

The Wilga Way

Living your Best Life

Mt Wilga Rehabilitation Hospital
66 Rosamond Street, Hornsby NSW 2077

Autumn 2018

 Mt Wilga
Private Hospital
Part of Ramsay Health Care



CEO Message

In late 2017, Ramsay Health Care conducted patient experience surveys in all of our hospitals. The feedback from 128 Mt Wilga patients reflects our “people caring for people” philosophy and the desire to work with our patients to reach their full potential.

Here are some of our results:

- 90% of the patients would choose Mt Wilga again if they required care
- 86% of patients would recommend Mt Wilga to their friends and family
- 94% of patients rated the cleanliness of our hospital as favourable
- 87% of patients rated our food as favourable

If a family or friend needs rehabilitation after surgery, injury, illness or to manage a health condition, they are invited to tour our facility to make an informed choice about their options. To organise a tour, they can call our Bed Manager on 9847 5270.

Kind regards,
Lorrie Mohsen

Wound Care - A Top Priority

Gary Bain is known as the “Wound Guy” in his private practice and has been with Mt Wilga for the last 18 months. As a clinical nurse educator, Gary oversees and advises on the management of complex wounds. Gary and the clinical team have also developed and implemented a wound care leaders program to ensure a high standard of patient focussed wound care management. Most of the wounds managed at Mt Wilga are “non-healing or problematic wounds” according to Gary and may be the result of infection, leg ulcers and pre-existing pressure injuries.

Mt Wilga have seven “wound care champions” who are physiotherapists, occupational therapists, nurses, medical officers and lymphoedema therapists and we are currently training and educating another seven employees.

Gary says “that in committing to an educated clinical group which uses targeted intervention and measurable outcomes in our wound practice, our wound leaders produce patient centred benefits”. Having a chronic wound affects a person’s quality of life as evidenced in the Health Services Innovation 2017 paper on Chronic Wounds in Australia (see below).

Chronic Wounds

~400k

People affected

\$3 billion?
per year

2% Total national healthcare expenditure



Chronic wounds reduce quality of life and working capacity, and increase social isolation

A high proportion of the costs are actually borne by patients

Evidence-based wound care =
better patient outcomes and cost savings





Benefits of Physiotherapy after a total knee replacement By Graeme Walker

A total knee replacement is one of the most commonly performed orthopaedic procedures. In Australia, approximately 50,000 knee replacements are performed annually.

Thanks to the pioneering surgeons back in the 1960s and 1970s, it is now a very safe and effective procedure. As a physio, I can report that the vast majority of total knee replacements that I have seen and treated go on to make an excellent recovery and patients are very happy with the long term outcome.

However, the immediate recovery in the weeks and months after surgery does have its challenges. Post-operative pain and discomfort combined with a lack of mobility can be difficult. The knee may be hot or swollen and walking with crutches can be hard work, particularly on the stairs. I have been helping people to recover from this common orthopaedic procedure for over 10 years now and along the way I have learned a few things.

You may find this reassuring if you have just undergone a total knee replacement:

- 1) The pain will decrease – ice is your friend.
- 2) The swelling and heat will settle in time.
- 3) With time and perseverance, the knee will become more flexible.
- 4) With time and perseverance, you will be able to walk again without crutches.
- 5) Your sleeping will improve.
- 6) You will get your life back!

A recent (2015) meta-analysis study looked at the effectiveness of physiotherapy exercise following a total knee replacement. The study analysed 18 randomised trials which included 1,739 patients with total knee replacements. Compared with patients who received minimal or no physiotherapy, patients receiving physiotherapy exercise had significantly improved physical function and reduced pain.

Another study from the American Journal of Orthopaedic and Sports Physical Therapy provides evidence to support intensive physio and rehab following a total knee replacement.

They assessed two groups of patients who had recently undergone a total knee replacement. “Group A” were given some gentle, low intensity rehabilitation exercises to perform following surgery while “Group B” were given higher intensity exercises to perform.

These patients were reassessed at regular intervals in the year after surgery to see how they were recovering. They assessed pain, knee range of movement, muscle strength and some practical assessments such as walking speed, endurance and the ability to walk up and down stairs.

Most importantly, the higher intensity program did not significantly increase the patient’s pain levels.

Question: What does all this mean if you have just had a total knee replacement?

Answer: Work hard in your physio sessions! It will help you to recover and will give you the best possible outcome following this procedure. Once the surgeon has operated, it is up to you and your therapist to get your knee going again.

Graeme Walker is the Physiotherapy Team leader for the Orthopaedic Day Program. If you wish to discuss any aspects of your recovery following a total knee replacement or any other orthopaedic procedure you can contact him directly at the Day Therapy Centre at Mt Wilga or email him at walkerg@ramsayhealth.com.au.

