#OTalk Transcript

Healthcare social media transcript of the #OTalk hashtag.

Tue, September 20th 2022, 8:00PM – Sat, September 24th 2022, 2:45PM (Europe/London).

See #OTalk Influencers/Analytics.

#OTalk @OTalk_ 4 days ago

Its 8pm that means its #OTalk time. Tonight's topic - How can Occupational Therapists best assess, treat and support self-management of hidden impairments after TIA and minor stroke? Hosted by @JenniferNCrow on account support is @PaulWilkinson94 https://t.co/TxCFpnQHxB

Emma Playfair @EmPlayfair 4 days ago

RT @OTalk_: Its 8pm that means its #OTalk time. Tonight's topic - How can Occupational Therapists best assess, treat and support self-management of hidden impairments after TIA and minor stroke? Hosted by @JenniferNCrow on account support is @PaulWilkinson94 https://t.co/TxCFpnQHxB

Jayne Perry @jaynee_perry 4 days ago

RT @OTalk_: Tonight's #OTalk: Tonight's #OTalk: How can Occupational Therapists best assess, treat and support self-management of hidden impairments after TIA and minor stroke? Hosted by @JenniferNCrow – OTalk just us at 8pm https://t.co/7SjIYB62fo

Jennifer Crow @JenniferNCrow 4 days ago

@OTalk_ @PaulWilkinson94 Hi @PaulWilkinson94 looking forward to the chat this evening #OTalk

#OTalk @OTalk_ 4 days ago

#OTalk Engagement Guidance 1 - To see the conversation, Click on the HASHTAG, it will take you to a page of just tweets including #OTalk. Click LATEST to view the chat in real time, you will need to refresh this page often.

#OTalk @OTalk_ 4 days ago

#OTalk Engagement Guidance 2 - To reply to a questions, simply CLICK reply, type what you want to say in under 280 characters making sure you included #OTalk in your tweet.

, OTD, OTR/L @BillWongOT
Hello to ! #otalk https://t.co/CsupkXSi5l
4 days ago

Louise @Louisepenny87
RT @OTalk_: Its 8pm that means its #OTalk time. Tonight's topic - How can Occupational Therapists best assess, treat and support self-management of hidden impairments after TIA and minor stroke? Hosted by @JenniferNCrow on account support is @PaulWilkinson94 https://t.co/TxCFpnQHxB
4 days ago

#OTalk @OTalk_
#OTalk Engagement Guidance 3 - 'Don't forget to include the #OTalk hashtag in ALL your tweets/replies.' That way everyone can see them, and they will appear in the transcript.
4 days ago

Jennifer Crow @JenniferNCrow
Hi everyone 4 questions to follow at roughly 15 minute intervals, this is a fast moving business so I will do my best to keep up #OTalk @RCOT_NP
4 days ago

#OTalk @OTalk_
#OTalk Engagement Guidance 4 - Lastly your codes of practice apply online as they do in practice. Be Polite, Respectful, Share, Listen, Learn & enjoy.
4 days ago

Jennifer Crow @JenniferNCrow
First question coming at 8.05pm so would be good to hear what settings people are working in #OTalk
4 days ago

#OTalk @OTalk_
#OTalk
4 days ago

Joseph Kwan, MD @drjkwan
RT @OTalk_: Its 8pm that means its #OTalk time. Tonight's topic - How can Occupational Therapists best assess, treat and support self-management of hidden impairments after TIA and minor stroke? Hosted by @JenniferNCrow on account support is @PaulWilkinson94 https://t.co/TxCFpnQHxB
4 days ago

#OTalk @OTalk_
If you're new to #OTalk or getting a bit lost during the hour, I'm here to help. Just message this account directly using @OTalk_ Check out our New updated Guide for Participants https://t.co/c1GURh1LSS via @OTalk_
4 days ago

Louise @Louisepenny87
@OTalk_ @JenniferNCrow @PaulWilkinson94 Hi, Louise here, Stroke OT :) #otalk
4 days ago

Jennifer Crow @JenniferNCrow 4 days ago
Evening everyone, Q1 – Assessing hidden impairments within 24 to 48 hours of admission to a HASU is challenging – in what ways are your MDT's trying to do this? #OTalk @RCOT_NP

#OTalk @OTalk_ 4 days ago
With the introductions out of the way. We hand over to @JenniferNCrow to start us off with the first question. #OTalk https://t.co/IjlUgJORyT

Louise Clark @louiseclark15 4 days ago
Hi everyone. Big thank you to Jenny for hosting tonight on behalf of the @RCOT_NP stroke forum. Jenny is joined by myself and Sarah Broughton also from the forum #OTalk

Louise @Louisepenny87 4 days ago
@JenniferNCrow HASU and ASU, with some recent experience in rehab and longer term post-acute settings #otalk

#OTalk @OTalk_ 4 days ago
Question 1: - #OTalk

KirstyOT @KirstyNiven 4 days ago
@JenniferNCrow I currently work in Stroke rehab and about to move to #HASU #OTalk

KirstyOT @KirstyNiven 4 days ago
RT @JenniferNCrow: Evening everyone, Q1 – Assessing hidden impairments within 24 to 48 hours of admission to a HASU is challenging – in what ways are your MDT's trying to do this? #OTalk @RCOT_NP

Jennifer Crow @JenniferNCrow 4 days ago
I sometimes wonder if we assess people too soon, HASU is usually the place we do the initial assessment but do we get a true picture of what is going? #OTalk @RCOT_NP

Louise @Louisepenny87 4 days ago
@JenniferNCrow @RCOT_NP Firstly, Ensuring that all patients admitted to HASU have a face to face assessment by a Stroke therapist #otalk

Jennifer Crow @JenniferNCrow 4 days ago
@louiseclark15 Yes that makes most sense but what about those that leave the pathway from the HASU until the 6 month review #OTalk @RCOT_NP

ark @louiseclark15 4 days ago

battery completed by the team at first contact (sometimes spread across a couple of sessions) accompanied by assessment in function and pts perception of any changes #OTalk

Emma Playfair @EmPlayfair 4 days ago

RT @JenniferNCrow: Evening everyone, Q1 – Assessing hidden impairments within 24 to 48 hours of admission to a HASU is challenging – in what ways are your MDT's trying to do this? #OTalk @RCOT_NP

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

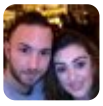
RT @JenniferNCrow: Evening everyone, Q1 – Assessing hidden impairments within 24 to 48 hours of admission to a HASU is challenging – in what ways are your MDT's trying to do this? #OTalk @RCOT_NP

