



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Rehabilitation Centre		
Document:	Multidisciplinary Policy and Procedure		
Title:	Occupation Therapy Management Protocol for Spina Bifida		
Applies To:	All Occupational therapist, Physicians and Nurses		
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1. PURPOSE:

- 1.1 Achieving independence in activities of daily living (ADL).
- 1.2 Improving the quality of life for the patient.
- 1.3 Integrating the patient with the community.
- 1.4 Removing obstacles that hinder the patient from adapting to the surrounding environment.

2. DEFINITIONS:

- 2.1 Type of spina bifida:
 - 2.1.1 Myelomeningocele – the most severe type of spina bifida, the baby's spinal canal remains open along several vertebrae in the back, allowing the spinal cord and protective membranes around it to push out and form a sac in the baby's back.
 - 2.1.2 Meningocele – another serious type of spina bifida where the protective membranes around the spinal cord (meninges) push out through the spine, the spinal cord usually develops normally so surgery can often be used to remove the membranes without damaging the nerves.
 - 2.1.3 Spina bifida occulta – the most common and mildest type of spina bifida; 1 or more vertebrae does not form properly, but the gap in the spine is very small; spina bifida occulta does not usually cause any problem and most people are unaware they have it.
- 2.2 Hydrocephalus: Excess fluid on the brain

3. POLICY:

- 3.1 Patient should have a referral from pediatrician or Rehabilitation doctor.
- 3.2 Patient will be evaluated and assessed by occupational therapist.
- 3.3 Appointment will be given depending on the availability of the therapist schedule and severity of the case.
- 3.4 The therapist explains to the parent's the child condition and what the short and long-term goals are intended from the treatment program and also determines the number of sessions for them.
- 3.5 The patient's conditions is re-evaluated after one month of treatment or after any change her condition if she needs a consultation from a rehabilitation doctor or discharging the patient.
- 3.6 The patient is given home exercise after the first treatment session.

4 PROCEDURE:

- 4.1 The physician will determine the goal of treatment after the initial evaluation.
- 4.2 In the first visit:
 - 4.2.1 Occupation therapist take medical history for patient.
 - 4.2.2 Occupational therapist discusses the patient's symptoms in detail with the patient family
 - 4.2.3 Detecting risk factors association with condition
 - 4.2.4 Occupational therapy assessment for patient movement.
 - 4.2.4.1 Movement problems.
 - 4.2.4.2 Bladder problem.
 - 4.2.4.3 Bowel problem

4.2.4.4 learning problem

4.3 Management :

- 4.3.1 Correct seating and positioning support, through the provision of wheelchairs, static seating and supported sleep systems
- 4.3.2 Development of hand -eye coordination
- 4.3.3 Advices to modifying accommodation on housing adaptations such as bathrooms, kitchens, bedrooms
- 4.3.4 Accessing play.
- 4.3.5 Upper extremities strength exercise.
- 4.3.6 Fine motor exercise for fingers FROM,
- 4.3.7 Mobility aids such as walker and crutches.
- 4.3.8 SELF-CARE aids such as shower chairs and sliding board

4.4 Frequency and duration of treatment

- 4.4.1 Frequency of visits will depend on severity of the case (1-3 times / week).
- 4.4.2 Timing will depend on the availability of the physiotherapist & patient condition.

4.5 Home instructions/program is a must for family or care giver about care condition.

4.6 Discharge Planning:

- 4.6.1 Any patient after 3 months of treatment is re-evaluated by the therapist to see if the planned goal has been reached or not.
- 4.6.2 If the patient exceeds 2 months of treatment or more without any noticeable improvement, a consultation is requested from the rehabilitation doctor to take an opinion based on the rehabilitation program. Either the patient is discharged to complete the treatment at home or he is transferred to a higher rehabilitation centre for intensive treatment.
- 4.6.3 If the patient's condition improves during the 2-month treatment period, during which the treatment method is changed according to the patient's need and the treatment period is extended according to the vision of the therapist and upon achieving the desired goal, the patient is discharged.
- 4.6.4 Any patient who reaches the treatment goals set by the therapist is re-evaluated and discharged.
- 4.6.5 Patients who were recently discharged from rehabilitation after two months of treatment and became the utmost goal of treatment is to maintenance only will not be accepted in the Rehabilitation Department.

5. MATERIALS AND EQUIPMENT:

- 5.1 Thera Band.
- 5.2 Thera putty.
- 5.3 Pegboard.
- 5.4 Dynamic sand.

6. RESPONSIBILITIES:

- 6.1 Physician: Assess, diagnose and prescribe medicine.
- 6.2 Occupational therapist: Initial assessment, evaluates and fills out the General Evaluation Form and documents data in the Referral Form.
- 6.3 Nurse: Triage, and if the patient is more than 12, she should help male physiotherapist to do physiotherapy.

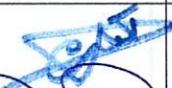
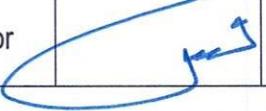
7. APPENDICES:

- 7.1 Referral form. (Electronic)
- 7.2 Assessment forms. (Electronic)
- 7.3 Follow up notes. (Electronic)
- 7.4 Discharge form. (Electronic)
- 7.5 Education form. (Electronic)

8. REFERENCES:

- 8.1 American occupational therapy association.
- 8.2 Rehabilitation center in Aljouf

9. APPROVALS:

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