

NDIS ALLIED HEALTH CASE STUDIES



EXERCISE PHYSIOLOGY (EP)

Participant with Charcot-Marie-Tooth Disease (CMT)

Situation

A 57 year old male Participant living with his wife in an isolated town, which required crossing a border for hospital treatment. The Participant's disability was quite severe in nature - affecting ADL's, experiencing persistent infections, unable to access his community and/or attend his church meeting to complete public speaking engagements.

Outcomes

- Required EP assessment and support for ongoing physical therapy treatment at home and with the Participants current community based personal trainer under their NDIS plan.
- EP provided an initial functional assessment, communicated with the Participant's Support Coordinator, Personal Trainer and Dietitian, developed a home exercise program, provided clinic-based exercise recommendations and bi-monthly consultations
- The Participant relocated to Sydney to be closer to medical and disability supports, and through ongoing consultation, plan reviews and communications among stakeholders facilitated by the EP, has now returned to public speaking engagements within his community and church, and has increased access to the community due to improved balance, strength and cardiovascular markers.



Participant with Atypical Parkinsons

Situation

A 60 year old female presenting with an array of comorbidities including Hypotension, Osteopenia, a coccyx injury, bursitis - bilateral hips, a pressure area on the buttocks, arterial blockage in the right foot and left shoulder dysfunction. The Participant presented as non-verbal with limited functional capacity to extend movement outside of her hospital bed. She was sedentary and spent 95% of time in a hospital bed with transfers to and from wheelchair being facilitated by her husband and Support Worker.

Outcomes

- EP provided weekly consultations using a combination of home visits and telehealth, developed a home exercise program for the Participant to complete twice per week with their Support Worker, and provided support letters for low cost low risk equipment.
- The Participant now uses a hydrotherapy pool weekly with her husband, has improved tolerance for transfers, and extended sitting capacity to allow for social outings with family or to attend medical appointments.
- The Participant measured improved shoulder, hip and rotational range of motions, which supported improved eating and self-care behaviours.

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THE PARTICIPANT HAS NOW RETURNED TO PUBLIC SPEAKING ENGAGEMENTS WITH HIS COMMUNITY

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OCCUPATIONAL THERAPY (OT)

Participant with Myotonic Dystrophy

Situation

25 year old male Participant experiencing a sudden unanticipated decline in function and noted that their "quality of life had taken a hit." The Participant was experiencing increased falls and a significant loss of upper limb gross and fine motor coordination. They were unable to prepare their own meals, attend to grocery shopping, operate their phone, and iron their clothes. They experienced difficulty coordinating their own NDIS plan due to loss of speech and reduced capacity to operate a phone, as well as had insufficient funds in their existing plan to meet the need for increased supports with ADLS and therapies including physiotherapy, speech pathology, podiatry and OT.

Outcomes

- An urgent functional assessment and report was completed outlining reduction in function and funding required to meet goals, overcome impairments and increase participation
- A plan review was initiated with evidence of the OT functional report and recommendations
- The Participant was successfully allocated all funding recommended by HPC including OT, physiotherapy, podiatry, speech pathology, increased 1:1 support hours, support coordination, and low cost assistive technology.

Participant with a disability caused by a Cerebrovascular Accident (CVA)

Situation

The 68 year old female Participant experienced CVA approximately 12 years ago with right sided weakness, as well as a background of premature birth and residual speech and hearing impairment. She is independently mobile, living alone at home using twice weekly supports for domestic assistance and social support/shopping, and has a strong dislike of anything that makes her stand out or "look disabled". She experienced a fall at home resulting in a fracture to the left femur on the unaffected side, and a lengthy hospital admission due to being unable to stand without support. The Participant required a power wheelchair and assistance with transfers using a Sarah Steady Transfer Aid. Hospital Allied Health recommended 24 hour care for safety, however she was determined to go home.