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

I have 0 experience for the topic today... so I will mostly be lurking. #otalk

Jennifer Crow @JenniferNCrow 4 days ago

@BillWongOT Lurking is good too Bill #OTalk @RCOT_NP



Joe Holohan @JoeHolohan 4 days ago

@JenniferNCrow @RCOT_NP Using standardised cognitive assessments alongside assessment of cognition through. Taking into consideration cognitive baseline and previous life roles #otalk

Louise Clark @louiseclark15 4 days ago

Trying to remember hidden might not always be cognitive- some subtle visual changes, or inattention in locomotor space, fatigue, communication, fear, loss of confidence #OTalk

Rachel TeasdaleSmith @RachelTeasy 4 days ago

@JenniferNCrow @RCOT_NP I think fatigue/disrupted sleep is a huge issue in the first 24hrs and does impact performance #OTalk

#OTalk @OTalk_ 4 days ago

#OTalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

RT @RachelTeasy: @JenniferNCrow @RCOT_NP I think fatigue/disrupted sleep is a huge issue in the first 24hrs and does impact performance #OTalk

, OTD, OTR/L @BillWongOT 4 days ago

RT @eclark15: Trying to remember hidden might not always be cognitive- some subtle visual changes, or inattention in locomotor space, fatigue, communication, fear, loss of confidence #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

@drjkwan @RCOT_NP Yes that is an excellent point, sifting out the old from the new can be very challenging #OTalk @RCOT_NP

#OTalk @OTalk_ 4 days ago

#OTalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

RT @JoeHolohan: @JenniferNCrow @RCOT_NP Using standardised cognitive assessments alongside assessment of cognition through. Taking into consideration cognitive baseline and previous life roles #otalk

#OTalk @OTalk_ 4 days ago

#OTalk

Gillian Ward @DrGillianWard 4 days ago

RT @bevaturtle: Research is for everyone and as occupational therapists we likely have experienced it in different ways. If you would like to host a research #OTalk about your work please get in touch with @preston_jenny @SamOTantha @NikkiDanielsOT or myself.

Sarah Broughton @SarahBr43983025 4 days ago

@JenniferNCrow @RCOT_NP The difficulty if you do not assess them very early is that they might be discharged and not referred for follow up. #Otalk

Louise @Louisepenny87 4 days ago

@drjkwan @JenniferNCrow @RCOT_NP So important, to know what someone's cognitive demands are, to adapt your assessment process. I always ask about what someone's job entails, rather than assuming #otalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

RT @Louisepenny87: @drjkwan @JenniferNCrow @RCOT_NP So important, to know what someone's cognitive demands are, to adapt your assessment process. I always ask about what someone's job entails, rather than assuming #otalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

RT @SarahBr43983025: @JenniferNCrow @RCOT_NP The difficulty if you do not assess them very early is that they might be discharged and not referred for follow up. #Otalk

Jennifer Crow @JenniferNCrow 4 days ago

@louiseclark15 i think we often miss higher level communication difficulties because the persons speech seems functional but we need to be challenging people more, Any speechies on the chat this evening? #OTalk @RCOT_NP

Louise Clark @louiseclark15 4 days ago

@JenniferNCrow @RCOT_NP These are the ones that worry me. So few people have no impairment at all. We'd let them go but always ask the community team to assess in more challenging environment once home. Or bring back to clinic if no community capacity #OTalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

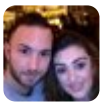
RT @louiseclark15: @JenniferNCrow @RCOT_NP These are the ones that worry me. So few people have no impairment at all. We'd let them go but always ask the community team to assess in more challenging environment once home. Or bring back to clinic if no community capacity #OTalk

Cara Lawrence @caralawrence 4 days ago

@louiseclark15 We sometimes get patients in esd d/c within the day. Patients can be quite confused about whats happened. Sometimes not having a discharge letter #otalk

Jennifer Crow @JenniferNCrow 4 days ago

@louiseclark15 @RCOT_NP This point will bring us nicely onto the next question Louise. Many services need evidence of deficits or goals which are sometimes hard to find on a HASU in a tight time frame #OTalk @RCOT_NP



Joe Holohan @JoeHolohan 4 days ago

@JenniferNCrow @RCOT_NP I think using an insight tool is always useful after a higher level cognitive assessment to gain a better understanding of the patients self awarensss into potential mild impairments #OTalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

@louiseclark15 Absolutely - also low mood, anxiety, poor confidence when performing functional tasks or cognitive screening #OTalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

RT @JenniferNCrow: @louiseclark15 @RCOT_NP This point will bring us nicely onto the next question Louise. Many services need evidence of deficits or goals which are sometimes hard to find on a HASU in a tight time frame #OTalk @RCOT_NP

Jennifer Crow @JenniferNCrow 4 days ago

@RachelTeasy @BillWongOT @RCOT_NP Yes it almost feels unkind to expect someone to perform at their best given their circumstances #OTalk @RCOT_NP

, OTD, OTR/L @BillWongOT 4 days ago

RT @JoeHolohan: @JenniferNCrow @RCOT_NP I think using an insight tool is always useful after a higher level cognitive assessment to gain a better understanding of the patients self awarensss into potential mild impairments #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

Q2 – What follow-up pathways exist within your services for this stroke survivor group and what is the role of the Occupational Therapist in these services? #OTalk @RCOT_NP

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

RT @JenniferNCrow: Q2 – What follow-up pathways exist within your services for this stroke survivor group and what is the role of the Occupational Therapist in these services? #OTalk @RCOT_NP

Cara Lawrence @caralawrence 4 days ago

@JoeHolohan @JenniferNCrow @RCOT_NP Love a multiple errands test. I must admit haven't done many during covid #OTalk

#OTalk @OTalk_ 4 days ago

Question 2: - #OTalk

Louise @Louisepenny87 4 days ago

@JenniferNCrow @louiseclark15 @RCOT_NP And this becomes even more difficult to notice when not assessed in the persons native language. Often don't speak to relatives for patients with minimal deficits for their thoughts #otalk

Rachel TeasdaleSmith @RachelTeasy 4 days ago

@JenniferNCrow @RCOT_NP We have changed shift patterns to have attendance at the nursing handover at 7am - some great examples of unusual behaviours and patient difficulties getting picked up by night staff that dont always get highlighted on a busy day shift #OTalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

@JenniferNCrow @RCOT_NP In the nursing home setting I work in, unlikely that we will have acute stroke patients. However, we will have patient with history of stroke. #otalk

Louise Clark @louiseclark15 4 days ago

@JenniferNCrow @RCOT_NP Also too often is not complex enough- routine and structure of wards can mask so much, that would be unearthed doing more complex tasks at home/work etc #OTalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

RT @louiseclark15: Trying to remember hidden might not always be cognitive- some subtle visual changes, or inattention in locomotor space, fatigue, communication, fear, loss of confidence #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

