

David Wozny – MDT – 23 August 2016

Location: Complex Case Management

Present: A Person (FB), B Person (SG), C Person (MR)

D Person (GDL)

Report from Case Manager

FB: Update from Dr Ball. Spinal scan completed but nothing came up. Nerves were looked at but there is on nerve damage. DW has also had blood tests and all is fine. Agreement with acupuncture but a private referral is required. FB will make referral. NHS are very limited in relation to acupuncture. Also advised maxillary Facial Surgery referral will be done by Dr Ball. Dr Ball advised will leave appointment for six months but DW can get in touch if needed sooner.

SALT assessment completed and DW advised about his swallow and exercises have been provided. Speech assessed but they have discharged him.

SG: Asked why he has been discharged.

GDL: Advised David is too good with speech and can now multi-task and speak at the same time.

FB: DW doesn't meet the criteria for NHS speech and language therapy.

GDL: Asked about elocution to assist DW. Has to think fast in order to keep up with DW.

FB: Will ask solicitors for private referral to SALT

GDL: DW can function well

SG: DW can get frustrated with people not understanding what he is talking about

FB: Struggling to get a Neuro Psychology referral as he already sees an NHS Psychologist. Dr Ball suggested discharging DW from NHS Psychologist as she feels they cannot meet his needs. Fran to request a private referral.

GDL: DW and partner to see Neuro Psych. DW cannot always remember what people are there for or what they have been saying to him.

REPORT FROM OCCUPATIONAL THERAPIST

MR: Seen DW twice, DW has also cancelled two sessions due to SALT appointments. DW did not feel he needed assistance in the community, MR focussing on working with kitchen skills which will also incorporate planning skills.

SG: Asked about DW using public transport and if this is based around goals

GDL: Stated DW just wants to drive.

FB: Assessment form was initially sent to wrong address. Docs have now been received at DVLA. At the appointment with Dr Ball, DW asked Dr Ball about the forms, and whether she had returned them to the DVLA; which she had.

MR: Advised a decision on the driving licence may take a few months as the non-qualified advisor could not make a decision and referred to the DVLA doctor. DVLA only have one doctor to make decisions.

FB: DW can give directions, example, of when directing FB to Dr Ball appointment, however gets distracted when having a conversation at the same time, or if he does not know the route and SatNav is on DW states that it breaks his concentration and struggles with the discussion.

MR: DW offered an 'Introduction to Brain Injury' course however declined.

GDL: DW does not always finish listening to what he is being told before commencing the task. He can be given instruction, then start the task before instructions are finished, then forgets the last part of the instruction. DW has improved a lot over the last three months.

FB: DW asked Dr Ball for strategies in remembering things.

- MR: Doesn't believe it is a memory thing, but more like an attention thing
- GDL: DW worries he will forget the task before it is done. DW remembers the gym program as it is a routine for him. Advised DW used to document everything about himself.
- MR: Will be starting backward training and errorless learning.
- GDL: Asked for guidelines about the training to be emailed to her
- MR: Advised it was a case of doing tasks over a period of time. Begin by doing the majority of the task and slowly allow DW to do more

REPORT FROM PHYSIOTHERAPIST

- GDL: DW has done well in physio. DW revised the gym program and emailed to GDL. Changed pain monitoring and GDL asked DW to keep records. DW suffers from hand and mouth problems. When documenting problems, DW used to group together. GDL has asked him to separate them as they do not always relate to one another, DW has now done this.

DW no longer gets the 'fuzzy head' feeling when on treadmill, after improving his breathing.

GDL stated physio was a twelve-week program of gym and pool, but did not get into the pool with him as DW does not swim regularly so could not see the benefit of this.

DW now has a good range of movement in his neck and shoulders.

DW not using treadmill in the gym but wants to go running. Recently used bike outside without telling anyone he was going out on it. DW realised it was a mistake when he arrived home and saw how upset and worried his partner was. DW now rides the bike but on the pavements. No incidents reported as yet.

- SG: Are there any organised walks or bike rides DW could go on?
- GDL: Advised DW used to be a lone person and always did things alone. DW will not have a support worker.
- FB: DW stated at the meeting with FB and SG that he would go out with a cycle group or walking group, however he doesn't feel he requires someone to attend things like the gym, etc.
- GDL: DW advised speech slows and worsens when cold however the weather has not been that cold yet so we will have to wait and see the effect. DW also asks if he's repeating himself. He also does not recognise things he does or does not do until they are pointed out, then gets upset that he didn't notice them.

