

## REFERRAL GUIDELINES: NEURO REHAB PHYSIATRY

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LAST REVIEWED 8/06/25 ERICA BECHTEL, MD

Referrals for musculoskeletal specific concerns such as back and neck pain, radiculopathy, joint specific concerns, are often redirected to MSK physiatry.

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

### 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.

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### 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, and 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 is 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.

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<p><i>PEDIATRIC CONCUSSION/TBI</i></p>	<p><b>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.</b> 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.</p>	
	<p><b>&lt;12yo:</b></p>	<p>Referrals will be declined and redirected to pediatric concussion provider in order to provide more comprehensive pediatric focused care.</p> <p>Options include:</p> <ul style="list-style-type: none"> <li>• Seattle Children’s Neurology: if having post-concussion headaches as primary symptom.</li> <li>• Seattle Children’s Concussion Clinic</li> <li>• Valley Medical Center/UW Renton Pediatric Neurology</li> </ul>
	<p><b>12-14yo:</b></p>	<p>Referrals will be reviewed on case-by-case basis. More complex cases may be referred to pediatric specialists.</p>
	<p><b>15-17yo:</b></p>	<p>Accepted from PCP</p>
<p><i>ADULT CONCUSSION/TBI</i></p>	<p>Most adults get better within 1-2 weeks, so we <b>do not recommend referring a patient to concussion clinic before 14 days post-injury.</b></p> <p>For persistent concussion symptoms: <b>refer to NRP</b></p> <p>If also having post-traumatic headaches: <b>Refer to Neurology</b></p>	
<p><i>ALL PATIENTS</i></p>	<p><b>SYMPTOM(S)</b></p>	<p><b>CONSIDER REFERRAL TO</b></p>
	<p>Cognitive, brain fog</p>	<p>Speech-Language Pathology</p>
	<p>Vestibular, balance, oculomotor symptoms</p>	<p>Physical Therapy</p>
	<p>Vision change</p>	<p>Ophthalmology or vision therapy in Yakima, Tri Cities, or Spokane</p>
	<p>PTSD/depression/GAD</p>	<p>Behavioral Health (Neuroscience Psychologist)</p>
	<p>Neck pain, whiplash</p>	<p>Physical Therapy, MSK Spine Clinic</p>
	<p>Autonomic changes</p>	<p>Perform orthostatic vitals, 10min lean/stand test</p>
	<p>Headaches</p>	<p>Neurology for headache management for patients &gt;16yo of age.</p> <p>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.</p>
	<p>Neuropsychology</p>	<p>Refer to UW/Harborview Neuropsychology or Seattle Children’s Neuropsychology</p> <p>Guides complex return to work, school, or diagnosis of cognitive disorders in setting of possible mood disorders or unclear dx.</p>

Insomnia

Counsel on sleep hygiene, consider trial of melatonin, magnesium or trazodone (or TCA if concurrent headache). Treat OSA if present.

## CNS DISORDERS

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

These conditions are typically diagnosed and worked up by neurology, but NRP assists with the functional and medical secondary complications:

- Functional and therapy needs
- Cognitive and behavioral needs
- Medical issues secondary to diagnosis 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 an electrodiagnostic board-certified physician. Referrals will be triaged to the appropriate specialty (NRP, neuro, or MSK physiatry) based on diagnosis.

## GAIT/BALANCE IMPAIRMENTS

NRP can assist in gait and balance evaluations to help determine appropriate workup and need for therapies, assistive devices, and 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.

NRP can also provide bracing suggestions for ankle and foot orthotics and other prosthetics and orthotics (P&O)/DME, but patients will be referred to P&O for procurement. If you have a good idea of what the patient needs, refer directly to P&O.

## **PASC (POST-ACUTE SEQUELAE OF COVID-19)**

NRP can assist with functional, neurological, autonomic/POTS, and cognitive concerns due to PASC.

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## **SPASTICITY MANAGEMENT**

NRP provides spasticity management for patients with central nervous system disorders: CVA, TBI, non-traumatic brain injury, spinal cord injury, multiple sclerosis.

Management includes oral medications, bracing and therapy recommendations, and chemodeneration 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 the risk/benefits of that procedure and other spasticity management options.

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## **DEPARTMENT CONTACTS:**

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