@drjkwan @RCOT_NP Yes I agree with that observation, some patients are really keen for as much assessment as possible, other patients seem broken by just being on the ward and others feel annoyed by the assessment #OTalk @RCOT_NP

Cara Lawrence @caralawrence 4 days ago

@JenniferNCrow @RCOT_NP I am in Esd service but we wouldn't normally see TIAs plent of mild strokes #OTalk

Emma Playfair @EmPlayfair 4 days ago

#OTalk #OccupationalTherapy

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

RT @JenniferNCrow: I sometimes wonder if we assess people too soon, HASU is usually the place we do the initial assessment but do we get a true picture of what is going? #OTalk @RCOT_NP

Louise @Louisepenny87 4 days ago

@caralawrence @JoeHolohan @JenniferNCrow @RCOT_NP Me too, I love a MET, but do worry that we dilute the complexity so much when we adapt it that we can't call it a MET anymore #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

@OTalk_ We have a post stroke cognitive clinic that is working well for higher level stroke patients at Imperial Stroke Service led by @drjkwan @F_Geranmayeh #OTalk @RCOT_NP

Rachel TeasdaleSmith @RachelTeasy 4 days ago

@louiseclark15 @JenniferNCrow @RCOT_NP A therapy lead clinic? #OTalk

Louise @Louisepenny87 4 days ago

@JenniferNCrow @RCOT_NP Often part of my assessment will be to ask what the person would do if they have some challenges / deficits that they only noticed down the line, a good way of seeing how they would problem solve #otalk

Jennifer Crow @JenniferNCrow 4 days ago

@caralawrence @louiseclark15 Yes this is something I have seen when following patients up, confusion about their diagnosis, risk factors and what to do next #OTalk @RCOT_NP

rence @caralawrence 4 days ago
enny87 @JoeHolohan @JenniferNCrow @RCOT_NP Ha ha! When I was in a TBI service I swear the bought all the office supplies as petty cash was poor! #OTalk

Louise Clark @louiseclark15 4 days ago
@drjkwan @JenniferNCrow @RCOT_NP Agreed. How they respond to therapy and how they score on their assessments. #OTalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago
RT @louiseclark15: @drjkwan @JenniferNCrow @RCOT_NP Agreed. How they respond to therapy and how they score on their assessments. #OTalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago
@SarahBr43983025 @JenniferNCrow @RCOT_NP very subtle/high level difficulties can often be missed by a brief screen or one that does not cover all cognitive domains and then assume no follow-up needed. #OTalk

Jennifer Crow @JenniferNCrow 4 days ago
@caralawrence @JoeHolohan @RCOT_NP We use MET's a lot but I think we still don't challenge some patients enough #OTalk @RCOT_NP

RCOTSS Housing @RCOT_Housing 4 days ago
RT @bevaturtle: Research is for everyone and as occupational therapists we likely have experienced it in different ways. If you would like to host a research #OTalk about your work please get in touch with @preston_jenny @SamOTantha @NikkiDanielsOT or myself.

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago
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Bill Wong, OTD, OTR/L @BillWongOT 4 days ago
RT @Louisepenny87: @caralawrence @JoeHolohan @JenniferNCrow @RCOT_NP Me too, I love a MET, but do worry that we dilute the complexity so much when we adapt it that we can't call it a MET anymore #OTalk

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#otalk

, OTD, OTR/L @BillWongOT 4 days ago

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Jennifer Crow @JenniferNCrow 4 days ago

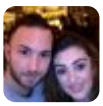
@RachelTeasy @RCOT_NP What a great idea, thanks for sharing that #OTalk @RCOT_NP

Cara Lawrence @caralawrence 4 days ago

@Louisepenny87 @JenniferNCrow @RCOT_NP I often think a good leaflet where you fill in these things with them could be helpful. On my too do #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

@RachelTeasy @louiseclark15 @RCOT_NP It has OT and psychology input, initial contact is with the stroke consultant or neurologist #OTalk @RCOT_NP



Joe Holohan @JoeHolohan 4 days ago

@JenniferNCrow @caralawrence @RCOT_NP Yes I agree! But there is also the consideration of pitching the assessment at the right level so we don't set up our patients to fail #OTalk

Cara Lawrence @caralawrence 4 days ago

@JenniferNCrow @louiseclark15 @RCOT_NP More than once I have been the one to say so you have a stroke. #OTalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

RT @JoeHolohan: @JenniferNCrow @RCOT_NP I think using an insight tool is always useful after a higher level cognitive assessment to gain a better understanding of the patients self awarensss into potential mild impairments #OTalk

Rachel TeasdaleSmith @RachelTeasy 4 days ago

@JenniferNCrow @RCOT_NP We have a regional HASU. Some great ESD are now established. Annoyingly TIAs are not included in the referral criteria for all the services. #OTalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

@DrEiriniKontou @SarahBr43983025 @JenniferNCrow @RCOT_NP and here is another thing that you might miss- how about language barrier issues? #otalk

#OTalk @OTalk_ 4 days ago

#OTalk

ark @louiseclark15 4 days ago

@ le ini NCrow @caralawrence @JoeHolohan @RCOT_NP I'm not convinced HASU is the right place for anything definitive. Yes we need to know if safe enough to go home, but home's where the investigation really comes into the fore. Can they plan and make a roast dinner, manage an energy supplier switch, manage work demands #OTalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

RT @JenniferNCrow: Q2 – What follow-up pathways exist within your services for this stroke survivor group and what is the role of the Occupational Therapist in these services? #OTalk @RCOT_NP

Louise @Louisepenny87 4 days ago

@JenniferNCrow @caralawrence @JoeHolohan @RCOT_NP Yes I agree. I don't think we can ever assess anyone enough in any setting. Real life is infinitely more complex than any attempted scenario #OTalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

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Jennifer Crow @JenniferNCrow 4 days ago

Increasingly I think the person needs time at home to figure out what has happened to start getting back to normal life before assessment is really meaningful #OTalk @RCOT_NP

Rachel TeasdaleSmith @RachelTeasy 4 days ago

@JenniferNCrow @RCOT_NP We are luckly to have Stroke Association support in some of our region but not all. I find they are invaluable with this patient group. #OTalk

C&M Integrated Stroke Delivery Network @cm_isdn 4 days ago

A great #OTalk tonight. Who is taking part?

