

## The Importance of Having a Health Care TEAM During Your Journey with Parkinson Disease

*Movement Disorder Clinic Team*

*Jim Pattison Outpatient Care and Surgery Center (Surrey, BC)*

# WHO WE ARE...

- Marilyn Araujo- BHK, BSc. PT
  - Physiotherapist
- Bel Chhokar- BA, MSW
  - Social Worker
- Jamie Russell- MSc.A, BA (Hons)
  - Speech Language Pathologist
- Lisa Wechselberger- MSc. OT, BA (Hon. Psych)
  - Occupational Therapist

# WE ARE PART OF A TEAM



- We have three Movement Disorder Neurologists
  - Dr. Hinnell, Dr. Rydz, Dr. Kanungo
- One specialized Nurse that acts as liaison between patient and Doctors

# HOW OUR TEAM WORKS

- Patients are referred to a Movement Disorder Specialist (Neurologist). Most patients are seen by the clinic nurse before their visit with the doctor.
- Patients are referred to the Allied Health Team as needed.
- Allied Health Team sees patients individually and together.

# HOW WE WORK TOGETHER

- Parkinson's affects the entire body, person, and family:
  - We watch for signs/symptoms that fall into each other's domains and refer to each other as needed

# ROLE OF PHYSIOTHERAPY

- EDUCATE!!
  - Improve mobility outdoor and indoor
  - Increase comfort on Stairs
  - Improve Balance
  - Improve Coordination
  - Improve joint Range of Motion
  - Improve muscle strength
  - Improve posture and flexibility
  - Help improve Quality of Life
- MOTIVATE! MOTIVATE! MOTIVATE!



# COMMON COMPLAINTS PHYSIO SEES:

- Falls
- Stiffness
- Decreased activity
- Freezing
- Troubles with sit to stand
- Trouble getting out of bed
- Lack of motivation to move & exercise
- Fear of movement & falling
- Pain & cramping
- Poor posture



# ROLE OF OCCUPATIONAL THERAPIST

- **The Basics:**
  - **Education!**
  - **Activities of Daily Living (ADLs)**
    - Bathing, dressing, feeding, toileting
  - **Instrumental Activities of Daily Living (iADLs)**
    - Household management, community errands, grocery shopping, cooking, driving, financial management
  - **Medication Management**
    - Right meds at the right time
  - **Balance and Mobility**
    - You need good balance to live well
  - **Falls and injuries**



# ROLE OF OCCUPATIONAL THERAPIST

- **Complex Needs:**
  - **Cognitive Problems**
    - Slow processing, memory problems, confusion
  - **Mood and Apathy!**
    - Anxiety, depression, loss of motivation
  - **Home set-up**
    - Equipment, techniques, home support
  - **Caregiver Burnout**
    - Support for patient and caregivers
  - **Driving Ability**
    - Physical and cognitive abilities

# ROLE OF OCCUPATIONAL THERAPIST

- **Activity**

- Daily activities including ADLs and iADLs
  - Example: Doing the stairs several times a day is part of your daily routine and not exercise

- **Exercise**

- Dedicated time with continuous movement
- Goal is 20-30 minutes per day (at minimum)
- Weight-bearing exercise is key (i.e walking)
- The more vigorous – the more benefit
- Add cognitive task to increase intensity of exercise

# ROLE OF SPEECH LANGUAGE PATHOLOGIST

- **Assess, treat, and manage:**



Speech



Swallowing



Language

# ROLE OF SPEECH LANGUAGE PATHOLOGIST

- **Communication:**

- Voice therapy: increase volume and clarity
- Word finding strategies
- Communication strategies
- Alternative and Augmentative Communication

- **Swallowing**

- Assess/treat/manage dysphagia (swallowing disorders)
- Try to reduce risk of aspiration (material in the airway)
- May recommend diet modifications, postures, exercises

