation and Shirley Ryan AbilityLab, with the collaboration of Northwestern University, University of Southern California, University of Michigan, and University of Utah Parkinson's Centers of Excellence.

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Proactive Care Pathway

Discipline-Specific Recommendations & Resources

PHYSICIANS

- Initiate rehabilitation discipline referral for proactive care as soon as diagnosis is made.
- Educate patients that referral to rehabilitation disciplines typically involves fewer visits than traditional, restorative therapy.

PHYSICAL THERAPY

- Screen for motor and non-motor symptoms including ability to participate in wellness, prevention and fitness activities.
  - Motor: Screen for balance and gait impairments with outcome measures.
  - Non-motor: Fatigue, sleep, mood. Screen for presence of pain and address/refer as appropriate.
- Educate on individualized home program addressing aerobic exercise of moderate to high intensity, strengthening, balance and flexibility.
- Evidence: Stemming the Tide: The Proactive Role of Allied Health Therapy in Parkinson's Disease

OCCUPATIONAL THERAPY

- Screen for motor and non-motor symptoms including ability to participate in leisure and work.
  - Motor: Assess fine motor coordination, strength, handwriting, fastener management and tremor.
  - Non-motor: Fatigue, sleep, driving ability, functional cognition, vision, bowel and bladder, pain, and mood.
- Educate on postural strengthening, tremor management, handwriting strategies, fatigue management/ sleep hygiene and work/typing strategies as appropriate.

SPEECH & LANGUAGE THERAPY

- Screen for motor and non-motor symptoms including ability to communicate effectively and maintain safety with oral intake.
  - Motor: Assess speech (vocal volume, intelligibility, prosody, articulation, vocal quality) and swallowing (function, pneumonia history, weight loss).
  - Non-motor: Cognitive-communication (executive function, memory, word retrieval, processing speed)
- Educate on voice and speech strategies, swallow strategies, oral hygiene, aspiration precautions, memory strategies and supports.

SOCIAL WORK/ HEALTH EDUCATOR

- Provide information on available providers, introducing their role in supporting Parkinson's care.
- Work with your team to develop processes for screening for mood disorders, resources and support needs. Resources should address holistic approach addressing physical, emotional and social needs.
- Empower the person with PD to be in control of their future.
- Normalize having challenging conversations about diagnosis, feelings and role changes.
- Reinforce social worker's ongoing availabilityif there are no identified needs at initial contact.
- Follow up periodically to provide resources and information. Engage with individuals through email, outreach education and follow-up physician visits.

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