

# Configura® Comfort

The most versatile riser recliner



The **Configura** Comfort is a dual motor tilt-in-space chair with independent no-shear backrest recline, offering standard and flat rise options.

## Key features



Flat rise  
(option)



Tilt-in-space with  
legrest elevation



Backrest  
recline



Adjustable  
seat depth

## Sizes available

	Seat height	Seat width	Seat depth
Small	15" – 17"	18"	18" or 20"
Medium	17" – 20"	20"	
Large	17" – 20"	22"	

# Configura<sup>®</sup> Advance

A highly configurable specialist chair for higher dependency users



The Advance meets many needs in its standard configuration and can easily be adjusted to accommodate more complex postural requirements.

## Key features



10 degrees of forward tilt



Tilt-in-space with legrest elevation



Backrest recline



Height and angle adjustable footplate



Adjustable seat depth



Width adjustment

# Management of MND – health care professionals

## Session 2

Jenny Rolfe MSc Occupational Therapist

# Learning Objectives

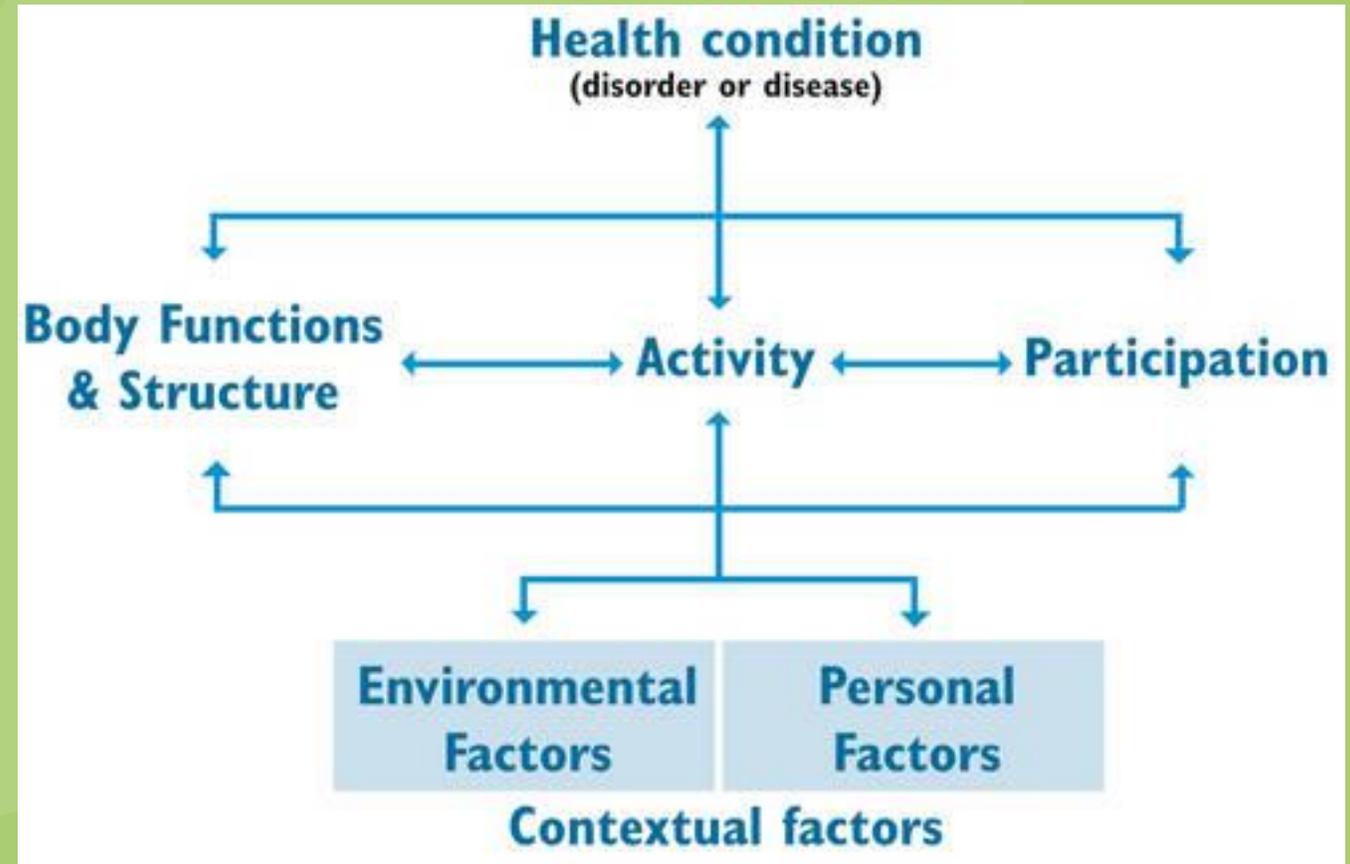
- Have an understanding of the context of therapy within the management of MND
- Become familiar with resources to support the practices of health care professionals in managing MND (NICE Guidelines for UK)
- Be aware of basic symptoms people living with MND are likely to experience
- Understand which areas of Occupational Therapy interventions are most relevant in the management of MND

