



**National Rehabilitation Hospital**

**Prosthetic, Orthotic & Limb Absence Rehabilitation  
(POLAR) Programme**

**Scope Of Service**

**(Including Inpatient, Day-Patient, Outpatient Services)**

## **Introduction**

The Prosthetic, Orthotic & Limb Absence Rehabilitation (POLAR) Programme at the National Rehabilitation Hospital (NRH) in partnership with Opcare, provides specialised, interdisciplinary, coordinated and outcomes-focused rehabilitation for patients with amputation or congenital limb absence.

Amputation most commonly occurs because of vascular disease, diabetes, trauma, infection or tumours. Congenital limb absence occurs when the whole or a part of the upper or lower limb fails to form normally when the baby is developing in the uterus. Most congenital limb absences are random events with an unknown cause. Depending on the nature of the limb absence, people can present with a range of impairments and resulting disability that may be physical, psychological, social or vocational.

The POLAR Programme is designed to assist people with limb absence, and their support network to lessen the impact of these impairments and to promote greater levels of functional independence, social participation, autonomy, and community integration. People with amputation or limb absence need to relearn skills, acquire new skills and develop strategies to compensate and manage these impairments. The programme facilitates opportunities for interaction with peers.

The POLAR programme links with the Paediatric Programme to provide similar specialist care to children with congenital limb absence or amputation.

The continuum of care provided by the programme includes consultant-led comprehensive Inpatient and day-patient programme and ongoing Outpatient programme for individuals with limb absence.

In Ireland there are no official statistics for the number of people living with limb absence however by extrapolating data from other countries to the Irish population it is estimated that between three to four thousand people are living in Ireland with limb absence.

## **Strategic Partnership**

The National Rehabilitation Hospital and Opcare entered a formal strategic partnership in 2000. Opcare is a private company that has operated in both Ireland and the UK since 1991. Opcare manufactures and customises prostheses and orthoses for patients from all over Ireland. Prosthetists/Orthotists and necessary administration staff employed by Opcare provide the prosthetic service to patients within the programme.

The NRH has a Strategic Partnership Agreement with Opcare for the provision of a prosthesis or prostheses which ensures appropriate clinical governance. All clinicians employed by Opcare work in compliance with NRH policies and protocols.

Therefore, if patients have a prosthesis provided by a prosthetic provider other than the Opcare-NRH partnership, the NRH cannot guarantee appropriate clinical governance and oversight. These patients can however be referred to the NRH for assessment if they wish to commence their prosthetic care with Opcare and the NRH.

## **Rehabilitation Setting**

The National Rehabilitation Hospital (NRH) is a publicly financed, voluntary, free- standing, inpatient, day patient and outpatient rehabilitation hospital located in the Dublin suburb of Dun Laoghaire, County Dublin, Ireland.

## **Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Continuum of Care**

The continuum of care for people with amputation or congenital limb absence includes:

1. POLAR comprehensive integrated inpatient rehabilitation programme.
2. POLAR comprehensive day outpatient rehabilitation programme.
3. POLAR outpatient rehabilitation programme.

The POLAR inpatient programme is a twelve-bedded rehabilitation unit that provides 24-hour, seven-day-a-week medical, rehabilitation and nursing care. The twelve beds are located on Poppy unit on the ground floor. The ward accommodation consists of twelve ensuite rooms.

The day patient programme accommodates potential for shared and split slots with up to seven slots for individuals who can access the NRH on one to four days a week for full comprehensive rehabilitation care.

The POLAR Outpatient Programme is a consultant-led programme that provides a national centre in the NRH site in Dublin and a regional centre in Cork. This programme includes consultant-led Interdisciplinary team IDT clinics, prosthetist and orthotists clinics, as well as nursing and therapy clinics.

Patients plan-of-care is individualised and patients can move between each area depending on their need. Treatment can begin anywhere on this continuum and patients can progress through this continuum to other appropriate community or follow-up services.

Important in this continuum of care is communication and working-linkages between inpatient, day-patient and Outpatient phases and with all internal and external stakeholders to facilitate coordination of care and access to information and services.

The programme provides for fluid movement between the phases based on assessment of individual clinical need and psychosocial circumstances. In broad terms the Inpatient and day-patient programmes are designed to meet the more intensive rehabilitation needs of a patient with primary amputation but not exclusively so. The Outpatient programme focuses primarily on established patients and upper limb absence patients.

