



SERVICE-AT-A-GLANCE

(MNH) OPD – Movement Disorder Clinic

Location

- MNH 2nd floor – room 201

Population

- Any diagnosis with a movement disorder component (i.e. Parkinson's, Progressive Supranuclear Palsy, Huntington's Chorea, Multi-System Atrophy, Essential tremor)

Age range

- **Adult (18+)**

Impact of illness/injury

- A movement disorder patients' functional autonomy is impacted secondary to bradykinesia, rigidity, postural changes, balance changes with falls, and tremor. There are numerous non-motor symptoms like cognitive changes, swallowing problems, constipation, sleep disorders, anxiety, depression and apathy that play a major role on one's ability to do ADL's, IADL's, productivity and leisure.

Medications:

- Medications are taken frequently (min. 3x per day) to minimize "off stage". They should be taken at a specific time generally 30 minutes prior to meals or one hour post to maximize effectiveness. There are several medications that you will learn about in clinic.

Role

- Functional evaluations to optimize safety and autonomy in daily activities, including work and leisure
- Recommendation of equipment for ADL's
- Swallowing assessments and recommendations with occasional referral to the dysphagia clinic
- Driving screens
- Complete applications for adapted transportation, parking vignettes, disability tax credits etc.
- Referrals to CLSC for equipment and home safety assessments
- Referrals to rehabilitation centers for out-patient rehab, computer accessibility, and/or on-road driving tests.
- Energy conservation education
- Fall prevention education
- Consult required – no standing orders

Team and Key Contacts

- It is an interdisciplinary team with a clinical coordinator, neurologists, a psychiatrist, nurses, a social worker, SLP, PT, OT and researchers. Staff and pagers change, so this will be provided during the stage.

Rounds

- There are no rounds
- OT-PT clinic Wednesdays
- Interdisciplinary team on Fridays

Medical Tests

- PD is diagnosed based on a physical examination – there are no blood tests etc. to make the diagnosis
- For a Parkinsonism syndrome, like PSP, occasionally a MRI is requested to confirm the diagnosis
- Genetic testing is done as needed

Assessments

- ADL
- Physical: Jamar, Manual Muscle testing, 9HPT etc.
- Cognitive: MOCA, Bell's test, Trail A and B, MVPT-R, Snelgrove maze test, etc.
- IADL: Kitchen task assessment, writing a cheque, knowledge of meds etc.

Resources

- Parkinson's Quebec/Canada
- CLSC
- Cummings center
- Rehabilitation Centers (Lethbridge, Lucie Bruneau, CMR, Le Bouclier etc.)