PHYSIOTHERAPY PATHWAY WAHT-TP-011



Referrals/consent pathway - Prioritisation of referrals

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	Rehab and Oncology	
Approved by	Therapies Clinical Governance Approval Group	
Approval Date	8 th March 2023	
Review Date	8 th March 2026	
	This is the most current document and should be used until a	
	revised version is in place	

Key Amendments

Date	Amendments	Approved by:
25 th January 2023	Document extended to 30 th June 2023 whilst	Dr J Trevelyan/
	under review.	Benjamin Thomas
8 th March 2023	High priority section amended and approved	Stephanie Flint/
		Therapies CG

Neurology & Rehabilitation – Out-Patients

HIGH

PATIENTS WHO NEED TO BE SEEN WITHIN 2-4 WEEKS OF REFERRAL

- Patients who are falling due to neurological impairment. Consider whether the needs of this
 patient can be met within the outpatient setting or if review within the community is more
 appropriate in the first instance.
- Patients discharged from an acute in-patient admission requiring specialist follow up physiotherapy to facilitate discharge. Outpatient physiotherapy in this instance is to support ongoing rehabilitation. Issues of function and safety within the patient's home environment will need to be reviewed and supported by community teams as appropriate.
- Significant, sudden deterioration in function (e.g. exacerbation, onset of pain)

LOW

PATIENTS WHO NEED TO BE SEEN WITHIN 6-8 WEEKS OF REFERRAL

- Patients experiencing a general deterioration in activity level
- Patients requiring baseline assessments following discussion with referring Specialist in order to monitor activity level (this may include patients commencing on disease modifying drugs).
- Patients with a new diagnosis of a neurological condition requiring specialist physiotherapy for assessment and treatment of mild/moderate impairment.
- Patients requiring a physiotherapy assistant, space and equipment to undertake exercises to regain function.
- Assessment of patients following BTX injection.

N.B. All patients considered for prioritisation for Neurological physiotherapy within the Acute Trust must require specialist, hands on therapy with appropriate patient directed goals.