Rehabilitation for People with Parkinson's Disease

Supportive Care Pathway

Rehabilitation healthcare providers and hospital leaders may use this pathway to help people in more advanced stages of Parkinson's disease (PD) with an emphasis on safety, quality of life and care partner education and training.

TO ASSESS IF SUPPORTIVE CARE DELIVERY IS APPROPRIATE FOR YOUR CENTER, CONSIDER:

- The current referral pattern to rehabilitation for people in more advanced stages and whether there are opportunities to increase utilization of this care pathway.
- Capacity of rehabilitation disciplines to accommodate a potential increase in PD referrals.
- Need for additional therapist training to provide people with PD with advanced equipment options, caregiver resources, strategies for functioning and realistic goal setting.

WHAT ARE THE OPERATIONAL CONSIDERATIONS?

- Typically a lower frequency of visits is needed.
- Flexible scheduling protocol may be beneficial due to the differences from restorative care delivery.
- A limited number of visits are scheduled to address a focal need in more advanced disease.
- Incorporate person-centered wants and desires into decision-making and goal setting. Goals usually focus on maximizing safety, quality of life and care partner education and training on specialized equipment.
- Functional outcome measures are less likely to be sensitive to change in this pathway.

HOW IS THIS FINANCIALLY SUSTAINABLE?

- Insurance coverage supports reimbursement for goals related to improving safety at home and caregiver training. Consider the use of skilled maintenance billing modifiers if appropriate for your setting.
- Develop relationships with administrators to understand best practices for your most common payor sources (e.g., Medicare, Medicare Advantage, private insurance).
- Consider the financial impact of resources and time needed to coordinate with Durable Medical Equipment (DME) vendors and social support services.

SAMPLE GOALS

Physical Therapy	Occupational Therapy	Speech & Language Therapy
Care partner will demonstrate independence with safely assisting patient transfers using Hoyer lift in four sessions.	Patient will complete lower extremity dressing with supervision using adaptive equipment in five sessions with care partner providing multi-modal cueing with no more than one cue from therapist.	Patient will be modified independent with a least restrictive diet using swallowing strategies with cues from partner.

The Parkinson's Foundation has a palliative care initiative to improve accessibility of palliative care from time of diagnosis, providing support for people with Parkinson's and their family members, throughout every stage of disease. 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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Discipline-Specific Recommendations & Resources

PHYSICIANS

- Adjust medications to optimize individual needs.
- Provide rehabilitation referrals to address goals areas highlighted below, including rehabilitation, palliative and hospice care needs.
- Consider a multidisciplinary clinic to address the growing needs of individuals with PD.
- Consider appropriateness of palliative or hospice care models.

PHYSICAL THERAPY

- Consider current DME needs and potential future needs.
- Provide care partner training and education.
- Provide transportation resources as needed.
- Recommend scheduling more difficult and taxing activities during medication "On" times or times of high energy in the day. Spread difficult activities throughout the week.

OCCUPATIONAL THERAPY

- Provide patient and care partner education for safety, activities of daily living performance, activity pacing and adaptive equipment.
- Assess for adaptive equipment needs (raised toilet, shower transfer bench, grab bars).
- Recommend scheduling more difficult and taxing activities during medication "On" times or times of high energy in the day. Spread difficult activities throughout the week.
- Recommend physical space organization, establishing a routine for daily living and reducing physical hazards to optimize performance of daily activities.

SPEECH & LANGUAGE THERAPY

- Provide communication partner strategies. Educate on voice amplification. Provide options for augmentative and alternative communication (AAC).
- Consider the need for swallow studies and modified diets. Education on feeding tubes as needed. Referral to dietitians.
- Educate on cognitive strategies and medication management for the person with PD or care partner as appropriate.

SOCIAL WORK/ HEALTH EDUCATOR

- Advanced care planning, initiated earlier in disease stage, should be revisited and revised as appropriate.
- Provide information about options in palliative and hospice care.
- Continue to support persons with Parkinson's disease to process grief and loss.
- Support care partner and family systems in shifting roles.
- Give individuals agency about directing decisions related to quality of life and care plans.

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