As the only consultant-led IDT prosthetic programme nationally, the POLAR programme has an important role in promoting best practice standards and is providing education in aspects of limb absence rehabilitation. The service engages with community services and acute hospital-based services to provide education and information about the service available through the programme. The programme also advocates for appropriate provision of service to people with limb absence.

### **Referrals and Areas Served**

The programme accepts referrals from medical consultants or General Practitioners in community or acute settings.

### **Admission Criteria**

Inpatient and Day-patient programmes.

## **Inclusion Criteria**

1. Have an amputation or congenital limb absence.
2. Eligible for PPS number.
3. Be under the care of a National Rehabilitation Hospital Medical Rehabilitation Consultant.
4. Be medically stable.
5. Be at least 18 years of age\*.
6. Have the potential to benefit from the interdisciplinary rehabilitation process.
7. Have medical, nursing or interdisciplinary therapy needs/goals which cannot be met in an alternative setting.
8. For prosthetic rehabilitation, they must be receiving a prosthesis or have received a prosthesis through the NRH-Opcare partnership.

Additional criteria for the day-patient programme:

9. Be able to provide transport to and from the NRH.
10. Priority of admission may be given to patients who have had part of their primary prosthetic rehabilitation in the inpatient service and are transferring to the day service to complete the programme.
11. Patients are assessed on a case-by-case basis and level of complexity of the patient may deem them more appropriate for the inpatient programme.

Admission to the POLAR inpatient and day-patient programme is based on the above criteria and the IDT preadmission assessment of level of need of the person served. The timing of admission to the programme will depend on the programme's capacity to meet these specific needs based on levels of service within the programme.

\*Patients under the age of 16 years requiring the services of the POLAR Programme are admitted under the Paediatric Family Centred Programme. Patients aged between 16 years and 18 years and who require inpatient rehabilitation are assessed in consultation with the paediatric team to determine the most appropriate service under which to admit them. Where it is considered that they are best served through the adult programme the POLAR team is alerted to their age and will liaise with the Paediatric team as appropriate.

## **Continuing Stay Criteria**

1. Demonstrate measurable progress towards their goals/targets.
2. Demonstrate willingness and ability to participate in the prescribed programme.
3. Continue to have the potential to benefit from the interdisciplinary prescribed programme of care.
4. Rehabilitation goals are achieved but the patient and his/her family are making measurable progress towards achieving home discharge (as agreed with the rehabilitation team) which are affected by barriers external to the NRH.
5. Comply with NRH policies including those addressing anti-social behaviour or drug or alcohol use.

## **Exclusion Criteria**

1. Patients with amputation or congenital limb absence are excluded from the programme where other needs (such as medical, psychiatric, behavioural, drug and substance-misuse) predominate over the potential to benefit from specialised rehabilitation care and the physical and psycho-social needs of the patient. In these cases, recommendations may be made to the referring-agent regarding other more appropriate services or treatment may be deferred until an appropriate time.

## **Transition or Discharge Criteria**

Below outlines criteria for the person to be discharged from the programme. One or more of the following conditions must be met:

1. The patient has received maximum benefit from the programme.
2. The patient has improved to the projected functional level that will allow discharge or transition to the next phase of the NRH continuum of care.
3. The person's rehabilitation needs can best be met in an alternative environment.
4. The patient has experienced a major intervening surgical, medical or psychiatric problem that precludes benefit from a continued intensive rehabilitation programme.
5. The patient is no longer willing to be an active participant in the rehabilitation process. The patient has the right to make decisions regarding his or her rehabilitation care and the right to refuse any portion of the programme, up to and including discharge against informed medical advice. Should the patient elect to exercise his or her rights, the rehabilitation team will guide the patient and the family through the process.
6. The patient's behaviour warrants the use of the involuntary discharge policy.

## **DNA Policy**

The patient falls within the DNA policy.

1. Where they have missed 3 days of therapy within their programme without notification.
2. Outpatient clinics in line with NRH policy.

The programme recognises that patients attending the POLAR programme often have several co-morbidities and these can influence the patient's ability to engage with a rehabilitation programme. However, where a patient fails to attend at the times scheduled and fails to contact the service, that patient will be liable to be discharged from the programme.