Louise Clark @louiseclark15 4 days ago

@JenniferNCrow @RCOT_NP Would the preference be clinic or seeing someone in their own home? Do you think this would change when the ESD's move to ICSS's so capable of a wider remit? #OTalk

Cara Lawrence @caralawrence 4 days ago

@louiseclark15 @JenniferNCrow @JoeHolohan @RCOT_NP I definitely find patients having had a cognitive screen and scored poorly in hospital and fine when they are home. I do wonder lack of sleep, hospital setting and worry has to do with that #OTalk

, OTD, OTR/L @BillWongOT 4 days ago

RT @caralawrence: @louiseclark15 @JenniferNCrow @JoeHolohan @RCOT_NP I definitely find patients having had a cognitive screen and scored poorly in hospital and fine when they are home. I do wonder lack of sleep, hospital setting and worry has to do with that #OTalk

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Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

RT @Louisepenny87: @JenniferNCrow @caralawrence @JoeHolohan @RCOT_NP Yes I agree. I don't think we can ever assess anyone enough in any setting. Real life is infinitely more complex than any attempted scenario #OTalk

Cara Lawrence @caralawrence 4 days ago

@KirstyNiven @JenniferNCrow @RCOT_NP We are in the community hospitals (still from home). We do have some inpatient bed in the community hospitals #OTalk

Fran Williams @OTfran_williams 4 days ago

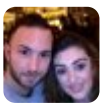
@louiseclark15 Do more - I also agree with another post that sometimes 24-48hours is so early for complex assessment #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

@KirstyNiven @caralawrence @RCOT_NP I guess our post stroke cognitive clinic would be an example of that #OTalk @RCOT_NP would be good to possibly consider receiving referrals in from the community too #OTalk @RCOT_NP

Louise Clark @louiseclark15 4 days ago

@JenniferNCrow @RCOT_NP Depending on capacity of the teams we ask community to assess in more detail, or we bring back into SDEC, or we do a follow up call (B4 or therapist) and then visit following that if needs be. We also often piggy back the medical 6/52 review #OTalk



Joe Holohan @JoeHolohan 4 days ago

@louiseclark15 @JenniferNCrow @caralawrence @RCOT_NP Totally agree! But I'm not sure what the alternative is for these patients that score highly on formal testing. ESD or community services won't pick them up. Luckily we have our cog follow up clinic at CXH but many hospitals don't have this safety net #OTalk

Mags @mags_ob 4 days ago

@caralawrence @louiseclark15 @JenniferNCrow @JoeHolohan @RCOT_NP And coping with the shock of what has happened to them, unfamiliar environment etc #OTalk

OTalk_ 4 days ago

#OTalk

Cara Lawrence @caralawrence 4 days ago
@louiseclark15 @JenniferNCrow @RCOT_NP SDEC ? I am so rubbish with acronyms #OTalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago
@Louisepenny87 @JenniferNCrow @caralawrence @JoeHolohan @RCOT_NP from a geriatric perspective, perhaps having "frequent flyers" can be an opportunity in a sense for some redemption... since the team might have some previous history with such patients. #otalk

Jennifer Crow @JenniferNCrow 4 days ago
That is great to hear ..... some people just needing to be home and get some rest and then cope better #OTalk @RCOT_NP

Louise @Louisepenny87 4 days ago
@JenniferNCrow @RCOT_NP I've worked in a setting that had 'bursts' of rehab, with a few weeks break in between. These breaks were AMAZING for highlighting subtle, real life problems and raising insight #otalk

Rachel TeasdaleSmith @RachelTeasy 4 days ago
@JenniferNCrow @louiseclark15 @RCOT_NP On the next business case! #OTalk

#OTalk @OTalk_ 4 days ago
Don't forget those #OTalk hashtags

Louise Clark @louiseclark15 4 days ago
@JenniferNCrow @RCOT_NP Completely agree- with a list of things to look out for/tasks set to try. Often will talk to relatives about the sorts of things we might see at home related to where the stroke was and contact details to ring if those things are observed #OTalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago
@louiseclark15 @JenniferNCrow @caralawrence @JoeHolohan @RCOT_NP Perhaps all stroke survivors (including TIAs) need community input? It is only until people resume usual activities and experience life following their diagnosis that they can identify what is different and in what aspects may need more support. #OTalk

Cara Lawrence @caralawrence 4 days ago
@KirstyNiven @JenniferNCrow @RCOT_NP Occupational therapists, Physios, SALT, psychologists, stroke nurse and rehab assistant #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

@BillWongOT @Louisepenny87 @caralawrence @JoeHolohan @RCOT_NP That is a really interesting point because I think that patients with undetected and unaddressed hidden impairments do represent at the ED or their GP's with quite non specific presentations #OTalk @RCOT_NP

Fran Williams @OTfran_williams 4 days ago

@JenniferNCrow @RCOT_NP We have a community stroke rehab team which includes ESD who follow the patients up in the community but I like the idea of joining the medical review 6/52 as well - def a place for OT there #otalk

Emma Playfair @EmPlayfair 4 days ago

@Louisepenny87 @JenniferNCrow @RCOT_NP Oh wow that would be great! Injection of therapies spread across a more meaningful time period for patients to adjust and then get more help! Genius #OTalk

#OTalk @OTalk_ 4 days ago

#OTalk

Jennifer Crow @JenniferNCrow 4 days ago

Q3 – Support with self-management and navigating post-stroke pathways is key to managing the ongoing effects of the stroke – what techniques or interventions are people using to empower stroke survivors and their families and when are they introduced? #OTalk @RCOT_NP

Louise Clark @louiseclark15 4 days ago

@JoeHolohan @JenniferNCrow @caralawrence @RCOT_NP Hopefully under the new ICSS model, community teams will have a wider remit to cover this #OTalk. Great you have a clinic. Loads to learn from that model #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

I really think this is a great suggestion might need to rejig where the majority of the staff are though. ISDNs and service reconfigurations may support with this #OTalk @RCOT_NP https://t.co/6GXsFrND4b

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

@JenniferNCrow @Louisepenny87 @caralawrence @JoeHolohan @RCOT_NP and also interesting if I were ever a patient in such a unit. I mean... god forbid if I were to have a stroke, would the team pick up that I am also autistic? #otalk

#OTalk @OTalk_ 4 days ago

Warning - We are now halfway through tonights #OTalk.

