

OHSU PD Appropriate Allied Health Referrals by Specialty

PD-appropriate Allied Health referrals by specialty		OHSU-Parkinson Center					
	PT	OT	ST				
SPECIALTY AREAS	<ul style="list-style-type: none"> • Education about disease • Mobility • Gait/Balance • Pain management • Energy Conservation • Equipment • Posture • Fall Prevention • Fitness • Transfers • Home Safety • Caregiver Training 	<ul style="list-style-type: none"> • Self-Care / ADLs: (dressing, grooming, eating, shopping, bathing, etc) • Energy Conservation • Home Management & Safety • Adaptive Equipment • Vision • Education • Stress Management & Relaxation • Leisure • Cognitive/ Memory Deficits • Caregiver Training 	<ul style="list-style-type: none"> • Communication Effectiveness • Speaking Difficulties (reduced loudness; short phrases; breathy, hoarse voice quality; imprecise articulation) • Language Processing • Augmentative/Alternative Communication • LSVT (Lee Silverman Voice Therapy) • Swallowing Problems • Cognitive/ Memory Deficit • Cognitive: speed of processing, initiation, memory • Caregiver Training 				
	<p>Most commonly used ICD-9s for PD pt referrals:</p> <table border="1"> <tr> <td>Abnormality of Gait</td> <td>781.2 for PT</td> </tr> <tr> <td>Parkinson's Disease</td> <td>332.0 for OT/ST</td> </tr> </table>		Abnormality of Gait	781.2 for PT	Parkinson's Disease	332.0 for OT/ST	
Abnormality of Gait	781.2 for PT						
Parkinson's Disease	332.0 for OT/ST						
<p>Social Worker: Resources: • Financial. • Disability. • Psycho-social support. • Counseling. • Long term care planning. • Assessment of home care/respite needs.</p>							
<p>RN: • Liaison w/ Doctor between visits. • Rx management and education. • Referral requests and guidance to appropriate Allied Health provider. • Disease education, information, questions.</p>							

PD-appropriate Allied Health referrals by stage		OHSU-Parkinson Center
INDICATIONS	Initial Dx (Stage I): <ul style="list-style-type: none"> • Stretching & exercise program • Instruct in energy conservation • Education about PD and preventing secondary complications • Refer to community resources • Fit young onset w/ orthotics • Instruction in compensatory cognitive strategies 	Stage II – III: When begin to see signs of change to Stage II and Stage III : <ul style="list-style-type: none"> • Movement strategies to combat hypokinesia, postural instability, dyskinesia, fall prevention. • Reinforce exercise program & community involvement strategies • Energy conservations • Pain management strategies • Home modifications • Referral to community resources • Instruction in environmental modifications/memory aides • Instruction in communication clarification strategies • Speech training in rate control, respiration and phonation • Explore voice amplification system • Instruction in compensatory swallowing strategies
	<div style="border: 1px solid blue; padding: 5px; width: fit-content;"> Social Work and RN as needed across all stages for resources and education. </div>	Stage IV – V: When disability is increasing to final staging: <ul style="list-style-type: none"> • Care partner training for PT, OT, ST at home. • Prevention strategies for pressure ulcers, swallowing and communication difficulties, falls and mobility restrictions • Ongoing assessment of safety/home modifications • Address equipment needs – wheel chair, augmentative communication systems • Instruct in use of pacing boards/ alphabet supplementation • Development of partner support communication techniques • Referral to community resources

E:\PROJECTS\PNET Oregon\Medford 08\AHT card.doc4/28/2008