## **Delivery of Services**

The programme delivers the service through:

1. Face-to-face appointments at NRH and satellite clinics.
2. An option of virtual appointments either by telephone call or video link where it is deemed clinically appropriate.

## **Primary or New to NRH Established Patient Pathway**

Following initial referral, the referral is triaged by the rehabilitation co-ordinator and the consultant in rehabilitation medicine and is appointed to an initial Interdisciplinary IDT assessment.

This assessment includes assessment of medical, and rehabilitation needs and identifies the persons unique medical, physical, cognitive, psychological, social, behavioural, vocational, educational, cultural, family, spiritual and leisure/recreational needs.

If suitable for a prosthesis, a prescription is raised and sanction or funding for payment is sought. When sanction or funding is received the patient is listed on the appropriate pathway of care and waiting list. If suitable for non-prosthetic rehabilitation or if sanctioning is not required, he or she will be listed on the appropriate waiting list.

All patients deemed suitable will be introduced to and receive an information and education pack including a personal health profile journal, an initial goal-setting document and education relevant to their needs. They are advised to add to this pack throughout their continuum of care. They and their referrers will also receive a letter outlining the outcome of their appointment and their predicted outcome, length of stay and pathway of care.

Once placed on the waiting list, the rehabilitation co-ordinator will remain the point of contact while awaiting admission. Just prior to admission patients will be contacted by the administration and nursing staff to confirm their admission date and complete a further pre-admission assessment.

The waiting list is managed according to:

1. Primary patients (those receiving their first prosthesis for that level of amputation) will generally be prioritised over established patients.
2. Chronological order.
3. Interdisciplinary requirement of the patient.
4. Clinical need.

Once admitted appointment times are scheduled by the therapy-team and patients are provided with a weekly timetable.

Each patient's programme of admission will differ in length. This is initially discussed during their initial assessment appointment. The duration of the programme will be further discussed and agreed during a Goal-Setting Conference based on patient needs and goals. These goals will be reviewed throughout the course of the rehabilitation programme, including the IDT weekly conference.

On completion of their programme all patients will be offered a 6-week review phone call and follow-up with the prosthetist as required. The date and location of the next follow up is provided on discharge report. In the case of Inpatients and Day-patients an IDT Report is sent following agreement by the patient to all relevant healthcare professionals including the GP and the patient on discharge, outlining the progress made during admission.

## **Inpatient and Day-patient Service**

### **Overview**

The Prosthetic, Orthotic and Limb Absence Rehabilitation (POLAR) Inpatient, Outpatient and Day-patient Interdisciplinary Team (IDT), in conjunction with patients and their families, provide individualised, goal directed treatment plans that are designed to manage underlying disease progression and medical illnesses, minimise impairments, reduce activity limitations and encourage participation and community-integration.

The team strives to address the unique medical, physical, psychological, cognitive, social, behavioural, vocational, educational, cultural, family, spiritual and leisure & recreational needs of people with limb absence and their families and carers.

Patients admitted and their support network are offered appropriate information and opportunity for feedback at every stage of the process and are actively involved in decisions regarding their care.

This comprehensive, integrated, interdisciplinary system of care ensures that all individuals receive the most appropriate treatment of care based on their individual rehabilitation requirements.

Patients admitted to the Inpatient or day-patient programme receive a minimum of two hours direct rehabilitation in the form of nursing and/or therapy services per day Monday to Friday. Direct service intensity differs on weekends depending on the more resources available and individual's needs. Home and community leave is also facilitated for individuals in order to achieve gradual reintegration with the person into these environments.

Patients admitted with dual diagnoses may receive services from other specialty programmes as required.

### **Hours of Service**

#### **POLAR Inpatient Programme**

The POLAR Inpatient programme is a 12-bedded rehabilitation programme which provides 24-hour, seven-day-a-week medical, rehabilitation and nursing care.

#### **POLAR Day-patient Programme**

The POLAR day-patient service is a specialised, comprehensive and customised therapeutic programme. The programme accommodates option for split or shared slots. Up to seven daily patients can access the NRH four days a week for an intensive rehabilitation programme. Where it is felt appropriate for a patient to attend at a lesser intensity than other patients this can be accommodated on a reduced intensity programme, for example, through split weeks or shorter days. Day-patient rehabilitation is delivered alongside the Inpatient programme and patients from both services can be treated in groups as appropriate. The POLAR day-patient medical, nursing, rehabilitation treatment and care is provided four days-a-week (Monday through to Thursday), 9.00am to 5:00pm. Some services may be available outside these times by pre-arranged appointment.

