

IMPORTANCE OF TREATMENT

Therapy

The physical or occupational therapist will evaluate the patient's function, identify the relevant impairments and work with the patient to develop an individualized treatment plan utilizing evidence-based interventions to improve functional mobility and the ability to complete functional activities. Physical and occupational therapists have expertise in improving safety and independence in the following areas:

- Basic Self Care
- Gait
- Bed Mobility
- Transfers
- Executive Functions
(household management, work, driving)



At Kitsap Physical Therapy, we have 2 therapists who are Certified Stroke Rehabilitation Specialists (CSRS) and trained in neurological rehabilitation services, offering location preference and convenience for patients.

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kitsap
physical
therapy
AND SPORTS CLINICS

Neurological Rehabilitation Services

Physical therapy approach to addressing:

Strokes

Traumatic Brain Injuries

Post Concussion Syndrome

Multiple Sclerosis

Parkinson's Disease

Occupational Therapy

COMMON DIAGNOSES TREATED

Stroke – acute or chronic

Strokes affect each patient differently but common symptoms include weakness, coordination problems, abnormal muscle tone, cognitive changes, visual deficits, dizziness/vertigo and/or balance problems. Physical therapy is a vital part of the recovery process for many stroke survivors and has been proven effective in improving balance and walking ability (Cochrane review, 2014). Increased blood flow to the brain and improved memory have often resulted from aerobic exercise in patients following stroke (Moriya, 2016). Occupational therapy has been shown to improve functional ability in daily activities following a stroke (Legg et al., 2007). Studies also show cognitive rehabilitation provided by occupational therapists is effective in treating focal deficits. Occupational therapists also play an important role in improving upper extremity and visual functions following a stroke (Ebrsr, 2016). At KPT, we have both a physical and an occupational therapist who are Certified Stroke Rehabilitation Specialists.

Traumatic Brain Injury (TBI)/ Post Concussion Syndrome (PCS)

TBIs range from mild concussions to severe and functionally devastating head injuries. While most patients recover quickly from mild concussions, those with persistent symptoms often find themselves struggling to return to their normal activities. A third of patients with mild TBI have cognitive deficits that persist for several months post injury (McMahon, 2014). Cognitive deficits related to concentration/attention, problem solving, memory, and impulse control can be effectively treated by occupational therapists who are experienced with this population. Balance problems related to post traumatic vestibular dysfunction can be improved through specialized vestibular rehabilitation (Gurley et al, 2013). Preliminary studies have shown that properly dosed aerobic exercise may improve normal cerebral blood flow in patients with PCS (Leddy et al, 2013). Patients with more severe TBI can experience problems with executive function, awareness and visual

spatial skills (Rabinowitz). Neurological physical and occupational therapists work together to treat the cognitive as well as the physical impairments in order to expedite return to work and leisure.

Multiple Sclerosis (MS)

Patients with MS experience a variety of symptoms that can greatly impair their ability to function independently. Weakness, stiffness, dizziness, fatigue, visual problems, and cognitive changes can be addressed by physical and occupational therapists to maximize function and reduce risk of falls.

Parkinson's Disease

People with Parkinson's may have tremors, postural instability, bradykinesia, rigidity, and cognitive changes that make it difficult to move and complete daily tasks. At KPT we have a physical therapist certified in the LSVT BIG program that has been proven effective in improving balance, gait speed and reaching abilities (Fox et al, 2012). Occupational therapists can identify and treat cognitive deficits and instruct in the use of adaptive equipment to improve functional independence with activities of daily living such as self-feeding, bathing, dressing, etc.



Reference list supplied upon request.