Advised that DW reported that he used to get a rush feeling in his head when he bent over so crouches down to do anything. GDL advised that he no longer gets the rush feeling however continues to crouch instead of bend. When asked why he crouches instead of bends he could not remember what used to happen to him before when he bent down.

DW carries two cups in his right hand, rather than one in each as he is still suffering from grip issues with his left hand.

Toe movement has returned to normal, DW no longer needs to adjust his toe once he has his shoes on.

Final assessment report will be given to DW along with initial report so DW can compare his progress.

DW has a rowing machine at home which he uses, but he needs to be mindful of how much he uses it.

GDL tried electrotherapy, TENS program used on hand, the tingling sensation went for a couple of days before gradually coming back. On the second time, tingling in arm and hand subsided for ten days, leaving no sensations until he used the rowing machine, which triggered the tingling again. TENS machine has been ordered.

FB: DW advised that he forgot that the rowing machine triggers the tingling and therefore used it again following the last TENS session.

GDL: Perhaps DW should put a sign on the rowing machine to remind him. DW has a lot of metal work and therefore the TENS machine cannot be used on his face. Will use TENS machine on a high frequency for his arm and hand tingling, as DW can tolerate this.

DW had an intensive Maxillary Facial assessment after hospital discharge and he think this is when the facial tingling commenced so hopefully they will be able to advise treatment for it.

FB: Dr Ball has advised DW to tap on his face when he is eating and hopefully this new sensation will trigger his brain to forget the tingling sensation, as Dr Ball feels this is the issue.

GDL: Still feels that the maxillary facial team will be best to advise.

DW still needs to have lots of liquid when he eats. Movement will help increase saliva flow.

FB: DW has been advised to take extra swallows and sips of water whilst eating.

GDL: There is a technique that can be done to improve secretion production

FB: Advised this may be on the exercises DW has been given. However hasn't seen the exercises, so will have to check with DW.

GDL: **Goals**

To use TENS machine

Re-visit gym program

Start consistent running to help improve breathing technique

Maintaining range of movement

Asked for referral to Podiatrist in last report, however this is no longer required as movement is back too normal

VOCATIONAL PSYCHOLOGIST REPORT

SG: DW has applied for lots of things for voluntary work. 'Just Do It' website did not reply when putting in information about what DW would be interested in doing so they found out the information about the organisations themselves. DW applied to Air Ambulance for volunteer work. Also applied to the library as a volunteer assisting people with IT. DW's IT skills are better than the average person but not as strong as they were previously.

DW has applied for a voluntary position befriending elderly people. DW has issues with self-worth and anxiety about not contributing. DW was worried about contact regarding voluntary positions but then arranged the interviews himself. SG advised that she offered DW opportunity for her to attend with him but he declined. SG will catch up with DW this week.

FB: Knows the outcome of the interviews. DW was offered a position with Air Ambulance but it is in a factory matching clothing to the correct size tag, etc. and he finds it boring. The befriending of elderly people is no longer an option as there is no one local to him, the closest being in Stoke, which could be too expensive for him to travel to.

SG: Would DW be entitled to a free bus pass? Some authorities offer free or reduced travel costs to people who have given up their driving licence due to health issues.

FB: Free bus pass may be a possibility, SG to look into this with DW.

Was interviewed at library and offered a position to assist visitors with IT on a voluntary basis. Awaiting DBS so he can proceed.

DW also met someone regarding dog walking. Met client and they both went out with the dogs on two occasions, however on the third occasion he wanted to bring his daughter. The client wasn't happy to leave them on their own with the dog and DW did not feel comfortable about going with his daughter and the man, he also could not see the point if the man was going to continue to go with him; DW advised the man he could no longer do it. DW also had concerns about the man as when he went to the house the man kept showing him YouTube video clips of abused animals on the TV, which made him feel uncomfortable.

SG: Had advised DW against dog walking, stating it was not a job for a vulnerable person and was advised of the risks associated with dog walking.

DW needs to build up confidence and feel like he's contributing.

Need to look at where DW is at and build his confidence. Feels he would be good helping people in the library. SG will monitor his progress there.

GDL: Often have to track ahead of DW to where the conversation is going in order to keep up

FB: How will voluntary work be monitored?

SG: Will speak to DW about calling in and seeing him and will chat with manager / supervisor. There is a disconnection between what DW has done and what he thinks he has done, therefore she feels she needs both perspectives.

ACTIONS

- FB to request funds for Acupuncture referral
- FB to request funds for SALT referral
- MR to email guidelines re: backward training to GDL
- SG to look into bus pass options with DW
- SG to speak with DW about monitoring of voluntary placement