## **The Services Provided for the Person Served**

**Services offered in both the Inpatient and Day-patient programmes to meet these identified needs can include as appropriate:**

- Activities of daily living training
- Aquatic physiotherapy
- Assistive technology
- Audiology screening
- Art Therapy
- Behavioural support
- Bowel and bladder management
- Clinical psychology
- Clinical psychological assessment and intervention
- Cognitive training
- Coping and adjustment to disability
- Community Liaison
- Creative arts therapy
- Dietetics
- Dentistry
- Discharge planning
- Driving and community transport assessments and training
- Dysphagia assessment and management
- Emergency preparedness
- Family and caregiver training and education
- Exercise physiotherapy and sports
- Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- Horticulture therapy
- Independent living assessment
- Information regarding entitlements and services
- Consultant management in rehabilitation medicine
- Mobility training
- Medical social work
- Music therapy
- Neuropsychological assessment and advice
- Nursing
- Nutritional counselling & management
- Orthopaedic assessment
- Orthoptics
- Orthotics \*
- Pain management including phantom pain
- Pastoral and spiritual services
- Occupational therapy
- Peer support
- Patient advocacy service
- Patient and family support system counselling
- Pharmaceutical care – counselling on medications
- Physiotherapy
- Plastic surgery assessment
- Podiatry and Chiropody
- Primary Medical Certificate Assessment
- Prosthetic assessment and management
- Psychiatric assessment
- Psychology
- Radiology
- Recreational Therapy
- Referral to appropriate care pathway supports
- Rehabilitation nursing
- Relaxation and stress management
- Respiratory therapy
- Safety awareness and training
- Sexuality wellbeing
- Skincare training
- Spasticity management
- Speech and language therapy
- Splinting
- Smoking cessation counselling
- Tissue Viability
- Urology
- Vocational assessment
- Wheelchair and seating service
- Woodwork

\* The orthotic service provides appropriate orthoses to patients with a partial foot amputation. They also provide prescription footwear to appropriate patients on the POLAR programme with the aim of reducing the risk of damage to the remaining limb, The orthotist links with the interdisciplinary team to ensure a comprehensive understanding of the person served and smooth delivery of care.



If additional services are required and not available on site, the programme facilitates referral to the appropriate ancillary services.

**Examples of these ancillary services include:**

- Endocrinology
- Neurology
- Oncological services
- Optician
- Vascular surgery
- Palliative Medicine
- Plastic Surgery
- Haematology

**The Interdisciplinary Team**

Patients with amputation frequently have complex disabilities which require intervention by professionals with specialist knowledge and experience. The composition of the interdisciplinary team for each person served is determined by the assessment of the person's individual medical and rehabilitation needs.

The individuals who are always on the team are:

- The patient (person served) and family
- Rehabilitation Physician and Medical team
- Rehabilitation Nurse
- Healthcare Assistant

And one or more Health and Social Care Professional including:

- Clinical Psychologist
- Dietitian
- Medical Social Worker
- Occupational Therapist
- Physiotherapist
- Prosthetist
- Orthotist
- Podiatry and Chiropody
- Admission / Discharge and liaison post
- Rehabilitation Co-Ordinator
- Pharmacist

Other team members could include:

- Chaplain
- Dentist
- Aquatic Physiotherapist
- Art Therapist
- Music Therapist
- Occupational Therapy Assistant
- Physiotherapy Assistant
- Sport and exercise physiotherapist
- Discharge liaison OT
- Recreational therapist
- Speech and language therapist
- Tissue Viability Nurse
- Woodwork Instruction
- Driving Instruction

## **Inpatient Pharmacy**

### **Available on site**

Pharmacy services are available onsite, during normal working hours Monday-Friday. The pharmacy purchases and dispenses medications for all inpatients, in a timely manner throughout their stay in the NRH. Medications are also dispensed for therapeutic leave and discharge. Medications are reviewed and optimised, in consultation with the medical staff and person, throughout the persons stay. Medication education is provided in group and individual sessions according to the person's requirement.

