



Pain Management and Mental Health

Patient: Anita Balali

A 70 year old woman called Anita has had an osteoporotic crush fracture to her T6 about 6 weeks ago. Her GP was managing this but she has struggled with ongoing pain and so consults an osteopath to see if he can help with her symptoms. A further 6 weeks down the line, although her pain has improved, she is still struggling and hasn't seemed to improve overall. She is finding it harder to walk and mobilise and has some weakness in her legs starting to emerge. She does still have pain and her GP wonders if she has had some spinal cord involvement or a radiculopathy, so refers her to the local musculoskeletal services where she sees a physiotherapist for assessment and investigation. The physio orders an MRI which is normal. She ends up having some nerve conduction studies and being referred to see neurology as it is suspected that there may be a primary neurological problem causing her symptoms.

6 months after her original injury she is diagnosed with motor neurone disease. She is introduced to a specialist motor neurone disease nurse who will be her primary contact to the MND team. She sees her nurse for review to discuss her symptoms and also to provide education and discussions about the future. Communication and swallowing are starting to become more of an issue so she consults with SALT. Communication aids and also discussions about nutrition and swallowing are had. Our dietician is consulted to help plan for a future PEG. She is also referred to orthotics to see if truncal control and posture can be optimised with a brace. Over time Anita's symptoms continue to progress and she dies of her MND 2 years after her diagnosis.

Patient: Yasmin Hall

Yasmin Hall (DOB 08/09/1991) is a woman of childbearing age who is currently suffering with an acute manic episode over the last 3 weeks. This culminates in an episode on a rooftop where she is afraid, acutely manic and delusional. Paramedics have been sent to help. Following this Yasmin is admitted to a mental health inpatient unit under a Section 2 where she has an assessment and is diagnosed with bipolar disorder and started on treatment for this being prescribed lithium. Over the next 6 weeks she recovers and plans are made to discharge her. She has a home assessment by the occupational therapist as part of this. She goes home and is much more stable. 8 months down the line Yasmin becomes pregnant. She promptly stops her lithium and goes to the pharmacy enquiring about a medication called St. John's wort which she thinks she should take instead. The pharmacist counsels her about St. John's wort and the interactions it has but the truth comes out and the pharmacist advises her to continue her lithium and consult with her mental health team urgently. She does this and the mental health team weigh up the pros and cons of continuing lithium vs risking unsettling her mental health; they decide the best option is to continue her lithium. There is a slightly higher risk of cardiac defects for babies with mothers on lithium but her anomaly scan at 20 weeks is normal. Following this we see Yasmin in her preparations for her birth and her interaction with her midwife and the antenatal team.



TIME	SCENARIO	OCCUPATION
10:00-10:13	Welcome To the Session	
10:13 - 10:37	SIMULATION 1 Patient has osteoporotic T6 crush fracture 6w ago but is still struggling with back pain and consults with Kevin.	Osteopathy
10:37 - 10:47	TEACHING SESSION 1 Osteopathy - Scoliosis diagnosis and treatment.	Osteopathy
10:47 - 11:09	SIMULATION 2 Patient has been referred to orthotics to help. Struggling with deteriorating trunk and neck balance and control. Consults Mike for orthotic input and the fitting of a brace.	Orthotics
11:09- 11:20	TEACHING SESSION 2 Common Spinal Injury & The Orthoses Used.	Orthotics
11:20 - 11:50	SIMULATION 3 GP refers to MSK clinic to see advanced physio practitioner due to poor progress, loss of independence, some weakness and query over radiculopathy. Physio assesses and investigates with MRI (normal) and is concerned about another cause for symptoms so refers to neurology and orders nerve conduction studies.	Physiotherapist
11:50- 12:05	TEACHING SESSION 3 Extended Scope (ESP) Roles in Physiotherapy .	Physiotherapist
12:05-12:20	BREAK - 15 MINUTES	
12:20 - 12:33	SIMULATION 4 Review with MND nurse. To be clarified with Rachel. 6 weeks post MND diagnosis.	Nurse
12:33 - 12:58	SIMULATION 5 6 months post MND diagnosis. Communication and swallow are deteriorating – sees Sally. Using a wheelchair to move by this point.	SALT
12:58 - 13:10	SIMULATION 6 Multi-Disapinary Team (MDT) discussion between SALT, dietician +/- MND nurse about PEG planning	SALT, Dietician, Nurse



TIME	SCENARIO	OCCUPATION
13:10 - 13:16	TEACHING SESSION 4 Nursing - Patients Capacity.	Nurse
13:16 - 13:30	TEACHING SESSION 5 Progressive Neurological Conditions - Motor Neurone Disease (MND).	SALT
13:30 - 13:39	TEACHING SESSION 6 Dietetics Motor Neurone Disease (MND) patients and their risk of malnutrition.	Dietician
13:39 - 13:40	Patient update - with community hospice nurse Fiona.	
13:40-14:20 LUNCH - 40 MINUTES		
14:20 - 14:39	SIMULATION 7 Acutely manic patient on a rooftop who is at risk of injury.	Paramedic
14:39 - 14:47	TEACHING SESSION 7 Paramedicine - Patients with Psychosis.	Paramedic
14:47 - 15:14	SIMULATION 8 Patient is now 6 weeks post sectioning. She is recovering and will have a home assessment as part of her discharge planning.	Occupational Therapist
15:14 - 15:24	TEACHING SESSION 8 Occupational Therapy and Home Visits.	Occupational Therapist
15:24 - 15:34 BREAK - 15 MINUTES		
15:34 - 15:47	SIMULATION 9 Patient has found herself pregnant and has stopped her lithium medication. She consults community pharmacist about St. John's wort. After talking about interactions, it is found out that the reason for the consultation is the pregnancy. She is signposted to her mental health team urgently.	Pharmacist
15:47 - 16:01	TEACHING SESSION 9 Pharmacy - High Risk Medicines and Interactions.	Pharmacist
16:01 - 16:16	SIMULATION 10 Antenatal Ultrasound anomaly scan at 20 weeks, at higher risk of cardiac anomalies.	Radiographer



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TIME	SCENARIO	OCCUPATION
16:16 - 16:42	SIMULATION 11 Antenatal assessment and education for the parents, planning for birth. Mental state is stable.	Midwife
16:42 - 16:54	TEACHING SESSION 10 Radiography - Medical Ultrasound.	Radiographer
16:54 - 17:00	TEACHING SESSION 11 Midwifery.	Midwife
17:00	END OF DAY	



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