Welcome
to Masku Neurological Rehabilitation Centre
Finnish Neuro Society Rehabilitation services

Masku Neurological Rehabilitation Centre

Nationally:
- rehabilitation courses
- in-patient rehabilitation

Locally:
- Out-patient rehabilitation

Outpatient Rehabilitation Unit

Nationally: rehabilitation courses around the country
Locally: Neuropiste Helsinki and Neuropiste Turku Oy Out-patient Clinics
Masku Neurological Rehabilitation Centre

- Founded in 1988 by Finnish MS Society
- Reimbursed partly by Finnish Slot Machine Association
- Growth
  - 1988: patients 47/staff 32 → 2002: patients 87/staff 120 → 2019: patient places 86/ staff 75
Masku Neurological Rehabilitation Centre

- Bed capacity 86
- Approximately 1000 in-patients yearly
- Percentage of occupied beds nowadays app. 50%
- In-patient stay typically from 5 to 20 days, may even be several months
Reimbursement for rehabilitation

• **Social Insurance Institution**
  – rehabilitation courses
    • MS, Stroke, Epilepsy, Parkinson, elderly multi disease patients
  – Individual rehabilitation periods
    • For severely handicapped (Swedish speaking)
    • For those with mild to moderate handicap
  – Out-patient services

• **Public health care**
  – In- and out-patient rehabilitation

• **Insurance companies**
  – Mainly for TBI patients
Course vs. Individual rehabilitation

• Rehabilitation courses:
  – Information, peer support
  – Boost for self-confidence – ”I can cope with my disease”
    • Mostly in groups
• Individual in-patient rehabilitation:
  – To promote patients’s independency, autonomy and activity
  – Multidisciplinary therapy individually and in groups
Out-patient services

- Individually or in groups
  - Physiotherapy
  - Occupational therapy
  - Neuropsychological rehabilitation
  - Speech therapy
In- vs. out-patient rehabilitation

- Out-patient
  - Focused problems that can be handled by one therapist
- In-patient
  - Widespread problems and rehabilitation targets that need multidisciplinary co-operation and goal setting
  - Important for severely handicapped but also already at the very beginning of a progressive, unpredictable, multisymptom disease (invisible symptoms!!)
ICF - classification

Aim of rehabilitation is to improve activity and participation, not only to reduce restrictions or improve test scores!!

At best, rehabilitation is based on patient’s individual needs and relies on patient’s strengths and motivators!!
Modes and targets of rehabilitation evolve with advancing disease/disability:

- Progress of symptoms

**Targets of rehabilitation:**

- Relying on own capability, modifying of own daily routines
- Adaptation of environment
- Influencing the attitude of other people
- Information and peer support early on disease (rehabilitation course, outpatient rehabilitation)
- Multidisciplinary, individual rehabilitation (in- and outpatient)
- Keeping in mind the environment and daily activities
- Remembering the relatives and close ones
- Multidisciplinary way of working
Staff

Administration
• director
• quality chief
• Rehabilitation coordinator
• administrative secretary

Medical and special services
• neurologists
• psychologists / neuropsychologists
• social worker
• speech therapists
• dietician

Physiotherapy
• Chief physiotherapist
• physiotherapists
• groupleader
• conditioner

Rehabilitative nursing
• chief nurse and coordinator
• Urotherapist, specialist pain nurse
• nurses
• primary nurses
• free time leaders

Occupational therapy
• occupational therapists

Nutritional services

Office and rehabilitation office

27.1.2020

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Goal setting and evaluation

• GAS (Goal Attainment Scaling) method
  • 1-4 concrete goals are set by the patient and the key rehabilitation persons together
  • Goal evaluation at the end of the rehabilitation period by the patient and the key persons together
  • Good rehabilitation plan created by the treating doctor / team for the in-patient rehabilitation facilitates a lot both setting and reaching the goals
Outcome for each goal is evaluated separately

-2  most unfavourable treatment outcome thought likely

-1  less than expected success with treatment

0   expected level of treatment success

+1  more than expected success with treatment

+2  best anticipated treatment success

Kiresuk TJ, Sherman RE. Goal attainment scaling: a general method for evaluating comprehensive community mental health programs. 1968
... and then converted to a sum score of goal attainment, the T-score

\[
T = 50 + \frac{10 \sum w_i x_i}{\sqrt{(1-p) \sum w_i^2 + p(\sum w_i)^2}}
\]

\(X_i\) = individual goal
\(W_i\) = relative weight

50 = expected level of treatment success
> 50 = more than expected success with treatment
< 50 = less than expected success with treatment

Kiresuk TJ, Sherman RE. Goal attainment scaling: a general method for evaluating comprehensive community mental health programs. 1968
Research
Masku Neurological Rehabilitation Centre

• Pioneer in:
  – MS adaptation training
  – neuropsychological dg and rehabilitation
  – bladder and bowel rehabilitation
  – sexual counselling
  – swallowing therapy
  – physiotherapy