OTalk_
Guest to 3:- #OTalk

4 days ago

Louise Clark @louiseclark15 4 days ago
@caralawrence @JenniferNCrow @RCOT_NP Same day emergency care- normally part of/linked to your ED services in acute #OTalk

Cara Lawrence @caralawrence 4 days ago
@DrEiriniKontou @louiseclark15 @JenniferNCrow @JoeHolohan @RCOT_NP I like the sounds of the clinic. As these patients are safe and low risk. #OTalk

Louise @Louisepenny87 4 days ago
@louiseclark15 @JenniferNCrow @RCOT_NP I would love to be able to join some of the post stroke medical reviews. Do you have the service capacity to do this @louiseclark15 or do you just make the capacity to do it?! #otalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago
RT @DrEiriniKontou: @louiseclark15 @JenniferNCrow @caralawrence @JoeHolohan @RCOT_NP Perhaps all stroke survivors (including TIAs) need community input? It is only until people resume usual activities and experience life following their diagnosis that they can identify what is different and in what aspects may need more support. #OTalk

Jennifer Crow @JenniferNCrow 4 days ago
@Louisepenny87 @louiseclark15 @RCOT_NP Yes I think therapy presence in the post stroke reviews would be extremely helpful and enable more holistic assessment #OTalk @RCOT_NP

Cara Lawrence @caralawrence 4 days ago
@KirstyNiven @JenniferNCrow @RCOT_NP Sadly not. We do refer on etc but they do not seem to be part of are MDT. I feel this would be something that would be brilliant. I don't know about you but vision is the one I am always wanting to read more on #OTalk

Rachel TeasdaleSmith @RachelTeasy 4 days ago
@JenniferNCrow @RCOT_NP We have just looked our life after stroke services. Some excellent services both with and without therapy involvement but with a high level of rotational staff and ever changing services it's a challenge to keep everyone up to date with their referral options #OTalk

Louise Clark @louiseclark15 4 days ago
@JenniferNCrow @BillWongOT @Louisepenny87 @caralawrence @JoeHolohan @RCOT_NP They really do- with subtle odd things that often aren't pieced together. Needs someone with stroke specialism to see the pieces of the jigsaw. Shame this happens so often and mild missed impairments lead to unravelling and stress #OTalk

Louisepenny87 4 days ago

@DrEiriniKontou @louiseclark15 @JenniferNCrow @caralawrence @JoeHolohan @RCOT_NP I suppose this is what 6 month reviews are trying to achieve but the delivery is variable and for most, too late #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

The Stroke Association Connect service helps with navigation of services post stroke, linking in with other stroke survivors is particularly helpful #OTalk @RCOT_NP

Louise Clark @louiseclark15 4 days ago

@Louisepenny87 @JenniferNCrow @RCOT_NP We just make capacity to do it (probably not the right way to go about it). We'll have a list of who is coming in and if they have had very little as an inpatient we'll pop down to the review between ward patients #OTalk

Louise @Louisepenny87 4 days ago

@EmPlayfair @JenniferNCrow @RCOT_NP Yes, it was brill, and I miss it! I've always wondered how much more useful inpatient rehab might be if patients had a supported week at home between acute and rehab too #OTalk

Dr Cliodhna Carroll @CarrollCliodhna 4 days ago

RT @JenniferNCrow: Evening everyone, Q1 – Assessing hidden impairments within 24 to 48 hours of admission to a HASU is challenging – in what ways are your MDT's trying to do this? #OTalk @RCOT_NP

Dr Cliodhna Carroll @CarrollCliodhna 4 days ago

RT @JenniferNCrow: Q2 – What follow-up pathways exist within your services for this stroke survivor group and what is the role of the Occupational Therapist in these services? #OTalk @RCOT_NP

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Cara Lawrence @caralawrence 4 days ago

@Louisepenny87 @DrEiriniKontou @louiseclark15 @JenniferNCrow @JoeHolohan @RCOT_NP 6 months is a long time when you went back to work the following week. #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

Speaking personally here I can't say that I have focused on self-management much on a HASU although I think it is very important #culturechange #OTalk @RCOT_NP

ughton @SarahBr43983025 4 days ago

@ Je ini NCrow @RCOT_NP I work in neuro outpatients and ESD refer a lot of patients to us post stroke particularly to@look at return to work and high level tasks.#Otalk

Louise @Louisepenny87 4 days ago

@JenniferNCrow @RCOT_NP I always tell patients that I am discharging with no further input that they might start to notice some challenges when they get home, particularly with fatigue, attention and info processing, and signpost them (verbally and written) to some services #OTalk

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I really think community therapy input for all people after stroke is a great suggestion might need to rejig where the majority of the staff are though. ISDNs and service reconfigurations may support with this #OTalk @RCOT_NP

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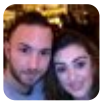
I really think that OT is well placed when you think of the range of most common hidden impairments. I wonder how many people are discharged with unidentified issues that are not picked up/delayed being picked up. I bet it's significantly higher than we'd like to think #OTalk

Joe Holohan @JoeHolohan 4 days ago



@JenniferNCrow @RCOT_NP It's important to remind our patients to liaise with their occupational health department to support with making any work place adjustments if needed e.g. graded return, lighter duties etc. I usually include this prompt on their discharge summary #OTalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

For stroke services without CST or 6 month reviews this is an unmet need and people feel abandoned #OTalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

RT @JoeHolohan: @JenniferNCrow @RCOT_NP It's important to remind our patients to liaise with their occupational health department to support with making any work place adjustments if needed e.g. graded return, lighter duties etc. I usually include this prompt on their discharge summary #OTalk

Andrew Bateman @Prof_A_Bateman 4 days ago

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Cara Lawrence @caralawrence 4 days ago

@KirstyNiven @JenniferNCrow @RCOT_NP I am thinking that sounds like something to ad to my appraisal #OTalk

Sarah Broughton @SarahBr43983025 4 days ago

@JenniferNCrow @RCOT_NP I think it is very difficult to focus on self management on HASU as people are just coming to terms they have had a stroke and are often anxious about what that means to them. #otalk

Louise Clark @louiseclark15 4 days ago

Speaking honestly, I don't think we've cracked it either. I think self management is a big culture change that staff need to really understand and be on board with to do well. It's also not a one size fits all either. Lots of progress to be made here #OTalk

Rachel TeasdaleSmith @RachelTeasy 4 days ago

@JenniferNCrow @RCOT_NP Agreed. Time restrictions massively impact on this and carer education to support ongoing management. #OTalk

Louise Clark @louiseclark15 4 days ago

@DrEiriniKontou and 6 months is a long time for a relationship or finances or work to break down. #OTalk

Andrew Bateman @Prof_A_Bateman 4 days ago

#OTalk and @UKStrokeForum friends may be interested in this...