# Therapy in Context

2001 WHO developed the **ICF (international classification of Functioning, Disability and Health)** from the ICIDH (International Classification of Impairments, Disabilities and Handicaps) shifting the focus onto functioning and health rather than disease & disability

Multipurpose classification tool... and some... (statistics, research, clinical practice, criteria)

Universal language to help coordinate services systems and process



Continuum functioning and disability – moving away from presence or absence

**Functioning**

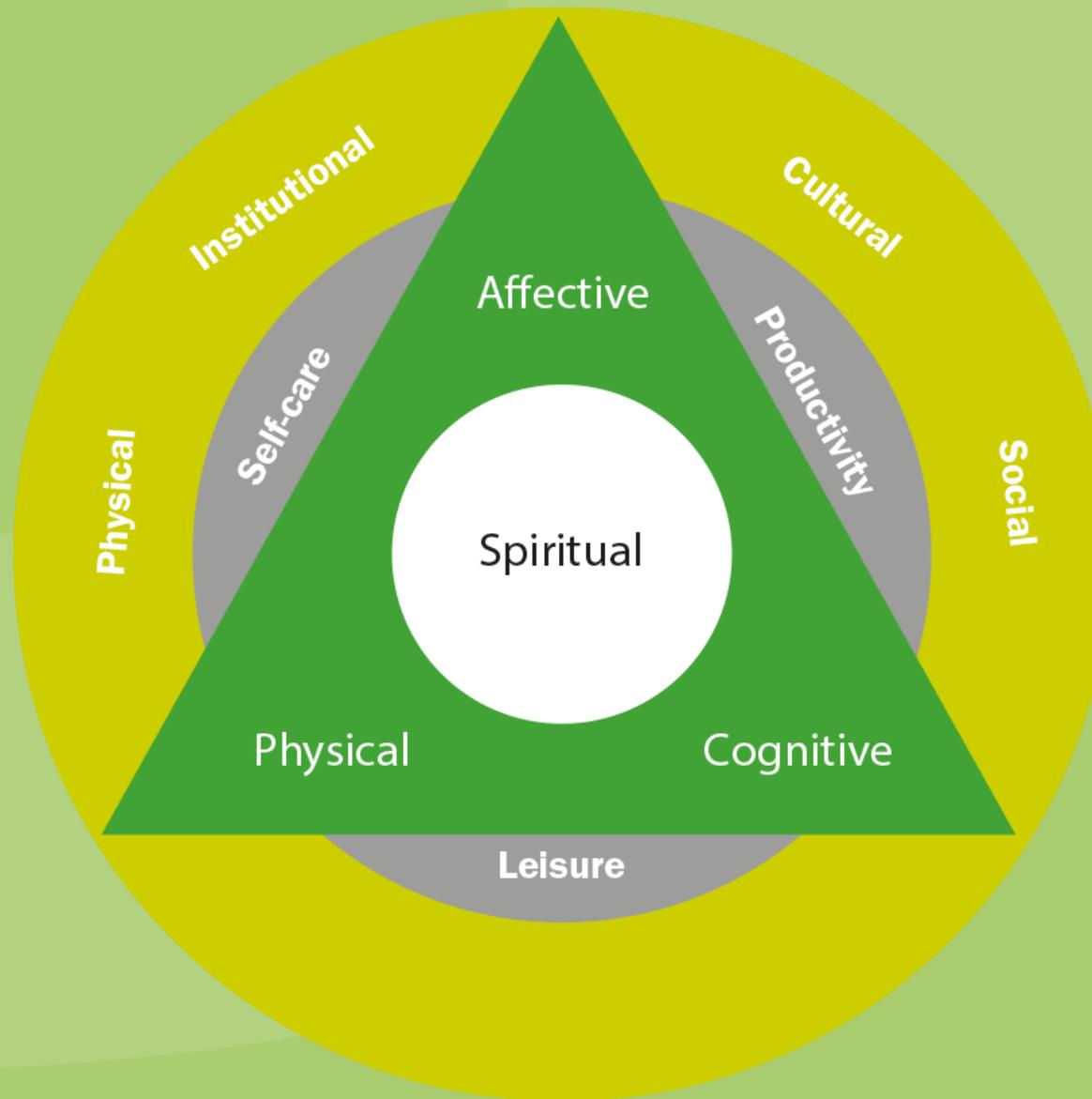


**Disability**

*[https://www.icf-elearning.com/wp-content/uploads/articulate\\_uploads/ICF%20e-Learning%20Tool\\_English\\_20220501%20-%20Storyline%20output/story\\_html5.html](https://www.icf-elearning.com/wp-content/uploads/articulate_uploads/ICF%20e-Learning%20Tool_English_20220501%20-%20Storyline%20output/story_html5.html)*

# Canadian Model of Occupational Performance and Engagement

Townsend, E. A., & Polatajko, H. J. (2007).  
Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation. Ottawa: CAOT Publications ACE.



## MND:

- Windows of opportunity (which may be short) for specific interventions:
  - Aids, adaptations and equipment can be introduced
  - Environments changed
- Adaptations may only be useable at specific level of impairment with disease progression no longer effective (functioning – disability continuum)
- Enable levels of independence.
- Need for a rapid and anticipatory response

# Motor neurone disease: assessment and management

NICE guideline [NG42] Published: 24 February 2016 Last updated: 23 July 2019

The screenshot shows the NICE guideline page for Motor neurone disease: assessment and management. The page has a navigation bar with tabs for Guidance, Tools and resources, Information for the public, Evidence, and History. The Guidance tab is selected. On the left, there is a sidebar with links to Overview, Recommendations, Context, Recommendations for research, and Update information. The main content area is titled 'Guidance' and includes a 'Download guidance (PDF)' link. Below the title, there are two links: 'NICE interactive flowchart - Motor neurone disease' and 'Quality standard - Motor neurone disease'. A 'Next >' button is also present. The main text states: 'This guideline covers assessing and managing motor neurone disease (MND). It aims to improve care from the time of diagnosis, and covers information and support, organisation of care, managing symptoms and preparing for end of life care.' Below this, there is a section for 'MHRA advice on gabapentin' which states: 'In July 2019 we linked to new MHRA safety advice on prescribing gabapentin. As of 1 April 2019, because of a risk of abuse and dependence gabapentin is controlled under the Misuse of Drugs Act 1971 as a class C substance and is scheduled under the Misuse of Drugs Regulations 2001 as schedule 3.' The 'Recommendations' section is partially visible at the bottom, starting with 'This guideline includes recommendations on:'.

**NICE NG42 1.8.5 Exercise Programmes**

**1.9 Equipment and adaptations to aid activities of daily living and mobility**

**NICE QS126 Standard 4: Continuity of Care**

**<https://www.nice.org.uk/guidance/qs126/chapter/Quality-statement-4-Continuity-of-care>**

# Exercise programmes

1.8.5 Consider an exercise programme for people with MND to:

- maintain joint range of movement
- prevent contractures
- reduce stiffness and discomfort
- optimise function and quality of life. [2016]



1.8.8 Give advice to the person and their family members and/or carers (as appropriate) about safe manual handling. [2016]

1.8.9 If a person needs orthoses to help with muscle problems, they should be referred to orthotics services without delay, and the orthoses should be provided without delay. [2016]

# 1.9 Equipment and adaptations to aid activities of daily living and mobility

1.9.1 Healthcare professionals and social care practitioners, which will include physiotherapists and occupational therapists, should assess and anticipate changes in the person's daily living needs, taking into account the following:

- Activities of daily living, including personal care, dressing and bathing, housework, shopping, food preparation, eating and drinking, and ability to continue with current work and usual activities.
- Mobility and avoiding falls and problems from loss of dexterity.
- The home environment and the need for adaptations.
- The need for assistive technology, such as environmental control systems. [2016]

1.9.2 Provide equipment and adaptations that meet the person's needs without delay, so that people can participate in activities of daily living and maintain their quality of life as much as possible. [2016]