### **Capacity**

There is capacity to respond to all pharmacy requests, for urgent and scheduled dispensing, according to clinical need, as requested by the referring medical doctor.

### **Timeliness of response to order**

Urgent requests for medication are prioritized to be provided on a same-day basis, Monday to Friday, 9.00-17.00 and via the Nursing manager in charge at weekends

## **Diagnostic Imaging**

### **On-site services to inpatients and outpatients:**

- X-ray service, portable and in the Radiology Department, during normal working hours and after hours on an on-call basis for inpatients, based on clinical need 24/7.
- Ultrasound (US) service, both in the department and portable, 09.00 - 17.00 , Monday to Friday.
- DXA service in the Radiology Department, Monday to Friday, 09.00 - 17.00 .

### **Off-site Diagnostic imaging:**

- CT-imaging service at St Columcille's Hospital, Loughlinstown, Monday to Friday, 9am – 5pm, on an urgent and elective basis, depending on clinical need, by NRH ambulance transfer.
- MRI service by arrangement with private providers on a scheduled basis.

### **Capacity**

There is capacity to respond to all requests for urgent and scheduled diagnostic imaging according to clinical need, as requested by the referring medical doctor.

### **Timeliness of response to Order**

Urgent requests for imaging are prioritized to be carried out on a same-day basis, Monday to Friday, 09.00 - 17.00 .

In addition, urgent X-rays are also provided out of hours by the on-call radiographer as requested by the medical team.

There are no waiting-lists for elective diagnostic imaging, which is scheduled to suit individual patient's needs and availability.

Urgent results are provided electronically within 24 hours by the reporting consultant radiologist by remote access via the National Integrated Medical Imaging System (NIMIS).

Reporting of elective and scheduled imaging is carried out when the Radiologist is on site twice-a-week.

The Radiology Department participates in the National Radiology Quality Improvement Programme which includes timely communication of critical, urgent and unexpected and clinically significant radiological findings via an electronic Alert Management System in line with specified national guidelines.

### **The Services Provided for the Families, Carers and Support Systems Of the Person Served:**

Families and carers are partners in the rehabilitation process and are encouraged to participate in all phases of the programme. Information, counselling, emotional and psychological support can reduce the emotional sequelae experienced by the family or carer. This support may help them to adapt and come to terms with the life changes and so result in better long-term outcomes for both the patient and the family and support system.

Many services are available within the POLAR programmes to meet the needs of the patient's family and support system including:

1. Family support and counselling.
2. Peer support
3. Education about limb loss that may include group sessions, printed material, informal instruction and practical skills training in preparation for discharge or virtual training.
4. Counselling services.
5. Psychological support.
6. Pastoral services.
7. Information about support and advocacy resources, local accommodation and assistive technology resources.

### **Discharge Outcomes and Environments**

Rehabilitation is a continuous and often lifelong process. For Inpatients and day-patients the success is assessed through a durable outcome questionnaire completed at the 3-month mark post discharge

Similarly monitoring of outcomes made during admission is important to determine the extent to which the interventions and services have achieved their aims. An assessment of the attainment of rehabilitation goals and discharge outcomes is essential.

Most patients are prepared for discharge home and are discharged to home. The NRH IDT led by the Occupational therapist in conjunction with the Discharge Liaison Occupational Therapist and or Community Occupational Therapist may complete home assessments and provide recommendations about any adaptations or equipment required

for safe discharge. Some persons at discharge are referred to other services within the continuum of care or to external disability support services. Alternative discharge destinations such as long-term care facilities, assisted-living residences, group-home or post-acute rehabilitation programmes may be recommended based on level of functional independence and services available. Discharge to an acute hospital setting may be necessary in the event of medical illness or to await access to local community support services and/or housing. The NRH IDT will educate the staff at the discharge location on how to best care for the person-served through various forms including outreach visits, IDT reports, and handouts and virtual training.

