Rehabilitation with The Epilepsy Team

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Rehabilitation with the Epilepsy Team

- Child Life
- Neurology/Epileptologists
- Neurosurgery
- EEG Technologists
- Nurses
- Therapists
- Physical Medicine & Rehabilitation (PM&R)
- Psychologists
Patient overlap of PM&R with the Epilepsy Team

• 1. There is a significant population of children who are seen by both teams

• Children with cerebral palsy (CP) #1, but children with traumatic brain injuries (TBI), brain tumors, spina bifida, and other diagnoses are also commonly seen by both

• Many of these children are followed long-term by both teams
Patient overlap of PM&R with the Epilepsy Team

• 2. Children with cognitive dysfunction: Children with epilepsy may have cognitive issues from seizures, from the disease process that causes the seizures, medications that treat seizures, or from a combination of these.

• The treatment goal for PM&R for this group of children is to maximize cognitive function, particularly appropriate school approach and school performance: evaluation & school plan.
Overlap of PM&R with the Epilepsy Team

• **3. Those children and teenagers who have intractable epilepsy and require neurosurgery for optimal treatment**
Rehabilitation Post Epilepsy Surgery

• Literature minimal for rehab post-op epilepsy
• -Some for cognitive impact post temporal lobe resection
• -Not for physical deficits
Rehabilitation Post Epilepsy Surgery

• For some of these children the surgical *plan* will include a temporary motor deficit. These are the ones with whom PM&R will work closely and intensively. We will have physical therapy, occupational therapy, and speech therapy working with the children and their families as soon as they are cleared by neurosurgery.
Rehabilitation Post Epilepsy Surgery

• May need to get braces or other equipment

• Some of this group will require an inpatient rehabilitation unit stay to work aggressively on their rehab program
Rehabilitation Post Epilepsy Surgery

• Transition to an outpatient program several times a week, working to maximize function, in conjunction with their frequent improved alertness/attention/cognition related to decreased or absent seizure activity
Dell Children’s (DCMC)

• Now PM&R sees kids pre-op so we evaluate motor strength, mobility, ADLs, communication & cognition
• If any post-operative deficits we can see if it is new –or- if previously present/child’s baseline
• Therapies, equipment, testing...
Rehabilitation Principles

- Team approach
- Continuum of care
- Support family
- Focus on assets of child, family, home
- Focus on entire person
- Flexibility to change
- Family-centered care
Rehab Goals

- Prevent complications
- Maximize function
- Education of family
- Evaluate environment
Functional Goals

• Communicating
• Feeding
• Dressing
• Bathing
• Mobility/walking
• Thinking
• Playing
• Growing
• Behaving