1.9.3 Refer people to specialist services without delay if assistive technology such as environmental control systems is needed. People should be assessed and assistive technology provided without delay. [2016]

1.9.4 Refer people to wheelchair services without delay if needed. Wheelchair needs should be assessed and a manual and/or powered wheelchair that meets the person's needs should be provided without delay. [2016]

1.9.5 Ensure that equipment, adaptations, daily living aids, assistive technology and wheelchairs meet the changing needs of the person and their family and/or carers (as appropriate) to maximise mobility and participation in activities of daily living. [2016]

1.9.6 Ensure regular, ongoing monitoring of the person's mobility and daily life needs and abilities as MND progresses. Regularly review their ability to use equipment and to adapt equipment as necessary. [2016]

1.9.7 Healthcare professionals, social care practitioners and other services providing equipment should liaise to ensure that all equipment provided can be integrated, for example, integrating AAC aids and devices and environmental control systems with wheelchairs. [2016]

1.9.8 Enable prompt access and assessment for funding for home adaptation. If the person is not eligible for funding, continue to offer information and support in arranging home environment adaptations. [2016]

**The core multidisciplinary team should consist of healthcare professionals and other professionals with expertise in MND, and should include the following:**

Neurologist.

Specialist nurse.

Dietitian.

Physiotherapist.

## **Occupational Therapist.**

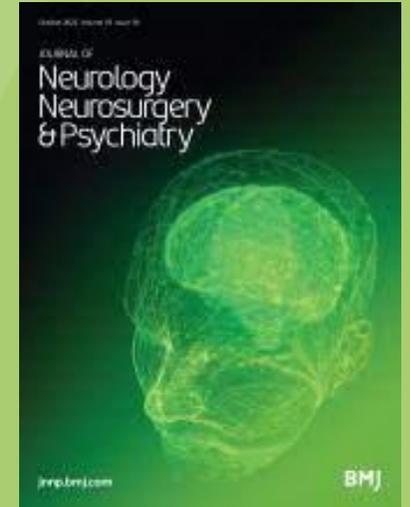
Respiratory physiologist or a healthcare professional who can assess respiratory function.

Speech and language therapist.

**A healthcare professional with expertise in palliative care (MND palliative care expertise may be provided by the neurologist or nurse in the multidisciplinary team, or by a specialist palliative care professional). [2016]**

**Rooney J, Byrne S, Heverin M, *et al* A multidisciplinary clinic approach improves survival in ALS: a comparative study of ALS in Ireland and Northern Ireland. *Journal of Neurology, Neurosurgery & Psychiatry* 2015;86:496-501.**

- Study of MND patients in ROI and NI 2005-2010: 719 cases
- Survival benefit for patients attending MDT clinic in ROI compared to patients from NI not attending MDT clinic
- MDT decision making, enriching options and outcomes for patients.
- NICE Guideline





