Independent Prescribing in Spasticity Management

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Plan

• Overview of spasticity management

• Physiotherapists & medicines

• Developing a service
Who does spasticity effect?

- Stroke: 54%
- MS: 20%
- Spinal cord injury: 8%
- Traumatic brain injury: 8%
- Cerebral palsy: 4%
- Other: 6%

Primary diagnosis of (non-LD) adults attending Carmarthenshire spasticity management service
What problems does it cause?

Spasticity

- Skin damage
- Difficulty with function
- Restricted movement
- Contracture
- Pain
Spasticity Management

- Physical management
- Medical management
- Surgical management

Adapted from: Royal college of physicians et al (2009)
Therapists
Patient
Carers

Physical management

Spasticity Management

Medical management

Adapted from: Royal college of physicians et al (2009)
Assessment

• Diagnosis & history
• Aggravating factors
• Severity
• Distribution
Physical management
Therapists
Patient Carers

Physical management

Medical management

Oral agents
Intra muscular agents
Intrathecal agents

Adapted from: Royal college of physicians et al (2009)
Physiotherapists & medicines
Medicines

Administering
- Patient specific direction (PSD)
- Patient group direction (PGD)

Non medical Prescribing
- Supplementary Prescribing
- Independent prescribing
Administering Spasticity Management

- Physical management
- Medical management
  - Oral agents
  - Intramuscular agents
  - Intrathecal agents

Adapted from: Royal college of physicians et al (2009)
Medicines

Administering
- Patient specific direction (PSD)
- Patient group direction (PGD)

Non medical Prescribing
- Supplementary Prescribing
- Independent prescribing
independent prescribing

“...prescribing by a practitioner responsible and accountable for the assessment of patients...and decisions about the clinical management required, including prescribing”

(Human Medicines Regulations, 2012)
What can physio’s prescribe?

- “...may prescribe any licensed medicine from the BNF”

- “...for any condition within the practitioner’s area of expertise and competence”

- “...within the overarching framework of human movement, performance and function”
Training

• At least 3 years of post grad experience & working in an area of advanced practice
• Up to 1 year part-time to train
• Minimum 38 days to include
  – 26 days in University
  – 12 days in mentored clinical practice with a designated consultant/GP
Training themes

• Initial clinical assessment
• Communication
• Knowledge of medicines
• Evidence based practice
• Clinical decision making
• Shared decision making
• Care planning and follow up
• Documentation
• Legal & ethical issues
• Scope of practice
• Continuing professional development
• Prescribes safely
• Public health issues relating to prescribing
• Complying with healthcare policy
Independent prescribing

- Subject to the same competency framework as all prescribers

National Prescribing Centre (2012)
Independent prescribing

Spasticity Management

Physical management

Medical management

Oral agents

Intra muscular agents

Intrathecal agents

Adapted from: Royal college of physicians et al (2009)
Case study

• 24 yr old lady seen in Neuro outpatients

• Diagnosis: incomplete T5 SCI following removal of a vertebral tumour

• Presenting with:
  – Clonus in ankle during weight bearing limiting progress with rehab
Developing a service
Get a doctor on board
Train as an injector
Prescribing solution
Patient specific direction (PSD)

Patient group direction (PGD)

Independent prescribing
Support from pharma?
Sell the benefits
Conclusion

• Many people with long term neurological conditions will need a combination of physical and medical management to meet their needs

• Physio’s working in advanced practice are in a key position to meet these needs as prescribers

• Within spasticity management there is experience, guidance & evidence available to support you to develop these roles
References


Bibliography


• Ben Goldacre (2013) Bad pharma: How medicine is broken an how we can fix it. 4th estate publishing, London
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