References:

Effectiveness of physiotherapy exercise following total knee replacement: systematic review and meta-analysis. BMC Musculoskeletal disorders. Artz N, Elvers KT, Minns Lowe C, Sackley C, Jepson P, and Beswick AD. 16:15, 2015.
Early High-Intensity Rehabilitation Following Total Knee Arthroplasty Improves Outcomes. Journal of Orthopaedic & Sports Physical Therapy. Bade MJ., Stevens-Lapsley JE., Volume 41, Number 12, December 2011.

Outpatient Classes and Clinics



Ben Limbrey
Physiotherapist



Lisa Dunn
Massage Therapist

PHYSIOTHERAPY

Men's Health, Sports injuries, shoulder pain and orthopaedic rehabilitation

Ben Limbrey, Physiotherapist

Tuesdays and Thursdays
3.00pm to 6.00pm

PILATES

Help improve flexibility, balance, strength and body awareness

Maya Solway, Physio and Clinical Pilates Instructor

4.30pm and 5.30pm classes
\$28 per class, paid in blocks

MASSAGE THERAPY

Relaxation, Remedial and Pregnancy Massage

Lisa Dunn, Massage Therapist

Wednesday and Fridays

9.30am to 4.30pm

45 mins for \$60

60 mins for \$80

TAI CHI

Embracing Mind, Body and Spirit

Bosa Stojanovic,

Exercise Physiologist

7.15am to 8.30am

\$25 per class, paid in blocks

MANAGING YOUR ARTHRITIS WITH HYDROTHERAPY

Group classes every weekday morning at 8.45am to 9.30am

\$20 per class, paid in blocks

To make an appointment, call (02) 9847 5015 or email RHP.MWP@ramsayhealth.com.au

You may receive a rebate under your private health insurance extras cover.



NEW DRIVER CONSULTATION

Mt Wilga now offers a 30 minute new driver consultation with one of our driver trained Occupational Therapists. This consult may address concerns including assessing the capacity to obtain a learner's permit. They may recommend further driving education, driving alternatives and other information.



Appointments can be made by calling 9847 5015.

BIG & LOUD FOR PARKINSON'S DISEASE

Did you know that there are over 80,000 people in Australia living with Parkinson's Disease and every day, 8 more people are diagnosed with this neurological condition?

Other facts you may not know:

(Shake it Up Australia Foundation website)

- Parkinson's is the second most common neurological disease in Australia after dementia.
- 20% of sufferers are under 50 years old and 10% are diagnosed before the age of 40.
- The number of people with Parkinson's has increased by 17% in the last six years with costs to the community increasing by over 48%.

LSVT LOUD and BIG is a high intensity Parkinson's Disease program aimed at improving a person's speech and body movements. It helps to support them to better understand and manage the disease. Martin, in his 40's was diagnosed with early Parkinson's and recently completed this program.

Martin, says about the program, "From my experience, very few people notice that I even have PD and therefore many people were surprised to hear I was having rehabilitation.

When looking at my objective measures of improvement, I felt that these only told a small portion of my overall improvement on the program, I am not sure how you can objectively record

the holistic change but I feel this is what counts. The important thing now is to sustain BIG movements and a LOUD voice and other skills that I have gained beyond the end of the program".

Dr Simon Chan, Rehabilitation Specialist will conduct an assessment and will develop an individual program based upon your needs. A modified program may also be recommended for people who are unable to manage a 4 day week LSVT program.



Dr Simon Chan

Referrals from a GP or specialist can be faxed to 9847 5286



April Falls; Reduce The Risk Of A Fall By Ensuring Proper Nutrition And Hydration

By Samantha Ling,
Accredited practising clinical dietitian
and Mt Wilga's Dietetic Team Leader

Falls are among some of the most serious and preventable injury-related causes of hospitalisation facing older Australians, with 1 in 5 people either breaking a bone or sustaining a serious injury due to a fall.

Research indicates that poor nutrition is linked to many risk factors for falls and can play a key role in the severity of the injuries incurred from falling, as well as the time spent recovering.

Older Australians are at risk of undernourishment due to reduced energy needs influencing appetite, combined with a decreased ability to absorb nutrients. A staggering 30 per cent of people aged 60 years or older who live independently suffer from some degree of malnutrition. Sadly, almost 50 per cent of Australians living in aged-care facilities are malnourished.

Malnutrition is one of the many preventable risk factors that may increase a person's chances of having a fall. A suboptimal intake of food resulting in the unintentional loss of body weight (whether from reduced appetite or illness) often leads to frailty and weakness, loss of muscle mass and strength, limited mobility, impaired balance and therefore an increased risk of having a fall.