Outcomes

- OT regularly liaised with the hospital OT providing details of home environment, photos of current set up of equipment at home as the hospital OT was unable to complete a home visit due to COVID-19 restrictions, and teleconferencing with the Participant whilst in hospital to assist with choice and control.
- OT provided set up of home environment for discharge with assistive technology as recommended by the hospital OT, liaison with Support Coordinator, training and support to Support Workers in the use of equipment and techniques, and weekly home visits to review function and assisted technology needs.
- The Participant remained strongly motivated to return to her previous level of independence with a 4WW, and accepted recommendations to complete regular exercises and build capacity.
- The Participant has now returned all extra equipment and returned to previous level of mobility and function using a 4WW. Further OT input is only required if her situation changes. The Participant was very happy to be managing at home, and has even started going out into the community again.

SOCIAL WORKER (SW)

Participant with a Psychosocial disability

Situation

The 22 year old Participant presented as vague, unsure of herself and socially isolated. She seldom left her bedroom, refused to talk on the phone, and had a limited understanding of health referrals and appointments.

Outcomes

- SW supported the Participant to build capacity to successfully have face to face telehealth with their care team, including her Psychiatrist.
- SW coordinated mental health OT services for the Participant in order to provide exposure therapy.

Participant with a Psychosocial disability

Situation

The 21 year old Participant presented with severe anxiety and depression, social phobia, developmental delay, and sleep apnoea. During her initial presentation, she noted that "Anxiety limits me from going out in public. I get paranoid that people are looking at me."

Outcomes

- SW coordinated Psychology and Psychiatry referrals including recommendations for a Psychiatry medication review in order for the Participant to commence access to regular mental health treatment supports.
- SW facilitated referral to OT for Functional Assessment and referrals to mental health OT for exposure therapy.



DIETITIAN (DT)



Participant with a Vision Impairment and Autism

Situation

A two year old Participant presenting with a vision impairment and autism, as well as underweight plotting below the 10th percentile within their age bracket on growth charts. The Participant experienced oral aversion, sensory difficulties and poor oral intake.

Outcomes

- DT provided an assessment and clinical report that secured funding to allow the Dietitian to regularly assess Participant's growth.
- Participant's weight increased to 50th percentile for their age bracket.
- DT's advocacy was successful and nutritional supplements are now being funded for the Participant via their NDIS plan.

Participant with an Intellectual disability

Situation

A 55 year old client with an intellectual disability presenting with increased coughing during mealtimes, as well as tongue dyskinesia that compromises oral swallowing.

Outcomes

- DT assessment attended in collaboration with Speech Pathology.
- Participant was provided with an updated Mealtime Management Plan.
- DT educated support staff to keep a cough log and implement a Mealtime Management Plan
- The Participant is no longer coughing, and has a healthy and stable weight.

Participant with Duchenne Muscular Dystrophy

Situation

A 26 year old Participant with Duchenne Muscular Dystrophy who is wheelchair bound, experienced regular discomfort, irregular bowel habits and constipation.

Outcomes

- Following DT intervention, the Participant now reports being more comfortable, is experiencing less constipation, and bowel habits have improved.
- Participant weight is currently healthy and stable.

Participant with PTSD, Depression, a Traumatic Brain Injury and Type 2 Diabetes Mellitus

Situation

58 year old Participant living with PTSD, Depression, Traumatic Brain Injury and Type 2 Diabetes Mellitus. The Participant's goal was to improve day to day food choices, and move away from highly processed snacks and sweets. They experienced a global feeling of being out of control.

Outcomes

- DT focused on attempting to return the Participant's desire for control to cook better tasting, healthier food options that met their need for intense flavours. This extended into him taking better control over his kitchen environment.
- The Participant's apartment is now less cluttered, with fewer packages of processed food around and his kitchen was more organised.
- The Participant is now preparing more of his preferred meals, and has reduced the use of highly processed snack foods.
- An improvement to diet was seen, which may have led to improved mood.

MORE INFORMATION

For more information regarding Hunter Primary Care's NDIS Allied Health services, contact our friendly team on (02) 4925 2259 or email NDIS@hunterprimarycare.com.au.

HOW TO REFER

We accept both self-referral and GP or health professional referrals to Hunter Primary Care NDIS Allied Health services.

Referrals can be made online at hunterprimarycare.com.au/ndis-allied-health or by emailing your NDIS plan to NDIS@hunterprimarycare.com.au.