

Rehabilitation program care for outpatients of Sandro Pertini Hospital Parkinson Center

*Steno Rinalduzzi*¹, Antonella Biasiotta¹, S. Almonti¹, I.F. Pestalozza¹, F. Gilio¹, F. Gragnani¹, S. Taloni², A.M. Attisano², C. Sales², A.M. Servadio²

¹UOC Neurology and Neurophysiopathology, Sandro Pertini Hospital, Rome, Italy

²UOS Rehabilitation, Sandro Pertini Hospital, Rome, Italy

Introduction: Non-pharmacological interventions are essential in the management of motor impairments in Parkinson's disease [1]. The success and benefit of motor rehabilitation relies both on therapy adherence and training intensity achieved. Moreover, it is crucial to apply non-pharmacological interventions in an individualized and evidence-based manner.

Objective: To build rehabilitation pathways program care for outpatients of Sandro Pertini Hospital, ASLROMA2, Parkinson Center.

Methods: During the first visit, each parkinsonian patient undergoes the neurological examination by a neurologist, followed by the functional evaluation by a therapist. The functional evaluation assesses how often people affected by Parkinson's experience difficulties across 8 dimensions of daily living including relationships, social situations and communication. It including a global evaluation as well as a quality of life and a motor section UPDRS score, Tinetti scale, pain numerical rating scale and PDQ39 scale that assesses the impact of Parkinson's on specific dimensions of functioning and wellbeing. Neurologist and therapist build together the best rehabilitation program for the patient; they consider potential factors influencing effectiveness of non-pharmacological intervention on motor impairments as well as motor and non-motor symptoms, availability of the caregiver, comorbidities, environment factors, etc. They ponder if each patient can perform only home exercise program by themselves [2] or with intervention of a therapist or in the hospital with therapist intervention. Finally, home exercise session of patients by themselves will be monitored by inhome virtual video calls [3].

Results: The therapist and neurological examination performed together allowed a better formulation of personalized and differentiated rehabilitation programs. Home exercise programs to be performed by themselves made access to rehabilitation programs possible at low cost for an increased number of patients. Furthermore, monitoring through telemedicine has increased adherence to treatment of patients.

Conclusion: The treatment of Parkinson's disease must include physiotherapy in addition to pharmacological treatments. Home exercises and telemedicine reduce costs and allow an increasing number of patients to access treatment. We encourage other centers to build rehabilitation pathways for their patients.

References

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