

# Confluence Health Neuro Rehab Physiatry Referral Guidelines

Updated 10/10/23

Referrals for musculoskeletal specific concerns such as back and neck pain, radiculopathy, joint specific concerns, are better suited for MSK physiatry, orthopedics, or neurosurgery

We see patients with various neurological functional disorders, not inclusive to the list below.

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## Amputee

NRP provides multidisciplinary collaboration for patients with limb loss by working with patient's P&O and therapy team, assisting with medical and functional issues with prosthesis use.

## Concussion/mild TBI

The role of NRP after concussion is to guide multidisciplinary treatment and provide education for **persistent symptoms after concussion**, as well as guide return to work, school, or play protocols for more complex situations.

**It is within average recovery timelines for patients to have gradually improving symptoms over weeks, with graded return to cognitive and physical activities, monitoring for symptom worsening.** 24-48 hours of rest, gradual return to activity as tolerated is recommended as long as symptoms do not significantly worsen. Strict rest not routinely recommended past 48-72h. Patients with a history of multiple concussions, recent concussion, migraines, ADHD or mental health diagnosis are at risk of prolonged recovery and could consider earlier referral.

- When a patient is returning to school or work, allowing him/her to do half/partial days initially, with frequent rest breaks as needed, is reasonable.
- School age children and adolescents should return to core classes prior to returning to sports and extracurricular activities.

**Pediatric: referrals strongly advised to come from PCPs to promote initial PCP follow up care and ensure timely follow up. If a referral is denied, family and PCP will be contacted.**

Return to play protocols can be instituted by PCPs or school trainers. Typically, NRP sees patients for more persistent concussion symptoms, often 4-6 weeks after concussion.

**<12yo:** Referrals will be declined and redirected to pediatric concussion provider in order to provide more comprehensive pediatric focused care

Options include-

Seattle Children's Neurology: if having post-concussion headaches as primary symptom

Seattle Children's Concussion clinic

Valley Medical Center/UW Renton pediatric neurology

**12-14yo:** referrals will be reviewed on case by case basis. More complex cases may be referred to pediatric specialists

**15yo-17yo:** accepted from PCP

## Adult

Most adults get better within 1-2 weeks, so we do not recommend referring a patient to concussion clinic before 14 days post-injury.

For persistent concussion symptoms: **NRP**

If also having post-traumatic headaches: **neurology + NRP**

All patients: For associated symptoms, consider referrals for:

- Cognitive, brain fog: referral to **SLP**
- Vestibular, balance, oculomotor symptoms: **PT**
- Vision change: **ophthalmology or vision therapy in Yakima, Tri Cities, Spokane**
- PTSD/depression/GAD: **behavioral health** (Dr. Regnier with neurology/NRP integrated clinic)
- Neck pain, whiplash: **PT, MSK spine clinic**
- Autonomic changes: perform orthostatic vitals, 10min lean/stand test
- Headaches: **neurology** for headache management for patients >16yo of age. If refractory to acetaminophen and lifestyle interventions (e.g. avoiding screen time, getting good sleep, hydration, avoiding alcohol), reasonable to trial a medication such as gabapentin, nortriptyline, duloxetine, propranolol, Topamax, or a triptan, depending on headache type and other medical conditions.
- Neuropsychology: guides complex return to work, school, or diagnosis of cognitive disorders in setting of possible mood disorders or unclear dx. **Refer to UW/Harborview Neuropsychology or Seattle Children's Neuropsychology**
- Insomnia: counseling on sleep hygiene, consider trial of melatonin, magnesium or trazodone (or TCA if concurrent headache). Treat OSA if present.

**CNS disorders: CVA/TBI/SCI and other acquired brain injuries acute and chronic , multiple sclerosis, ALS, neuropathies**

**Work up and diagnosis of these conditions is typically through neurology, but we assist with the functional and medical secondary complications. Please include any outside records or imaging**

- functional and therapy needs
- cognitive and behavioral needs
- medical issues secondary to dx including neurogenic bowel, neurogenic bladder, spasticity, neuropathic pain, neurogenic skin
- adjustment to disability, mood, sleep
- agitation, autonomic dysfunction

**Electrodiagnostics/EMG**

NRP is one specialty that performs electrodiagnostics with electrodiagnostic board certified physician. These referrals are triaged to appropriate specialty to perform (NRP, neuro, or MSK physiatry) based on diagnosis.

**Gait/balance impairments**

NRP can assist in gait and balance evaluations. Can help determine appropriate work up and need for therapies, assistive devices, other evaluations including neurology, electrodiagnostic studies, and imaging.

**"Mobility Clinic"**

NRP can assist in evaluations for appropriate DME for mobility (manual wheelchair options, custom suggestions, power mobility, power assist). We can provide appropriate insurance documentation, but patients will also be referred to Wheelchair Seating Clinic for seating trial and evaluation with PT/OT and DME vendor.

Can also provide bracing suggestions for AFOs and other P&O/DME, but patients will be referred to P&O for procurement. If you have a good idea of what patient needs, a direct referral to P&O is appropriate

**PASC (post acute sequelae COVID-19):** can provide assistance with functional, neurological, autonomic/POTS, and cognitive concerns due to PASC

### **Spasticity management**

NRP provides spasticity management for patients with central nervous system disorders (CVA, TBI, non-traumatic brain injury, SCI, Multiple Sclerosis, ALS, CP, other movement disorders). Management includes: oral medications, bracing and therapy recommendations, and chemodenervation to upper and lower extremities (botox, disport, Xeomin). Neurology does cervical injections for torticollis/cervical dystonia.

Confluence Health no longer performs intrathecal baclofen procedures, so NRP is no longer able to support new ITB patients. Please contact us for suggestions for referrals to institutions that are doing ITB trials and placements, options are very limited. We can discuss with patients risk/benefits of that procedure and other spasticity management options.

Provider Decision Support

Dr Bechtel

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