

# Practical fatigue management in ABI

## What works?

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# Aims of Presentation

- \* To keep you awake !
- \* Assessment and education of fatigue management
- \* Implementation and review of timetables
- \* Who supports the programme
- \* How to progress clients
- \* Case study- practical tips/ resources

# Assessment and education of fatigue management

- \* Life is complex, try to unpick hour/day/week/month
- \* Discuss differences between Peripheral/ Central fatigue i.e. physical, cognitive & emotional fatigue
- \* Global assessment of sleep, diet & fluid, medication, physical exertion, cognitive activity, pain & emotional demands etc.
- \* How to implement and use a timetable that works for them
- \* Concept of pacing, saying NO & highlighting triggers

# How to implement and review timetables

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8.00	wake up/ shower	wake up/ shower	wake up/ shower	wake up/ shower	wake up/ shower	wake up/ shower	wake up/ shower
9.00	news website 15 mins	CBT	news website 15 mins	Chores 15 mins	news website 15 mins	Chores 15 mins	news website 15 mins
10.00	walk to shop		walk to shop	Rest	walk to shop	Rest	walk to shop
11.00	Rest	Rest	Rest	Rest	Rest	Rest	Rest
12.00	Rest	Rest	Rest	Rest	Rest	Rest	Rest
13.00	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
14.00	Chores 20 mins	Chores 20 mins	Chores 20 mins	Chores 20 mins	Chores 20 mins	Chores 20 mins	Chores 20 mins
15.00	Rest	Rest	Rest	Rest	Rest	Rest	Rest
16.00	Rest	Rest	Rest	Rest	Rest	Rest	Rest
17.00	Exercises 15 mins	Rest	imes App	socialise	Exercises 15 mins	socialise	Exercises 15 mins
18.00	Dinner	Dinner		Dinner	Dinner	Dinner/ Cooking	Dinner
19.00	family time	Family time	Dinner	Family time	Family time	Family time	Family time
20.00	TV	TV	TV	TV	TV	TV	TV
21.00	Reading 20 mins	Reading 20 mins	Reading 20 mins	Reading 20 mins	Reading 20 mins	Reading 20 mins	Reading 20 mins
22.00	Bed	Bed	Bed	Bed	Bed	Bed	Bed

# How to implement and review timetables

Events	17-Mar	Tuesday 18-Mar-14	Wednesday 19-Mar-14
WIC	17-Mar	Tuesday	Wednesday
		18-Mar-14	19-Mar-14
Shower	08:00-09:00		
Break	07:30-08:00		
Med	08:00-08:30		
PT	08:30-10:00		
Cooked	10:00-11:00		
Drink	11:00-12:00		
Food	12:00-13:00		
Health visit	13:00-14:00		
Work	14:00-15:00		
Med	15:00-16:00		
Meal	16:00-17:00		
TV	17:00-18:00		
Visit	18:00-19:00		
Work	18:00-20:00		
Tea table	20:00-21:00		
WIC	21:00-22:00		
Tel	22:00-23:00		

*Handwritten notes on the timetable include: 'WIC: 17-Mar', '18-Mar-14', '19-Mar-14', 'Tel: Tracy Ryan', 'See Scamell', 'Rudolph', 'Med: Jane Cost Springbank', and 'Tel: Tracy Ryan'.*

