



MASKUN NEUROLOGINEN  
KUNTOUTUSKESKUS

Welcome  
to Masku Neurological  
Rehabilitation Centre

Finnish Neuro Society  
Rehabilitation services

Masku Neurological  
Rehabilitation Centre



Outpatient Rehabilitation  
Unit

Nationally:

- rehabilitation courses
- in-patient rehabilitation

Locally:

- Out-patient  
rehabilitation

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
  - Extensions in 1994, 1995, 2002
- 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

**Medical condition  
(disorder or disease)**

**Body functions,  
restrictions**

**Activity**

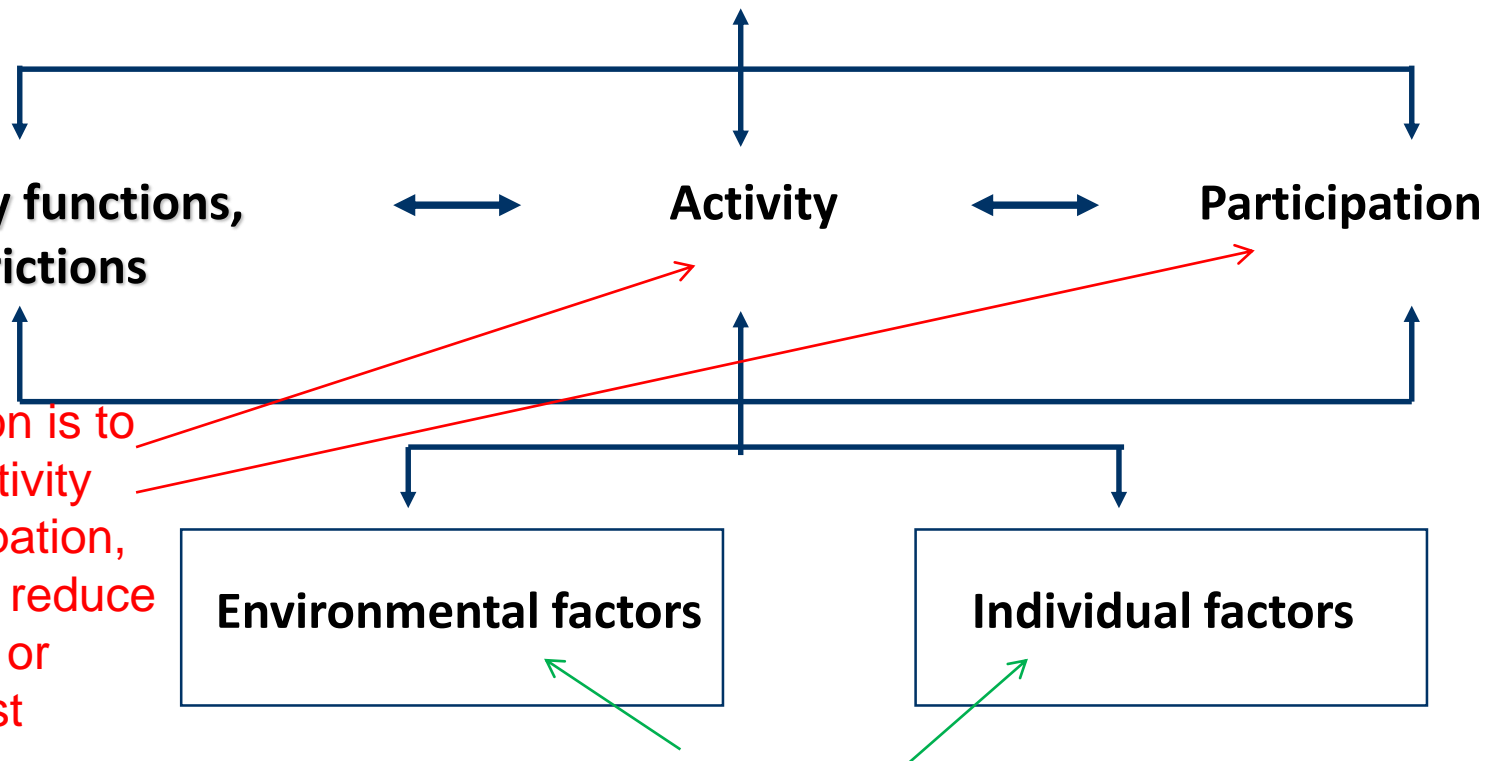
**Participation**

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