# OT Interventions

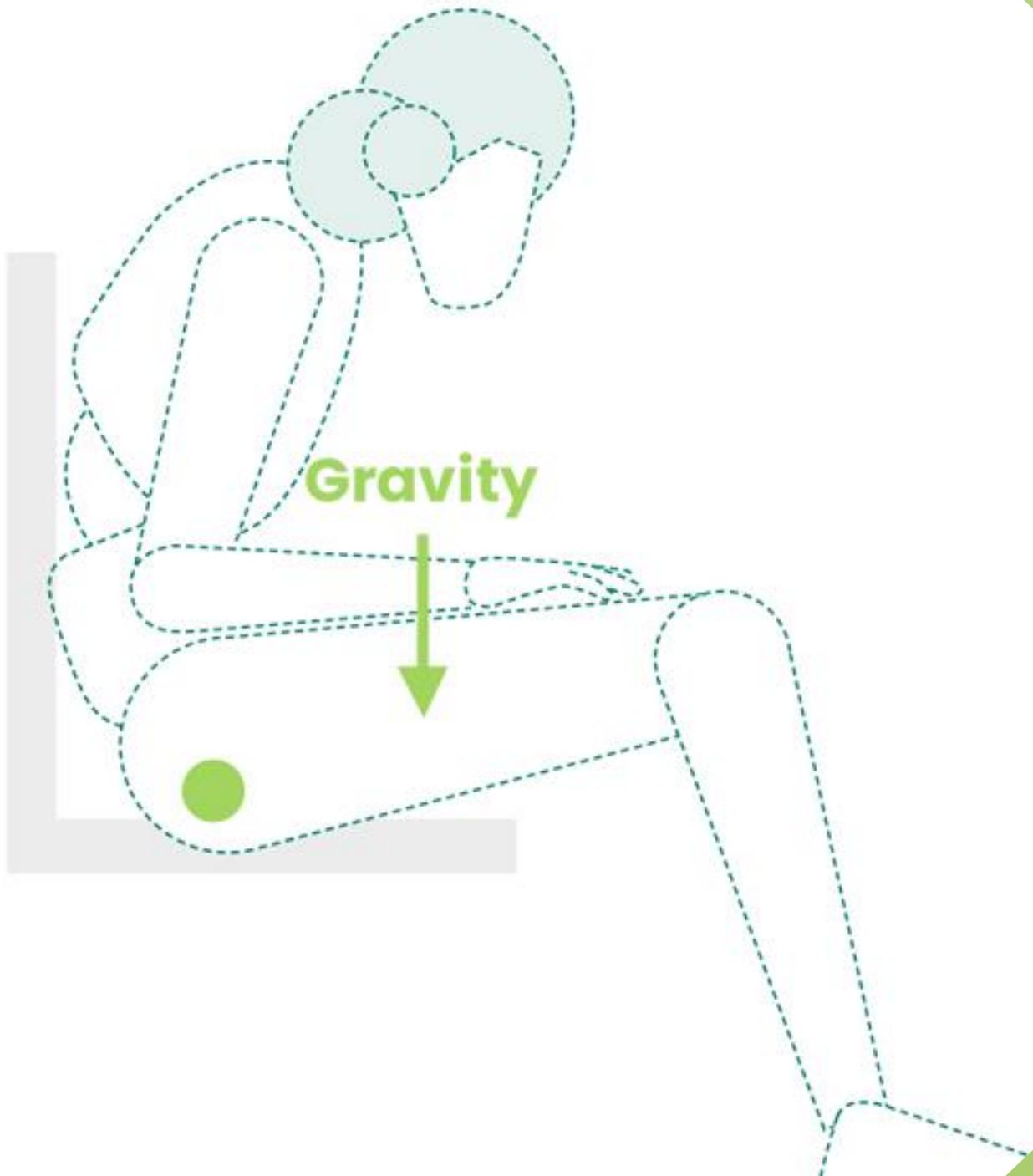
- **Mobility:**
  - Transfers and bed mobility
  - Walking aids
  - Wheelchair
  - Wheelchair accessible vehicle / transport
  - Carer needs
- **ANTICIPATE FUTURE NEEDS**