Similarly, a low body weight as a result of malnutrition affects not only muscle strength but also bone density, increasing the risk of fractures and broken bones as a result of a fall.

Osteoporosis is sometimes referred to as the silent epidemic. It often goes unnoticed until a related fracture occurs. The condition develops when bones become weak, brittle and more susceptible to fractures and can indicate long-term deficits in calcium, vitamin D and protein, and a lack of weight-bearing exercises. A balanced diet, exercise and sunshine play vital roles in maintaining bone strength and minimising the risk of falls and injury from falls.

Reducing Risk

The following steps are key to maximising nutritional health, preventing malnutrition and subsequently reducing the risk of falls among older Australians.

Maintain a healthy weight

Weight loss is not a normal part of ageing and normally means you are losing muscle as well as fat stores. Rapid weight loss, particularly unintentional weight loss, indicates deficits in nutrients, increasing the risk of malnutrition. Carrying a little extra body fat can be protective against falls injuries. This is because body fat acts like a cushion as well as helping the body meet increased

energy requirements sustained from your injury such as a fracture. An accredited practising dietitian can assist in determining if your weight is healthy for your age, gender and level of physical activity.

The sunshine vitamin

Combined with calcium, vitamin D helps minimise bone loss and maintain strong, healthy bones. Vitamin D is also involved with maintaining muscle strength and healthy nerve function for everyday movement. Unfortunately, sourcing adequate vitamin D from the diet alone is not sufficient in maintaining healthy levels. The main source of vitamin D for Australians is exposure of 15 per cent of the body to sunlight for about two hours a week; for example, exposing the face and arms. If regular sunlight exposure is not possible, vitamin D supplementation may be appropriate.

Provide 3 nutritious meals a day or smaller, regular meals.

A nutrient-dense diet assists with providing adequate amounts of energy, protein and numerous vitamins and minerals that impact strength, mobility, visual and cognitive function. Fortified foods can help add extra nutrition without adding bulk to the meal. Smaller meals may be more appealing when appetite is low.

Try to include a source of protein with every meal.

It is important to remember that muscle loss is a natural process that accompanies ageing. Recent research indicates that diets rich in protein, combined with resistance training can help minimise muscle wasting with ageing. Excellent sources of protein in the diet include meat, fish, poultry, dairy products, nuts, seeds, eggs and legumes such as baked beans.

Keep hydrated

Dehydration can lead to confusion, fluctuations in blood pressure and dizziness, increasing the risk of having a fall. Ideally, six to eight glasses of hydrating fluids should be consumed every day. This may include water, milk and non-dairy milk alternatives such as soy milk, smoothies, soup, fruit juices and cordial.

Provide 3–4 serves of calcium-rich foods every day.

A diet rich in calcium can assist with maintaining strong bones and preventing fractures and osteoporosis. Calcium-rich foods, such as yoghurt, custard, cheese and flavoured milk can make tasty snacks.

For more information on Mt Wilga's reconditioning program for people who require rehabilitation after a fall, surgery, or an illness please contact our Bed Manager on 9847 5270.

MALE INCONTINENCE – NOT JUST FOR THE LADIES

Incontinence is not a laughing matter and for many men it is not a subject that is talked about easily or even at all. For many people it is distressing and embarrassing but it can be managed and improved with the help of a men's health physio. A referral to a Urologist may also be recommended.

The causes of incontinence are varied but may include recent abdominal surgery, prostate surgery, side effects of medications, weight gain, urinary tract infections, alcohol or caffeine consumption and even not drinking enough water. The pelvic floor is a sling of muscles responsible for holding up abdominal contents and controlling our bladder and bowel. Urinary incontinence occurs when the normal process of storing and passing urine is disrupted and there are different types.

Stress incontinence occurs when the pressure inside your bladder (as it fills with urine) becomes greater than the strength of your urethra to stay closed. A sneeze or even laughter, can cause urine to leak out of your urethra.

Urge incontinence or overactive bladder is the urgent and frequent need to go to the toilet which can be caused by a

problem with the muscles in the walls of the bladder. The detrusor muscles relax to allow the bladder to fill with urine then contract when you go to the toilet. Sometimes these muscles contract too often, creating this urgent need to run to the toilet.

Overflow incontinence which is also known as chronic urinary retention, is often the result of a blockage or obstruction to your bladder. The bladder fills as usual but it's obstructed and it cannot be emptied immediately. The pressure builds up behind the obstruction, causing frequent leaking.

Brendan, one of our experienced Men's Health physios says "Many men don't realise that strengthening of the pelvic floor muscles with exercises can help to improve minor incontinence. Using a dynamic ultrasound machine, we are able to show people the effect of turning these pelvic floor muscles on and how it supports the bladder".