## **Outpatient Programme**

### **Overview**

The programme provides a number of services including:

- Orthotic clinics
- Prosthetic clinics
- Therapy Services
  - Occupational therapy
  - Medical Social Work
  - Physiotherapy
  - Psychology
- Nursing clinics
- Consultant led IDT clinics are available for patients:
  - Pre-amputation
  - Initial assessment
  - Established
  - Complex
  - Partial Foot

### Location and Hours of Services:

Location	Service	Frequency	Hours
<b>National Rehabilitation Hospital</b> Dun Laoghaire Co. Dublin	Pre-Amputation clinic	As required	As required
	IDT: Lower limb (Assessment clinic)	Weekly – Friday	9.00 – 12.30
	IDT: Upper limb	Monthly – Tuesday	9.30 – 12.30
	IDT: Established	Twice Monthly 1 <sup>st</sup> & 3 <sup>rd</sup> (Thurs)	9.30 – 12.30
	Prosthetic led upper and lower limb	Daily – Mon-Fri	8.00 – 17.00
	Orthotics & Footwear	Daily – Mon- Fri	9.00 – 17.00
	IDT: Partial Foot Clinic	Fortnightly – Tues:	9.00 – 12.30
	OPD Nursing	Daily, Mon-Thurs, dedicated Friday – As required	9.00 - 17.00
	Therapy sessions	As required	As required
	Consultant Complex Clinic	As required	As required
North Dublin Tonleegge Road	Orthotic and Prosthetic lower limb service	Weekly	9.30 – 14.00
North Dublin Blanchardstown	Orthotic and Prosthetic lower limb service	Daily	9.30 - 17.00
Galway	Prosthetic lower limb service	Once weekly	9.30 – 14.00
	Consultant clinic	As required	9.30 – 14.30
Mayo	Prosthetic led lower limb service	Bimonthly	9.30 – 14.30
Tipperary	Prosthetic led lower limb service	Weekly	9.30- 14.00
Donegal	Prosthetic led lower limb service	Monthly	9.30 - 12.30
Leitrim	Prosthetic led lower limb service	Monthly	9.30-12.30
Mercy Hospital, Cork	IDT : lower limb service	Monday-Wednesday	9.30 – 12.30

## **Prosthetic Clinics**

Following discharge from the Inpatient or Day-patient programme each patient is re-engaged with the outpatient programme. They are first offered an appropriate appointment, an in-person or virtual appointment, in a location suitable to the patient, with the appropriate IDT at 6 weeks post discharge. Following this they will be offered the necessary appointment depending on their need. Ongoing appointments will be offered 3-months after that appointment, 6-months after that appointment and then yearly. Ongoing follow-up as appropriate for life is arranged and patients are aware of how and when to initiate such appointments. Where clinically appropriate, this is provided in the clinic that the patient chooses or is most convenient for the patient; see list above. Patients attending these clinics who are experiencing challenges are discussed at a fortnightly meeting with the prosthetists, physiotherapist, medical consultant, programme manager and rehabilitation co-ordinator and referred to the appropriate service or clinic they require.

## **Orthotic Clinics**

The orthotic service provides appropriate orthoses to patients with a partial foot amputation. They also provide prescription footwear to appropriate patients on the POLAR programme with the aim of reducing the risk of damage to the remaining limb. The outpatient orthotic service is delivered on the NRH site. The orthotist links with the prosthetist and the appropriate consultant in charge of patient-care to ensure a comprehensive understanding of the patient served and smooth delivery of care where the orthotist takes responsibility for initial assessment for the orthotic prescription. Patients continue under the care of the orthotics service with reviews as required.

## **Therapy Services**

A patient can be referred to the outpatient POLAR Therapy Service at the NRH

1. On completion of their inpatient rehabilitation programme.
2. From the IDT POLAR and prosthetic clinics.
3. Following a Consultant-led IDT clinic.

The service available is a specialised, comprehensive and customised therapeutic programme which reflects that of the inpatient service with regards to the POLAR-patient.

The POLAR-outpatient therapy service in the NRH is designed to assist patients and their family and carers to lessen their deficits and to promote greater levels of functional independence, social-participation and community-reintegration.

Certain disciplines have the capacity to also offer outreach and inreach appointments. These are provided on a needs-based assessment. If the patient need cannot be met through outpatient therapy due to staffing capacity, patients will be moved to the Inpatient and Day Patient service if appropriate or referred to community services.