# COMMON COMMUNICATION & SWALLOWING CHANGES

- **Communication:**
  - Quiet voice
  - Slurred speech, “mumbling”, imprecise articulation
  - Breathy or hoarse voice
  - Fast speaking rate
  - Monotone voice or less intonation
  - Word finding difficulty
- **Swallowing:**
  - Coughing/choking with liquid or food
  - Drooling/too much saliva
  - Trouble starting a swallow
  - Trouble swallowing pills



# ROLE OF SOCIAL WORKER

- Meets with patient and or family
- Listens to experiences, concerns, struggles
- Works with patient and/or family to identify greatest concerns
- Therapeutic support
- Information and/or connection to resources
- Education
- Assistance with navigating the health care system

# COMMON ISSUES SOCIAL WORK SEES

- Therapeutic support - Coping with apathy, depression, anxiety
- Caregiver stress
- Struggling with daily living activities

# THERAPEUTIC SUPPORT

- Providing emotional support, listening, empathizing, paraphrasing
- Addressing apathy, anxiety, depression
- Connecting to resources such as:
  - PD CONNECT
  - Support groups
  - Community mental health
  - One to one counselling – Registered Clinical Counsellor, Psychologist, various agencies



# CAREGIVER STRESS

- Who are caregivers?
  - Any person that provides direct care for someone else

# CAREGIVER STRESS

Caregiving can take many forms:

- Personal care, household help, transportation, Coordinating care/appointments

# CAREGIVER STRESS – WHAT TO LOOK FOR

- Physical signs
- Mental & emotional signs
- Struggling with care demands
- Lack of interest in activities/hobbies/faith/friendships

# CAREGIVER STRESS- WHAT YOU CAN DO

- Talk to your doctor (regular check ups)
- Exercise
- Good nutrition
- Stress management
- Socializing with family and friends
- Connecting to your faith
- Staying organized /scheduling
- Asking other family members for help
- Connect with health care providers
- Self Care is Important!

# CAREGIVER RESOURCES

- Join a caregiver support group / connect to community resources
- Family Caregivers of BC
- Family caregiver support line 1-877-520-3267
- Connect with Home Health in your community
- Caregivers Network of Surrey/Delta
- Seniors Come Share Society –Caregiver Outreach and Education

# STRUGGLING WITH DAILY ACTIVITIES

## What could this look like?

- Patient is having a hard time dressing and/or showering
- This activity is taking a very long time
- Unable to complete task without assistance from someone
- Needs someone to be present while showering
- Needs help to get in and out of shower

This is a good time to connect with **Home Health**

# HOME HEALTH

- Provides assistance with daily activities that involve personal care
- Can be connected by calling them directly or Social Work can refer
- Home Health would call patient/family to ask questions and book an in person visit to your home

# CASE STUDY

- Male 65 years old
- Married, retired. Three adult children (30, 27, 21)
- Lives in Multi-level home with bathtub.
- First noticed symptoms 5 years ago (slowness, unable to focus at work, anxiety, loss of interest in hobbies, constipation)
- June 2019 seen by Neurologist in our clinic.
- **Current symptoms:** hand tremor, slurred speech,, dizziness, blurry vision, slow-processing, constipation
- **Functional problems:** frequent falls, difficulty dressing and showering, wife having difficulties understanding speech, problems managing finances



# CASE STUDY CONTINUED

- **Support:** Wife continues to work. Teary during visit and expressing difficulty managing care.
- **Exercise:** Only able to walk 15 minutes due to dizziness, poor vision, weakness. Has poor motivation.

# ALLIED HEALTH INVOLVEMENT

- Referred to:
  - OT for cognitive concerns
  - Physio for balance and exercise
  - Social Worker for caregiver support

# TAKE HOME NOTES

- Educate yourself and your family (PD Society resources)
- Do not give up! Fight against Parkinson's!
- Set up your home to support your needs!
- Ask for help and support! Build your support network.
- Exercise! Exercise! Exercise!
- Take your medications on time every time!
- Keep a daily schedule! (Work around your on/off periods)
- Do not be afraid to advocate for yourself!
- Connect regularly with your health care team!