To make an appointment to see Brendan or Graeme, our Men's Health physios please call 9847 5015.

DO YOU HAVE QUESTIONS OF YOUR NDIS LOCAL AREA COORDINATOR?

Mt Wilga will be hosting NDIS Community Connection Desks for people who wish



to meet with an Uniting Care Local Area Coordinator. Have the opportunity to ask questions regarding the NDIS application process, how to prepare for a plan review and how to use an NDIS funded plan. Bring your questions with you!

Thursday 10 May
11.30am to 1.30pm.

Thursday 14 June
11.30am to 1.30pm

If you would like to make an appointment please call NDIS on 9279441 or email debbie.cole@ndis.gov.au.

WHEN YOUR OSTEOARTHRITIS STARTS TO TAKE OVER



In February 2017, Mt Wilga commenced a program designed to help people with hip and knee osteoarthritis to manage their pain and improve their function with activities like walking, driving and even managing their sleep.

To date we have worked with over 110 people and helped them manage this condition. People participate in an active program for 6 weeks with follow ups at 3, 6 and 12 months to help keep them on track with their exercise and nutrition.

Our dates for the next assessment clinics are:

Tuesday 15 May
Tuesday 29 May
Tuesday 19 June
Tuesday 17 July

A referral by your GP or specialist can be faxed to 9847 5286 or please call 9847 5326.

Dysphagia and swallowing

What is it and how can our team at Mt Wilga help?



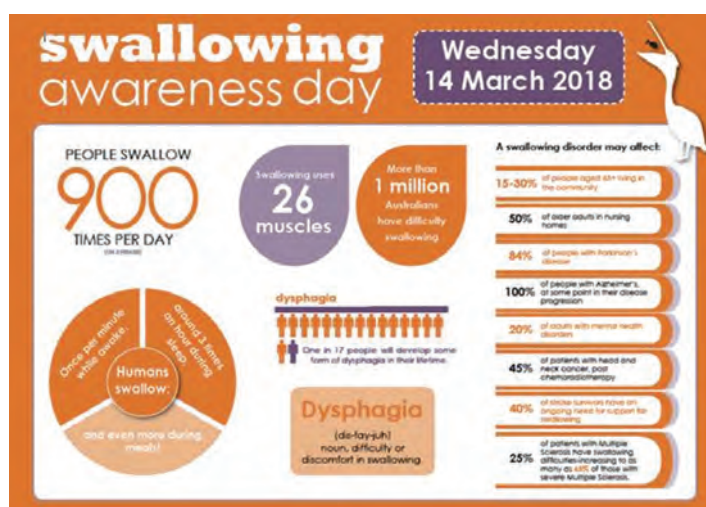
Mt Wilga Speech Pathology team

Dysphagia is a disorder of swallowing and it may be permanent or temporary. Dysphagia refers to difficulties at any stage of swallowing. This includes chewing, controlling food in your mouth and moving food towards the stomach.

Dysphagia may result from numerous causes, such as damage to the brain (eg stroke, head injury or other trauma), damage to the structures used for eating (eg injury to the jawbone), ageing, medication, fatigue or from psychological causes.

What might a person with dysphagia experience?

- Difficulty swallowing food, drinks, or saliva
- Problems controlling saliva which may lead to drooling
- Problems controlling food in the mouth while eating (e.g. food falling out of the mouth or down the throat before being ready to swallow)
- Food getting stuck in the mouth (e.g. in the cheeks, under the tongue)
- Food or fluid coming out of the nose after swallowing
- Coughing or choking while eating or drinking
- Repeated chest infections
- Gurgly voice quality
- Weight loss/poor nutrition
- Dehydration/dry mouth



Our team of Speech Pathologists are specialised allied health professionals who assess and treat swallowing, speech, voice and communication difficulties. Speech Pathologists may be involved in providing assessment and intervention to individuals with difficulties during the oral and pharyngeal stages of swallowing. Our speech pathologists may prescribe exercises to improve swallowing function, modified procedures while eating or modified diets that are easier to chew and swallow.

To make an appointment to see one of our speech pathologists please call 9847 5015.

NEW VISITING MEDICAL OFFICER TO MT WILGA

Mt Wilga is pleased to announce that Dr Cristina Cristolovenu is now available for inpatient consultation on Thursdays and on the weekends.

Dr Cristolovenu, Geriatrician has a special interest in perioperative medicine, acute geriatric medicine and cognitive disorders. She provides comprehensive patient care in the postoperative period with expertise in the management of delirium, polypharmacy and falls prevention.

Dr Cristolovenu underwent comprehensive training in Geriatric Medicine at Concord, RPA and Royal North Shore. She is a member of the Royal Australian College of Physicians and Australian and NZ Society of Geriatric Medicine.