Louisepenny87 4 days ago

@louiseclark15 @JenniferNCrow @RCOT_NP It is so hard to promote self management if you don't know what the problems might be though. I suppose it might be more about promoting self advocacy and agency in HASU #otalk

Andrew Bateman @Prof_A_Bateman 4 days ago

RT @Louisepenny87: @DrEiriniKontou @louiseclark15 @JenniferNCrow @caralawrence @JoeHolohan @RCOT_NP I suppose this is what 6 month reviews are trying to achieve but the delivery is variable and for most, too late #OTalk

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@louiseclark15 I sometimes cringe with self management when someone is still in so much shock. I completely agree one size does not fit all. But is brilliant when it works well and done right #OTalk

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Jennifer Crow @JenniferNCrow 4 days ago

A stroke survivor described to me how difficult she found it getting anyone to listen to her when back at home - she tried reaccessing the acute service and GP-She said i just realised 'I can't split my brain' like before #OTalk @RCOT_NP

Louise Clark @louiseclark15 4 days ago

@RachelTeasy @JenniferNCrow @RCOT_NP Such a good point. You might also have a 'train the trainer' type role with the carer often too. All time consuming when so many priorities, but really important is done to be successful #OTalk

Louise @Louisepenny87 4 days ago
@JoeHolohan @JenniferNCrow @louiseclark15 I've seen many patients with deficits impacting work and life down the line that don't recall ever being seen by a therapist. Who knows if they were, or if they had a remote screen of the notes which said they didn't need it #OTalk

Jennifer Crow @JenniferNCrow 4 days ago
Q4 – What about stroke survivors not admitted to hospital eg those seen in TIA clinics or emergency departments? What if any support or guidance are provided to these people within your services? #OTalk @RCOT_NP

#OTalk @OTalk_ 4 days ago
Question 4:- #OTalk

Louise @Louisepenny87 4 days ago
@JoeHolohan @JenniferNCrow @RCOT_NP Yes, good Occupational Health departments are a great option. I often ask about this when I'm seeing patients #OTalk

Jennifer Crow @JenniferNCrow 4 days ago
I worry about those that aren't even assessed by a therapist. Do some teams provide services in TIA clinics or ED? #OTalk

Louise Clark @louiseclark15 4 days ago
@Louisepenny87 @JenniferNCrow @RCOT_NP Love the agency and self advocacy- using those as building blocks towards self management later. Empowering and allowing patient to notice changes and make choices, setting up their own sessions etc so not feeling like it's only the MDT who have all the answers #OTalk

Jennifer Crow @JenniferNCrow 4 days ago
Within our locality we have the issue that many of the community services are not commissioned to see people after TIA #OTalk @RCOT_NP

Rachel TeasdaleSmith @RachelTeasy 4 days ago
@JenniferNCrow @RCOT_NP Our TIA clinics and 'fit to sit' patients are often seen by ACPs. 1 is a physio the rest are nursing staff. #OTalk

Cara Lawrence @caralawrence 4 days ago
@Louisepenny87 @JoeHolohan @JenniferNCrow @RCOT_NP Is this a role with OTs completing fit notes. I find occupational health can be a jack of all trades that sometimes they don't get stroke #OTalk

ark @louiseclark15 4 days ago

@JenniferNCrow So many people are missed this way. Especially when see them later on a stroke unit and have been in ED weeks before with 'TIAs that didn't resolve' :-(. A missed opportunity. #OTalk

Jo Watson @JoWatson22 4 days ago

RT @bevaturtle: Research is for everyone and as occupational therapists we likely have experienced it in different ways. If you would like to host a research #OTalk about your work please get in touch with @preston_jenny @SamOTantha @NikkiDanielsOT or myself.

Jennifer Crow @JenniferNCrow 4 days ago

@drjkwan @RCOT_NP @CFCFoundation Thanks for your participation Jo, good luck with your MET in Waitrose, you need at least one hungry child with you for it to truly count as challenging #OTalk @RCOT_NP

Louise Clark @louiseclark15 4 days ago

@JenniferNCrow We'll see in ED with our outreach team if we've capacity (but not weekends or overnight). Still only a basic screen though really. But will follow them up by phone, refer to community or bring back for further assessment if warranted #OTalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

RT @JenniferNCrow: I worry about those that aren't even assessed by a therapist. Do some teams provide services in TIA clinics or ED? #OTalk

Cara Lawrence @caralawrence 4 days ago

@Louisepenny87 @JoeHolohan @JenniferNCrow @RCOT_NP But also this is where we need to be commissioned with vocational rehab service #OTalk

Louise @Louisepenny87 4 days ago

@JenniferNCrow @RCOT_NP Honestly, I don’t know. I’m sure that if they are never admitted, the amount of info they can recall after it’s been provided would be minimal, I’m sure their experience is such a whirlwind #OTalk

#OTalk @OTalk_ 4 days ago

Warning - 10 minutes of tonights #OTalk left, have you said everything you wanted to?

Jennifer Crow @JenniferNCrow 4 days ago

@caralawrence @Louisepenny87 @JoeHolohan @RCOT_NP Yes the fit note is very important and very relevant with this group of people after stroke, should it be community based therapists that do it? #OTalk @RCOT_NP

ark @louiseclark15 4 days ago

enny87 @JoeHolohan @JenniferNCrow @RCOT_NP I'd always hope a stroke OT or voc rehab OT had discussed with Occie Health. Stroke is complex and they might know the in's and out's as have a very broad remit. Would help for OT's to use the AHP fit notes to assist in those situations #OTalk

Louise @Louisepenny87 4 days ago

@JenniferNCrow I've heard of some ESDs accepting from TIA clinics, but I'm sure this would be for the minor strokes that aren't admitted #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

@Louisepenny87 @RCOT_NP No chance of risk reduction and support when the experience is a whirlwind #OTalk @RCOT_NP

Cara Lawrence @caralawrence 4 days ago

@JenniferNCrow @Louisepenny87 @JoeHolohan @RCOT_NP I have been completing advisory ones for many many moons. But still haven't quite got my head around the official. I don't see why community couldn't do it. But even acute with some of these mild ones. More informative than a 5 minute chat with GP. #OTalk

Bill Wong, OTD, OTR/L @BillWongOT 4 days ago

RT @louiseclark15: @Louisepenny87 @JoeHolohan @JenniferNCrow @RCOT_NP I'd always hope a stroke OT or voc rehab OT had discussed with Occie Health. Stroke is complex and they might know the in's and out's as have a very broad remit. Would help for OT's to use the AHP fit notes to assist in those situations #OTalk

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Jennifer Crow @JenniferNCrow 4 days ago

@LesleyScobbie Lesley am I correct that stroke specialist nurses follow up all people after stroke in Scotland? #OTalk @RCOT_NP

Sarah Broughton @SarahBr43983025 4 days ago

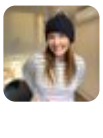
@JenniferNCrow @RCOT_NP We had the same problem when I worked in Reading.#Otalk

Jennifer Crow @JenniferNCrow 4 days ago

@LesleyScobbie Would be great to understand how follow up of this group of people after stroke are managed in Scotland #OTalk @RCOT_NP

asdaleSmith @RachelTeasy 4 days ago

ω le ini NCrow @RCOT_NP I feel like I hav.e regular discussions around "are you sure you want to call this a TIA? Minor stroke would be really helpful!" #OTalk