**Environmental factors**

**Individual factors**

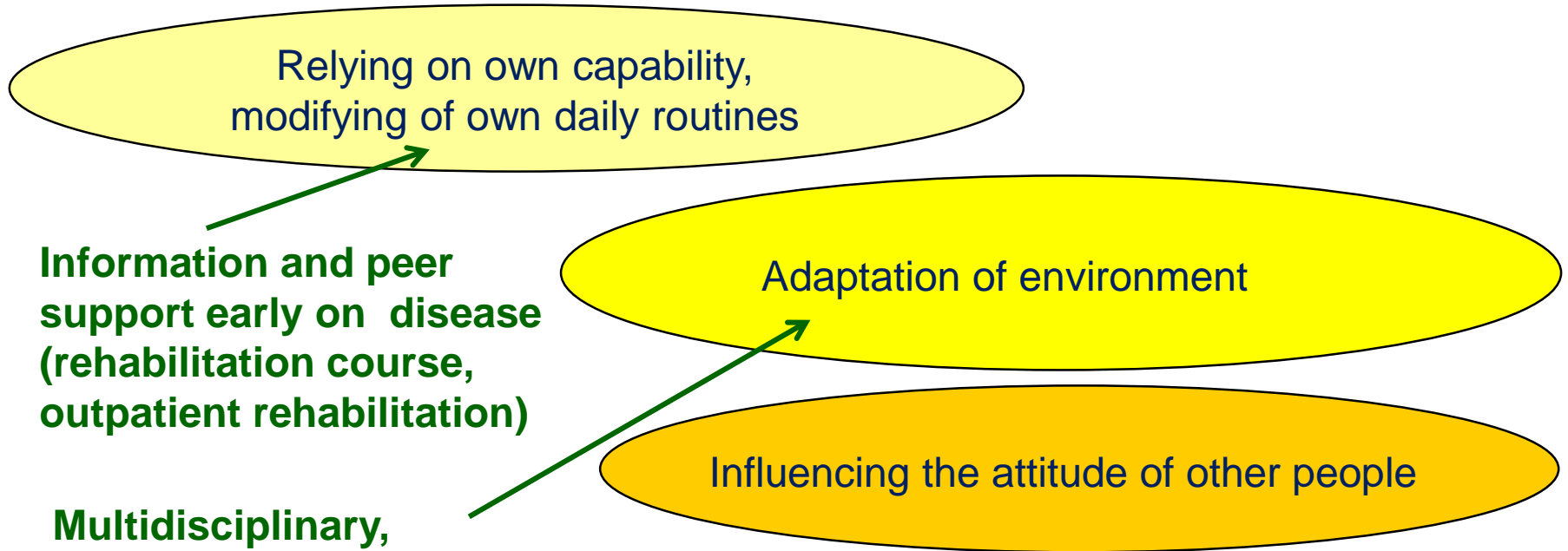
At best, rehabilitation is based on patient's individual  
needs and relies on patient's strengths and motivators!!



# Modes and targets of rehabilitation evolve with advancing disease/disability:

—————→ Progress of symptoms —————→

## Targets of rehabilitation:



**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

# 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

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

$$T = 50 + \frac{10 \sum w_i x_i}{\sqrt{(1-\rho) \sum w_i^2 + \rho (\sum w_i)^2}}$$

$X_i$  = individual goal  
 $W_i$  = relative weight

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