

Spasticity (Rehab) clinic Referral Guideline

Austin Health Spasticity clinic holds regular multidisciplinary meetings with Health Independence Programs to discuss and plan the treatment of patients with spasticity conditions.

Department of Health clinical urgency categories for specialist clinics					
<p>For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.</p> <p>Direct the patient to the Emergency Department for the following reasons:</p> <ul style="list-style-type: none"> • New, sudden onset stroke symptoms, face, arm or speech (FAST) changes. • Seizures. 					
<p>Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen within 30 days of referral receipt.</p>					
<p>Routine: Referrals should be categorised as routine if the patient’s condition is unlikely to deteriorate quickly or have significant consequences for the person’s health and quality of life if specialist assessment is delayed beyond one month.</p>					
<p>Exclusions: Spasticity clinic does not provide the following services:</p> <ul style="list-style-type: none"> • Children under 16 years 					
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
<p>Any person who has spasticity or dystonia that is causing pain, interfering with hygiene, function or cosmesis.</p> <p>People living closer to another health service may be directed to that service.</p>	<p>When to Refer: When spasticity is impacting pain, hygiene, function or cosmesis or is at risk of doing so.</p> <p>Previous treatment already tried: If your patient has been discharged from outpatient rehabilitation elsewhere, referral to this clinic may not result in more therapy being offered.</p>	<p>To be included in referral</p> <ul style="list-style-type: none"> • Reason for Referral • Diagnosis • Clinical history • Medication list • List of Providers involved eg. NDIS coordinator, therapists. 	<p>Urgent: High level of pain, patient or carer stress or disability as a result of spasticity or dystonia.</p> <p>Routine: Mild to moderate level impact from spasticity or dystonia.</p>	<ul style="list-style-type: none"> • Assessment and management of spasticity. • Referrals to outpatient therapy as needed. • Securing patient/family confidence of understanding and self-care. 	<p>Patients can be seen until specialist intervention for spasticity or dystonia is no longer required. In many cases, ongoing injections 3-4 times per year may be needed.</p>