Louise Clark @louiseclark15 4 days ago

@JenniferNCrow what are the most common things you pick up in your clinic? Any learning for us all? #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

@RachelTeasy @RCOT_NP Yes I recall quite a few of those discussions as well!! #OTalk @RCOT_NP

Louise @Louisepenny87 4 days ago

@RachelTeasy @JenniferNCrow @RCOT_NP Although I hate the term minor stroke! Who is to say wether it is minor? I had a patient who was so exhausted after a day at work that she couldn't do any hobbies or social activities after work or at the weekends. Minor on the scan, but a huge impact on life #OTalk

Sarah Broughton @SarahBr43983025 4 days ago

@louiseclark15 @DrEiriniKontou I think one of the most important thing is that we provide education to staff how to assess subtle impairments #otalk

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

RT @JenniferNCrow: Within our locality we have the issue that many of the community services are not commissioned to see people after TIA #OTalk @RCOT_NP

Rachel TeasdaleSmith @RachelTeasy 4 days ago

@JenniferNCrow @LesleyScobbie @RCOT_NP One of our local teams calls all admitted stroke patients in the first 72hrs post dc to see how things are going. Great service but I'm not sure how they fit it all in! #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

In the 2 week follow up I did the most striking factor was people not understanding what had happened, what or if they had had a stroke and confused about their medications and outstanding tests #OTalk @RCOT_NP

Louise @Louisepenny87 4 days ago

@louiseclark15 @JenniferNCrow When I worked in post-acute picking up minor stroke patients, the most common problems were high level attention, information processing deficits and fatigue #OTalk

Crow @JenniferNCrow 4 days ago

@louise ark15 At 6 weeks the hidden impairments, fatigue, cognitive changes and anxiety are very common. Significant fear of another stroke #OTalk @RCOT_NP

Louise Clark @louiseclark15 4 days ago

@SarahBr43983025 @DrEiriniKontou Agree- And to choose the right level of assessment to show what's needed- standardised or functional #OTalk

Sarah Broughton @SarahBr43983025 4 days ago

@JenniferNCrow @RCOT_NP Very interesting, possible they were trying it hard to process everything when they were seen.#Otalk

#OTalk @OTalk_ 4 days ago

9pm that's our official #OTalk hour up. Please do keep chatting as we don't grab the chat transcript until Thursdays. Can we all thank our host @JenniferNCrow for a great chat tonight.

Jennifer Crow @JenniferNCrow 4 days ago

@louiseclark15 People really noticing the impact on return to work. A number returning too soon and failing and then needing to adjust their hours #OTalk @RCOT_NP

Jennifer Crow @JenniferNCrow 4 days ago

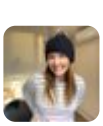
Thanks everyone for your participation. Some really interesting points and discussions this evening #OTalk @RCOT_NP

Louise @Louisepenny87 4 days ago

@JenniferNCrow @louiseclark15 @RCOT_NP We see a lot of patients on HASU that represent with subtle symptoms, worried about further strokes #OTalk

Louise Clark @louiseclark15 4 days ago

@JenniferNCrow @RCOT_NP So do you have them all into clinic standardly at 2 and 6 weeks after discharge? What's your criteria for 'minor" stroke #OTalk



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RCOT Neuro Practice @RCOT_NP 4 days ago

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Jennifer Crow @JenniferNCrow 4 days ago

@louiseclark15 @RCOT_NP No currently only a selected few into 6 week follow up. The 2 week follow up was part of a research project but definitely highlighted a massive need #OTalk @RCOT_NP

#OTalk @OTalk_ 4 days ago

Don’t forget participating in or hosting an #OTalk can contribute towards your CPD. Remember @TheHCPC are interested in your learning so why not complete one of our reflective log to help evidence your learning. https://t.co/HSHHvoGfxN

Rachel TeasdaleSmith @RachelTeasy 4 days ago

@JenniferNCrow @RCOT_NP Similar themes in our nurse consultant clinic. We are looking at a more accessible patient focused d/c summary to help if we can get it established #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

@louiseclark15 @RCOT_NP We focus on those that are not referred onto any community services. Those that are 'too good' for ESD but are returning to high level jobs or home environments with parenting or caring roles #OTalk @RCOT_NP

#OTalk @OTalk_ 4 days ago

Thank you once again @JenniferNCrow for a fantastic chat. That's @PaulWilkinson94 logging off the #Otalk account. https://t.co/YIrWXBpq3q

Jennifer Crow @JenniferNCrow 4 days ago

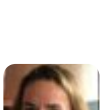
Completely agree, anything that means you can't continue your life roles ... be that earning money or looking after kids is NOT MINOR #OTalk @RCOT_NP

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

Really enjoyed the conversations #OTalk - thanks for organising @JenniferNCrow many take away msgs as a clinical psychologist working in stroke! Great learning and some very interesting ideas for MDT working

Eirini Kontou 💙 @DrEiriniKontou 4 days ago

RT @Louisepenny87: @louiseclark15 @JenniferNCrow When I worked in post-acute picking up minor stroke patients, the most common problems were high level attention, information processing deficits and fatigue #OTalk



Jennifer Crow @JenniferNCrow 4 days ago

@Louisepenny87 @RachelTeasy @RCOT_NP In discussion with my patient public involvement group they explained that they do not like the term 'minor' because they feel it sounds like it was not a significant event and it clearly is an event that requires lifestyle changes and adaptation #OTalk @RCOT_NP

@KirstyNiven 4 days ago

@JenniferNCrow Thank you very much! It has been great to connect with others. I would love to know more about HASU units across the country as I move into my new role. Working my way through the reading material too, thanks!! #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

@RachelTeasy @RCOT_NP That is something I have also wondered about, there is some research that has been done in the Netherlands looking at using patient friendly discharge summaries, will try and dig it out #OTalk @RCOT_NP

Michelle parker 💙 @Micheymob 4 days ago

RT @JenniferNCrow: Evening everyone, Q1 – Assessing hidden impairments within 24 to 48 hours of admission to a HASU is challenging – in what ways are your MDT's trying to do this? #OTalk @RCOT_NP

Michelle parker 💙 @Micheymob 4 days ago

RT @JenniferNCrow: Q2 – What follow-up pathways exist within your services for this stroke survivor group and what is the role of the Occupational Therapist in these services? #OTalk @RCOT_NP

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RT @JenniferNCrow: Q4 – What about stroke survivors not admitted to hospital eg those seen in TIA clinics or emergency departments? What if any support or guidance are provided to these people within your services? #OTalk @RCOT_NP

Jennifer Crow @JenniferNCrow 4 days ago

@OTfran_williams @RCOT_NP It would be the dream to have a joint acute/community follow up clinic for people after 'minor' stroke #OTalk @RCOT_NP How can we make this happen? #lifeafterstroke

Jennifer Crow @JenniferNCrow 4 days ago

@louiseclark15 @RCOT_NP I would love to be able to see every patient in their own home but clearly not practical maybe there is a middle road where certain red flags trigger a post discharge home visit 🤔#OTalk @RCOT_NP

ird (she/her) @EmmaLairdOT 4 days ago

RT @bevaturtle: Research is for everyone and as occupational therapists we likely have experienced it in different ways. If you would like to host a research #OTalk about your work please get in touch with @preston_jenny @SamOTantha @NikkiDanielsOT or myself.

