Rehabilitation with
The Epilepsy Team

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Rehabilitation with the Epilepsy Team

- Psychology
- Neurology
- Neurosurgery
- EEG Technologists
- Nurses
- Therapists
- PM&R
Rehabilitation with the Epilepsy Team

- Physical Medicine & rehabilitation (PM&R) has 3 main areas of overlap with Epilepsy care.

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.
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, meds, or from a combination.

• 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.
Overlap of PM&R with the Epilepsy Team

- 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.
- 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
- They will then transition to an outpatient program several times a week, working to maximize function, in conjunction with their frequent improved alertness related to decreased (or absent!) seizure activity

Dell Children’s (DCMC)

- Neuro & NS ask PM&R to see 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 (nimble)
- 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

Inpatient Pediatric Rehabilitation

TEAM
• OT C *Orthotist
• PT H *Rehabilitation Engineer
• ST I *Child life specialist
• Family L *Recreation Therapist
• Nursing * D *Pastoral care
• Psychology T *Respiratory therapy
• Educator E *Nutrition
• Social Services E *Audiology
• Physicians N *Pet therapy