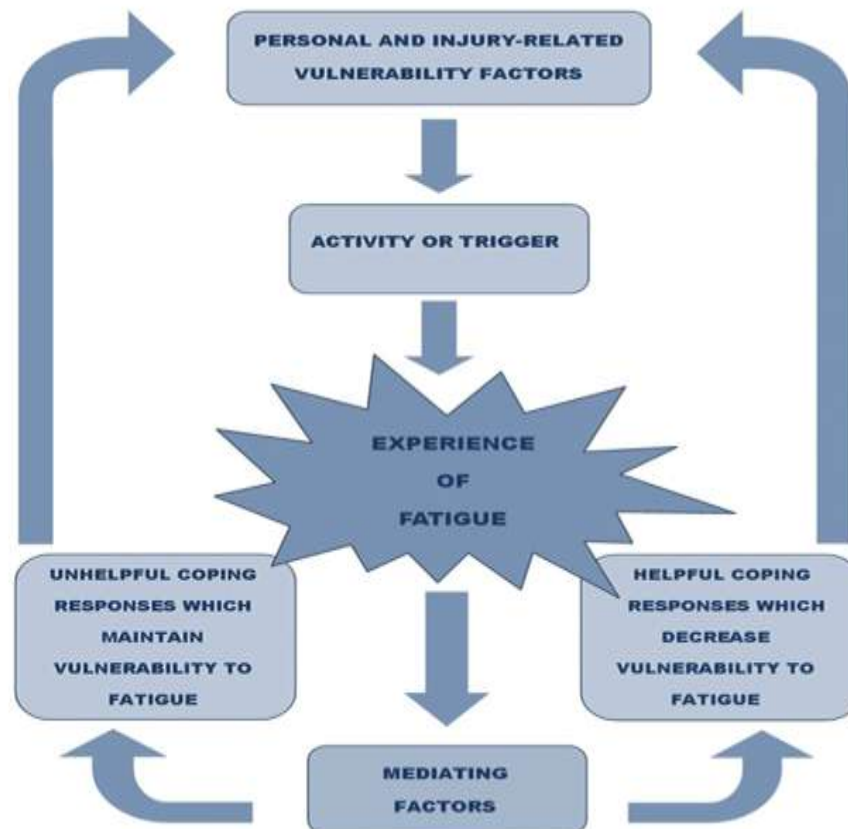
# Who supports the programme

- \* Client must be **committed** to the use of a timetable over prolonged period with a desire to manage their fatigue
- \* Essential that therapist , neuro-psychologist, case manager, carer, support worker monitor/implement
- \* Programme evolves, initially driven by therapist etc., then the ownership shifts to client

# How to progress and evaluate clients

- \* Feedback by bringing timetable to session
- \* Careful listening/analysis to what has and hasn't worked
- \* Discuss expectation/goals
- \* Improve ability to separate tasks into categories
- \* Confidence/Motivation/Demand/Self awareness

# Clinical model for understanding responses to fatigue following ABI



The Clinical team  
Oliver Zangwill  
Centre



# Case Study

- \* Danny -RTA February 2009 affecting basal ganglia and R frontal and temporal lobes.
- \* Acute hospital setting for 2 months, in patient neuro-rehab for 4 months , ongoing rehab in community.
- \* Previously pilot, married with a young child and support workers 24/7
- \* Involvement from physio, neuro-psychology, case manager and support workers

# Base Camp Everest 2011



# Aim high!!



# What works for Danny

- \* The rest really is to reduce cognitive fatigue
- \* Generally have 10min/regular power naps/shut eye every hour
- \* In restaurants sit facing a corner to stop cognitive input of movement in restaurant. i.e. don't sit facing out
- \* Rest in car or on train journeys to help 'top up' battery before destination

# What works for Danny

- \* Look at floor walking with guide or look above the crowds again with guide, helps reduce cognitive inputs.
- \* When sleeping/napping it's worth having the duration in sleep cycles. E.g. for me in 20min blocks, so 20,40,60 mins
- \* It seems I get better rest for example having 20 or 40mins rather than 30
- \* I made my environment/lifestyle fit my needs by moving

# Key areas for consideration

- \* What's best for me
- \* Medication review
- \* Contingency
- \* Equipment to assist
- \* Priorities - Frogs v Tadpoles
- \* Education
- \* Set goals

# Final thoughts

**Analysis**

**Structure**

**Demand**

**Repetition**

**Time**



# Resources

- \* Managing fatigue after brain Injury- Donna Malley Jacqui Wheatcroft  
<https://www.headway.org.uk/managing-fatigue-after-brain-injury.aspx>
- \* Fatigue after Acquired brain injury: a model to guide clinical management  
Donna Malley, Jacqui Wheatcroft, Fergus Gracey
- \* The Oliver Zangwill Centre  
<http://www.ozc.nhs.uk/>
- \* Brain and spine foundation  
<http://www.brainandspine.org.uk/fatigue-and-neurological-conditions>
- \* Stroke Foundation  
<http://www.strokefoundation.com.au/blog/?tag=fatigue-stroke>





# Thank You