Tim Perceval-Broadfield @TimPB83 4 days ago

@JenniferNCrow @louiseclark15 @RCOT_NP Do wonder if the cardiac rehab style group for this set of patients TIA and ‘minor’ strokes where education on hidden impairments and secondary prevention and meds could help identify and signpost as well as promote self management. #OTalk

Louise @Louisepenny87 4 days ago

Great point to raise when discussing diagnosis with our medical colleagues

Jennifer Crow @JenniferNCrow 4 days ago

@TimPB83 @louiseclark15 @RCOT_NP I agree that for certain patients these groups would meet many needs - address vascular risk factors, behaviour change, education, self-management plus peer support and they already exist within NHS services #OTalk

Jennifer Crow @JenniferNCrow 4 days ago

#OTalk following on from our discussion this evening a very interesting study looking at using the Post Stroke Checklist at 3 month follow-up - they found a high burden of post stroke problems, many requiring MDT input https://t.co/NE3oVrfExd

Dr Jenny Preston MBE @preston_jenny 4 days ago

RT @bevaturtle: Research is for everyone and as occupational therapists we likely have experienced it in different ways. If you would like to host a research #OTalk about your work please get in touch with @preston_jenny @SamOTantha @NikkiDanielsOT or myself.

Adrienne McCann @AdrienneMcCann6 4 days ago

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Soma Banerjee @SomaBanerjee73 4 days ago

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Dr Rhonda Campbell @RhondaCHITIN 4 days ago

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gue! @MarianLMiguel 4 days ago

R T @ sepenny87: @JenniferNCrow @caralawrence @JoeHolohan @RCOT_NP Yes I agree. I don't think we can ever assess anyone enough in any setting. Real life is infinitely more complex than any attempted scenario #OTalk

Samantha Tavender @SamOTantha 4 days ago

What a great potential role for an Occupational Therapist interested in research!!! @OTalk_ #OTalk #AHP #OT

Paul Howard @PaulHoward_IMIT 4 days ago

RT @CBrodeurSK: So exciting seeing the ways TinyEYE therapists are able to integrate cultural material into lessons while still focusing on IEP goals! #SLPeeps #OTalk

Ms Rachel Booth-Gardiner 💚 @OT_rach 4 days ago

Great advice here from @Keirwales and @LaughingOT in this months @OTnews Page 36-39 'Host an #OTalk' @OTalk_ https://t.co/1x8YtHiI5Q

Keir Harding @Keirwales 4 days ago

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Paul Howard @PaulHoward_IMIT 4 days ago

RT @TinyEYETherapy: We love our Special Education Directors and they love us! Here's what they're saying about working with #TinyEYETherapyServices 💙💪 #telehealth #teletherapy #specialeducation #speechtherapy #mentalhealth #occupationaltherapy #SLPeeps #OTalk #TinyEYE https://t.co/TFg4pi7L7o

Alice Hortop @LaughingOT 4 days ago

Host AND participate in these fabulous, free CPD events! Run by a dedicated, inspiring group of OTs! Xx

Dr Esme Wood @esmewood1 4 days ago

RT @OT_rach: Great advice here from @Keirwales and @LaughingOT in this months @OTnews Page 36-39 'Host an #OTalk' @OTalk_ https://t.co/1x8YtHiI5Q

The MoHO OT @themoho_ot 4 days ago

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[illegible]itou 💙 @DrEiriniKontou 4 days ago

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Jess powell @JessOTPowell 4 days ago

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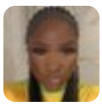

Prisca @PritheOT_ 3 days ago

RT @louiseclark15: I really think that OT is well placed when you think of the range of most common hidden impairments. I wonder how many people are discharged with unidentified issues that are not picked up/delayed being picked up. I bet it's significantly higher than we'd like to think #OTalk

Niki Turner @niki_turner 3 days ago

If you get a chance, catch up on this #OTalk -fascinating discussions and insights on hidden impairments and the impact of TIA and 'minor stroke' (is there such thing?) Thank you @JenniferNCrow

Michelle parker 💙 @Micheymob 3 days ago

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Glyn Blakey @saeboukglyn 3 days ago

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#hellomynameis Adele 🇺🇦 @ABNeurophysio 3 days ago

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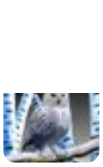
TinyEYE Therapy Services @TinyEYETherapy 3 days ago

Hello #Fall 🍁 We know how busy #backtoschool is - To-Do lists can be incredibly overwhelming! Let #TinyEYE help - book a chat with us at the link in our bio 💛#telehealth #teletherapy #specialeducation #speechtherapy #mentalhealth #occupationaltherapy #SLPeeps #OTalk https://t.co/jnGkV13z30



g1313
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Paul Howard @PaulHoward_IMIT
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3 days ago

Helen Shearn 💙💚🌻 @thesearts
Honoured to be on the panel at this #CreativeHealth and Occupational Therapy webinar by @TheNCCH @theRCOT @MascUcl @hannah_sercombe

3 days ago

Natalie Pickering @Nat_Pickering
Looking forward to it! 😃

3 days ago

OT_CarersUnite @OT_CarersUnite
Any volunteers wish to discuss #SingleHandedCare in #OTalk ??? @DellanorrisOt @nicolameadOT @BeckyKeating2

3 days ago

Sarah Kufner @SarahKufner2
RT @OT_CarersUnite: Any volunteers wish to discuss #SingleHandedCare in #OTalk ??? @DellanorrisOt @nicolameadOT @BeckyKeating2

2 days ago

Lisa @OT_LisaB
@theRCOT Get active on professional Twitter, make connections, engage in #OTalk and with @theRCOT and @WeAHPs - great for seeing how theory integrates with practice and develops your networks for #CPD once qualified! Plus have fun of course!

2 days ago

Nicole Walker - student OT @_Nicmwalker
RT @OT_LisaB: @theRCOT Get active on professional Twitter, make connections, engage in #OTalk and with @theRCOT and @WeAHPs - great for seeing how theory integrates with practice and develops your networks for #CPD once qualified! Plus have fun of course!

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Royal College of Occupational Therapists @theRCOT
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2 days ago

e @OT_LauraF a day ago

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