# Postural Management:

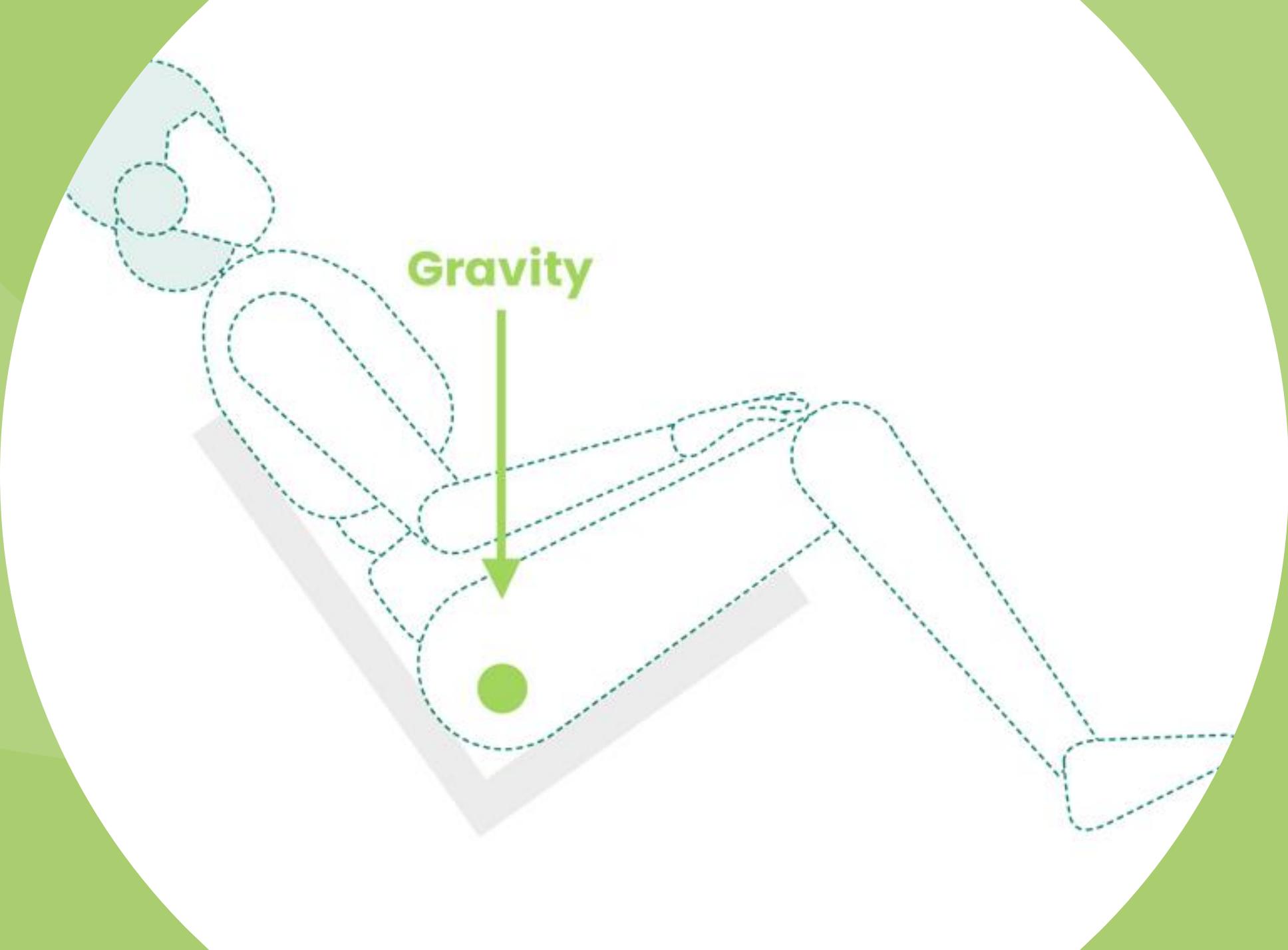
- Seating (static wheelchair commode / shower)
- Transfers
- Bed positioning and bed mobility
- Orthotics
- **Pressure management**



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SEAT CONTACT GAP



SEAT CONTACT



Postural  
Kyphosis

Accommodation  
of back profile

Emersion

Accora

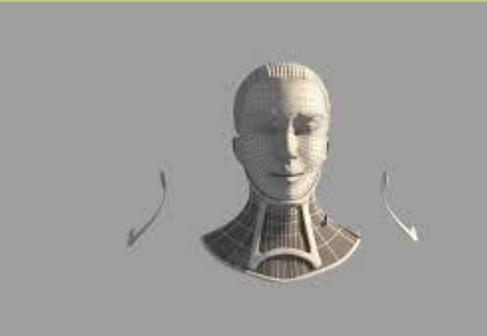
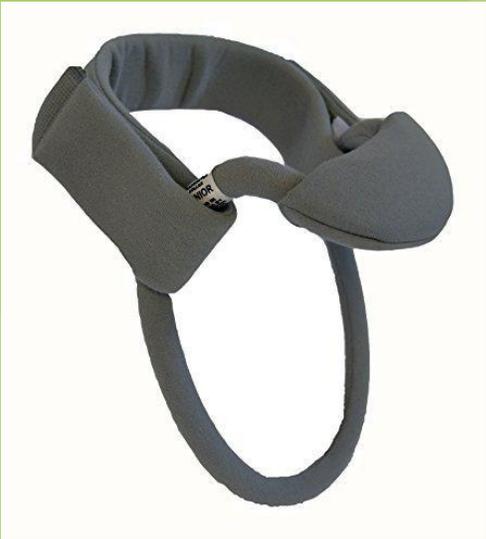
# Collars / Head Support

- Ensure posture is correctly supported and accommodated
- Use tilt in space
- Use recline if needed
- Support with collar
- Support with headrest