New referrals are scheduled for an appointment or placed on a waiting list as indicated and as capacity allows. The POLAR therapy service includes a wide range of disciplines; see above. The need for disciplines for each patient served is determined by the assessment of the patient's individual medical and rehabilitation needs. POLAR Programme Therapy members could include:

Therapy service to the outpatient service is provided in 3 formats:

1. Attendance at Interdisciplinary Clinics in an advisory / consultative capacity
2. Single discipline assessment and intervention i.e. therapy-sessions provided by an individual therapist for a single patient and or group of patients (limited by staffing capacity).
3. Interdisciplinary assessment and intervention, for example, therapy-sessions provided with a therapist from another discipline. Interdisciplinary therapy sessions are conducted when therapists are working on shared therapy goals with an individual patient.

The OPD therapy team also refer onto specialist services within the NRH such as vocational or driving assessments if clinically indicated.

### **Nursing Clinics**

A dedicated member of the Rehabilitation Nursing team is available Monday – Thursday at all clinics held in the NRH. The aim of this post is to address skin issues, healthy eating, smoking cessation and active living and promote self-care.

### **IDT Consultant-led clinics**

IDT Consultant-led clinics include: Pre-amputation, Initial Assessment, Partial Foot Clinic, Established, Complex and Upper Limb Clinics. These appointments are based on need and may involve a Consultant in Rehabilitation Medicine only, and or relevant members of the IDT.

- **Pre-amputation clinic**

Individuals are referred to this clinic by medics seeking opinions on how to best move forward with an individual's care. Opinions will be given on whether to amputate or not and in the event of an amputation the best surgical options for the patient to achieve the best possible rehabilitation outcome following amputation.

- **Initial Assessment clinic**

This clinic is described previously in the scope of service.

- **Partial Foot clinic**

This clinic is a joint orthotist and consultant clinic. Patients referred to this clinic will receive an initial joint assessment. Following this clinic if a device is required a prescription will be raised and once funding is received, the patient will be appointed to an orthotic clinic for provision of the device. If interventions from other disciplines is required, individuals can be seen in the appropriate clinic, service or programme for ongoing care.

- **Established and Complex clinic**

These clinics are to assess, and review established patients who have continued to engage with prosthetic led clinics. Individuals are referred to the clinic when their prosthetists or the patients themselves require further advice or care which falls outside

the remit of the prosthetist or the patient's community team. Patients are referred from the Established clinic to the Complex clinic when the consultant in medical Rehabilitation or patient is seeking a second opinion.

- **Upper Limb clinic**

This is a consultant-led IDT clinic for both primary and established upper limb patients.

### **Satellite Clinics Provision of Upper Limb Service:**

The situation may arise that a patient may present at a satellite clinic with specific requests, without a scheduled appointment, for example a glove-change, mechanical repair, socket adjustment, or prescription request.

The prosthetist in a satellite clinic can:

- Change a glove or perform a mechanical repair, ie re-glue padding or leather. This is only to occur if it is safe to do so.

The prosthetist in a satellite clinic cannot:

1. Make socket-fit adjustments.
2. Change limb set-up, such as length, alignment, harness settings.
3. Discuss prescription-change.
4. Engage in any casting, fitting or limb-production activities
5. Test for myoelectric sites.

It is understood that on occasion, the primary upper limb prosthetist may be providing cover at NRH satellite clinics for lower limb prosthetic care. In this circumstance, arranged upper limb care may be carried out at the satellite-clinic once the upper limb prosthetist discusses the case with the designated upper limb consultant and the IDT to outline the goal of the proposed appointment prior to appointing. Or if the appointment is aimed for casting, fitting or limited achievable adjustments and repairs.

Individuals should be made aware that the appointment is only available due to primary upper limb prosthetist attending the satellite clinic and that appointment does not set a precedent for future care being offsite from the NRH.

### **Outcomes and Coordination of Services**

Following any interdisciplinary consultant-led IDT clinics, the team decide on the follow up care required.

- In the case of a primary or an established patient where admission for prosthetic rehabilitation is deemed appropriate, a discussion of the patient's goals for rehabilitation is carried out with the patient and support network to inform the most suitable prescription (if any) for each individual. Sanctioning is sought for this prescription and when received, the patient will be placed on the appropriate waiting list.



- If the patient needs can be met in an outpatient capacity, the patient will receive rehab services as an outpatient at the National Rehabilitation Hospital within their own community.
- If another medical opinion is necessary, then a letter of referral is written by the doctor.

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