

**WESSEX REHABILITATION CENTRE**

**Hand /Upper Limb Therapy**

**Referral form**

**Patient Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hospital no. |  | NHS no. |  | | |
| Surname |  | Forenames |  | | |
| Previous surname |  | Title |  | Gender |  |
| Date of birth | (must be over 18 years old) | Occupation |  | | |
| Address  Post Code |  | Home tel. no. |  | | |
| Mobile no. |  | | |
| Email Address |  | | |

**Referral Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Referring clinician |  | New referral? |  |
| GP Practice/Dept. |  | Date of referral |  |
| Telephone Number: |  | Email Address: |  |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required?: | Yes |  | No |  | Wheelchair access required? | Yes |  | No |  |
| Language: |  | | | | Learning Disability: |  | | | |
| Hearing: |  | | | | Other disability needing consideration: |  | | | |
| Vision: |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Military Service Person |  | Military Veteran |  | Member of Military Family |
|  |  |  |  |  |  |

**Injury sustained and diagnosis:** (please include relevant dates)

|  |  |  |
| --- | --- | --- |
| **Service Required:** | Intensive individualised therapy programme | Group therapy:  Wrist rehabilitation  Acute hand Injuries (plastics)  Conservative management OA/RA |

**Goals of therapy input:**

|  |
| --- |
|  |

**Investigations:**

|  |  |  |
| --- | --- | --- |
| X-ray | MRI/CT | Other |
| Results: | | |

**Past Medical History:**

|  |
| --- |
|  |

**Drug History:**

|  |
| --- |
|  |

**Psychological History and Communication needs:**

|  |
| --- |
|  |

**Additional information:**

|  |
| --- |
|  |

**Any referral sent in without sufficient information will be rejected back to the referring clinician.**

**Please email referral form to:** [**sft.wessexrehabcentre@nhs.net**](mailto:sft.wessexrehabcentre@nhs.net)



**WESSEX REHABILITATION CENTRE**

**Referral Criteria**

WRC is a centre of excellence providing specialist musculoskeletal rehabilitation. We value working with our patients, encouraging them to take an active role in their rehabilitation. We take a collaborative approach considering patients’ physical, emotional and social situation in order to enable them to optimise their function, maximise their independence and achieve their personal goals.

The Wessex Rehabilitation Centre offers Monday to Friday MSK treatment for adults (18+). We use intensive, part-time, group and outpatients programmes depending on patients’ requirements with a goal setting approach. Therapy areas include hand therapy, occupational therapy light workshop and industrial workshop, activity of daily living areas and vocational advice. Where appropriate, patients also have access to psychology, and access to other services within Salisbury NHS Foundation Trust e.g. orthotics. Patients have the option for on-site accommodation if transport is difficult to and from the unit (subject to availability).

We treat:

* **Burn or plastic reconstruction of hand and upper injuries, both elective and trauma**
* **Complex orthopaedic conditions of the hand, wrist and elbow**
* **Chronic Regional Pain Syndrome of the Hand or Upper Limb**.
* **Peripheral nerve injuries, including Brachial Plexus**
* **Conservative management of OA/RA and post-operative management of trapeziumectomy and joint arthroplasty**
* **Other conditions are triaged by our MDT and considered on a case-by-case basis**

We expect the patient to engage and agree with the following:

* Able to work towards SMART goals identified by the patient
* Engage in a multi-disciplinary approach
* We expect patients to demonstrate motivation to engage with their therapy both whilst at the centre and at home
* Therapy time is dependent on patients injuries, situation and goals and will be regularly reviewed with their key therapist
* Attend sessions as planned, and inform the centre if they cannot attend