Occupational therapy teams at CUH

Department of Medicine for the Elderly (DME):

The DME team aims to enable elderly persons to carry out their roles in self-care, domestic and leisure activities with dignity and independence. Patients are predominantly over 85 and are admitted with a variety of conditions including falls, advancing dementia, Parkinson’s disease, delirium, urinary tract infections, sepsis and respiratory conditions. The multi-disciplinary team (MDT) consists of nurses, doctors, occupational therapists, physiotherapists, a care manager or social worker.

The therapist will assess a patients’ occupational performance and determining if their injury or illness has resulted in a change in their abilities to complete their daily activities, and from this creating a treatment plan specific to their needs. Where necessary, we will refer the patient for further occupational therapy in the community. Following assessments and inventions patients are then either discharged home (with or without care or rehabilitation), to inpatient rehabilitation or a residential or nursing home.

Acute Care Hub:

Occupational Therapists in this team assess patients on the hospitals three short stay wards. The aim is to assess patients and provide the treatment, advice and equipment they require to allow them to return home with 72 hours.

Alternatively, we aim to identify that a patient has complex needs and would be better suited on one of the hospitals speciality wards as they are likely to need to be an inpatient for a longer period of time.

Hands:

The Hand Therapy team see patients following trauma and/or surgery to the hand. The occupational therapists aim to help maximise movement, strength, and function of the injured hand, enabling a patient to recover their normal daily living skills through specific exercises and work-related activities.

Our service is provided predominantly on an outpatient basis, where patients will attend
appointments within our clinic or in the main occupational therapy department.

**Major Trauma:**

Ward J2 has a wide variety of patients and conditions, featuring both major trauma and neuroscience patients, in addition to four neuro-rehab beds. The occupational therapists work as part of an interdisciplinary team featuring neuropsychologists, speech and language therapists, physiotherapists, dieticians and specialist nurses. There are also occupational therapy led groups held on the ward.

J2 has 10 Rapid Access to Acute Rehab (RAAR) beds which are part of the Major Trauma pathway. The patients may have complex orthopaedic, spinal injuries (including spinal cord injuries) and/or traumatic brain injuries. These patients have assessments for their rehabilitation needs, following which they may be referred to further appropriate rehabilitation services.

**Medicine:**

The occupational therapists in the medical team cover the cardiology, respiratory, endocrinology and diabetes, renal, infectious diseases, and hepatology wards. We assess and treat patients who have had a change in the way they normally manage their day to day activities, as a result of their medical condition. Daily activities could include getting washed and dressed, toileting, and kitchen based tasks such as making a meal and a hot drink. We work with our patients on both physical and cognitive components of daily activities, and often liaise with other services.

Our aim is to restore our patient’s abilities through rehabilitation and we look at ways to manage changes in a person’s abilities where restoration is not possible, with provision of adaptive equipment or compensatory techniques to support our patients hospital discharge.

**Neurosciences:**

Addenbrooke’s neurosciences is a specialist centre including the major trauma centre for the East of England. As Occupational Therapists, we treat patients (aged 16 plus) in the acute phase of brain and spinal injuries due to trauma, spontaneous bleeds, or other neurological conditions. These patients may have physical deficits, cognitive deficits or both.

We cover the acute wards, from neuro critical care through to discharge either to home or onto further rehabilitation if required. We assess our patients’ occupational performance and use our activity analysis skills to assist our patients to achieve their goals as their occupations often have to be modified or adapted to compensate for their current deficits. We complete a wide variety of assessments and interventions and have the support of occupational therapy assistants to assist with early rehabilitation. The neurosciences OT’s
work within a supportive team and MDT.

Orthopaedics:

The Orthopaedics team provides the opportunity to work with both trauma and elective patients on the wards and in pre-assessment clinics. Our clinics involve educating patients and preparing them for their elective surgery and any potential change in their functional ability. Orthopaedics has a great variety for assessment and treatment – between the fast and straight forward elective hip and knee replacements, to the complex and challenging trauma patients. It also means we work with a variety of people from teenagers to those in their 100’s!

We work closely with the multi-disciplinary team, to ensure we provide holistic care for the patients and play a major role in supporting timely and safe discharges. We also have a key role in providing equipment to enable independence for a patient’s activity engagement.

PRIME Service (Peri-operative Review Informing Management of Elderly):

The PRIME Service is a multidisciplinary team based at Addenbrooke’s Hospital. The aims of the PRIME Service are to get you as fit as possible for your surgery; medically, physically and functionally; reduce the risks of post-operative complications and get you home as soon as possible.

The PRIME team consists of: a consultant anaesthetist, a consultant geriatrician, an occupational therapist and a physiotherapist.

Rheumatology and Pain:

Our occupational therapists see patients with rheumatology conditions including rheumatoid arthritis, osteoarthritis and connective tissue disorders who may benefit from conservative management. The team also sees patients who are referred directly from the Addenbrooke’s outpatient pain clinic team, and see patients who have chronic long term pain conditions such as fibromyalgia, complex regional pain syndrome and back pain.

We aim to help patients to regain their confidence in participating in the activities that are important to them and educate patients on ways to manage their condition which may include joint protection, pacing, provision of splints, hand exercises, relaxation/mindfulness and problem solving everyday activities that are difficult or painful to do, including returning to work and leisure. This is an outpatient service, which sees patients both in one to one sessions but we also run group sessions. A joint protection programme is offered for people who have inflammatory arthritis (such as Rheumatoid arthritis and Psoriatic arthritis) to help them learn how to manage their condition.
Surgery & Oncology:

We support patients who have had surgery to assess how they are managing with their daily routines, and to promote independence with this. This may include providing any relevant equipment or learning new techniques. We help to identify a patient’s needs to support their discharge, and signpost to appropriate services. For lower limb amputation, our aim is to promote a safe discharge whilst awaiting a prosthetic limb, and to signpost for community occupational therapy for long-term adaptations and care if required.

Our occupational therapists also work with inpatients on the oncology/cancer wards to promote their independence and limit the effects of their treatments on their daily lives. Our aim is to make their life as productive and comfortable as possible. We achieve this by gathering information about them and their current needs and abilities. We work with our patients to reach their goals. Sometimes it is a matter of trying a new technique or using equipment to adapt a task. We take into consideration the side effects of cancer treatments such as pain, fatigue, nausea, mood changes and fluctuations in cognition.

Stroke:

Occupational therapists provide specialist rehabilitation services as part of a multidisciplinary team at the Hyper Acute Stroke Unit (HASU) and the acute stroke unit (ASU). Occupational therapists work in partnership with stroke survivors, their care-givers and the rest of the multidisciplinary team to center the rehabilitation on the individual’s goals. Our main focus is to support stroke survivors to re-construct their occupational identity to have meaningful and fulfilling lives. Group activities (e.g. gardening, upper limb and craft group) one to one sessions and education interventions are used to support stroke survivors and their care-givers in re-inventing their lives post-stroke.