Combination approach



# Collars / Head supports



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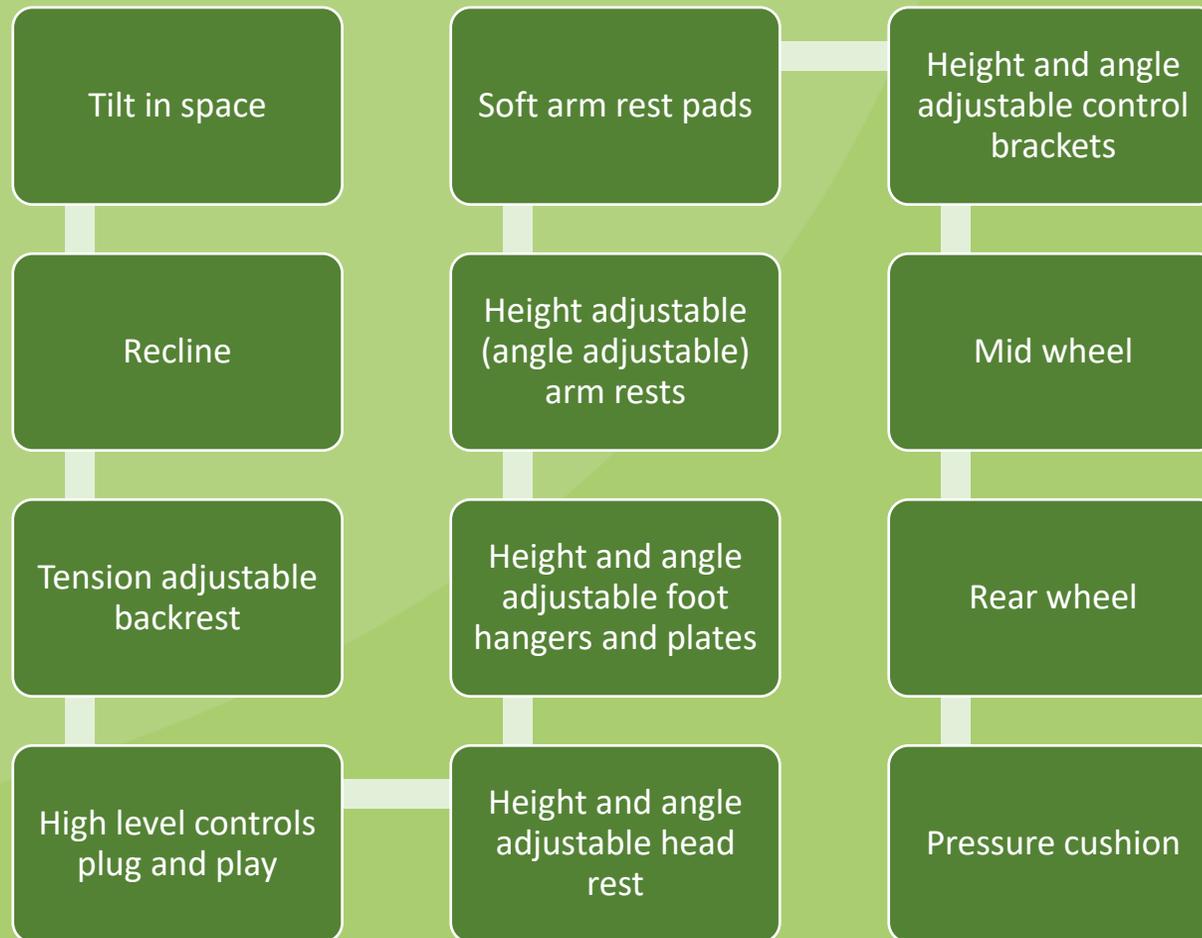
## Head Support....

Check you have foundations and walls sheared up!!! Then you can fit the roof.



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# Powered Wheelchair Requirements



# Static Seating



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# Housing Accessibility

- Minor and Major adaptations
- Access – internal / external
  - Stair lift
  - Through floor lift
  - Stair climber
  - Ground floor living
  - Wet room
  - Wheelchair access
- Washer drier toilet
- Profiling bed
- Transfer aids
- Ceiling track hoisting
- Family needs
- Carer needs





# Stair lift or not?

- Time limited...
- Individual assessment (not blanket policy)
- Risk Assessment – client, carers, other household users
- Time scales
- Other options
- Personal choices



# Mobile Arm Support

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# Assistive Technology

- Environmental controls
- Alexa
- Door Openers
- Switches
- Computer Access
- Eye Gaze
- Comms Aids
- Wheelchair controls





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