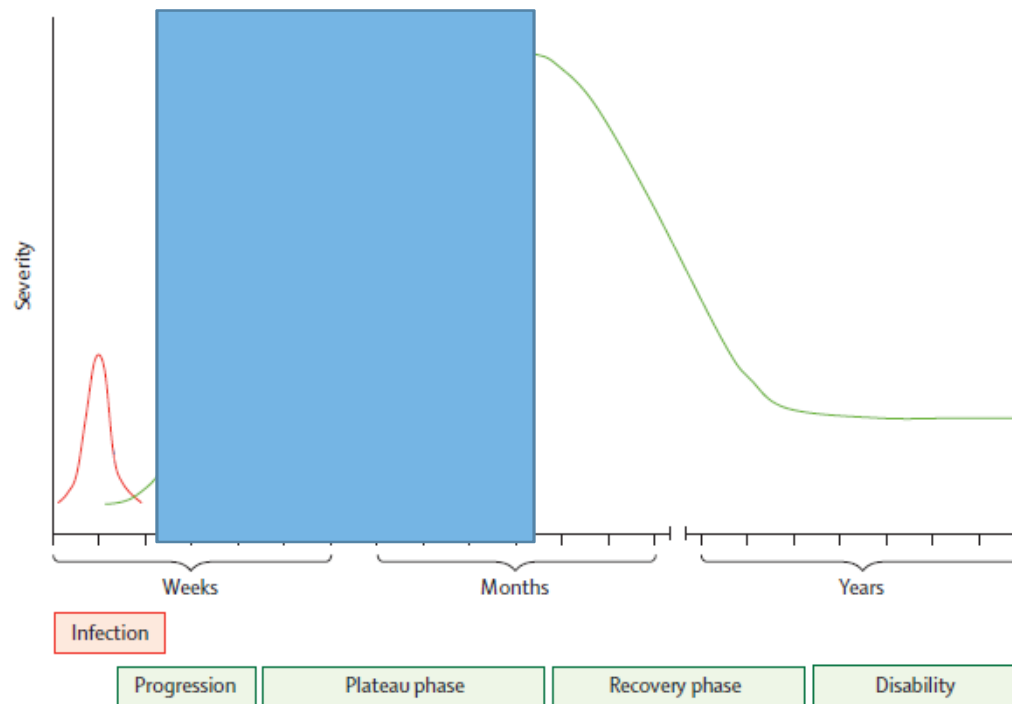


Getting ready for the long road ahead: the role of early rehabilitation in GBS recovery

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How early is early?



Willison, Jacobs & van Doorn (2016)

Who's involved?

- “ Patient
- “ Family, friends, other supports
- “ Health Care assistants
- “ Medical/Neurology teams
- “ Nurses
- “ Occupational Therapists
- “ Physiothe
- “ Psycholog
- “ Social wo
- “ Speech ar
- “ Therapy A
- ...and more



Goals of early rehabilitation

“First

What

“ We

“ Causing excessive fatigue and pain



What can go wrong in severe cases?

GBS symptoms:

- “ Muscle paralysis
- “ Loss of feeling (sensation)
- “ Poor regulation of heart rate and rhythm, breathing and digestive systems.
- “ Pain

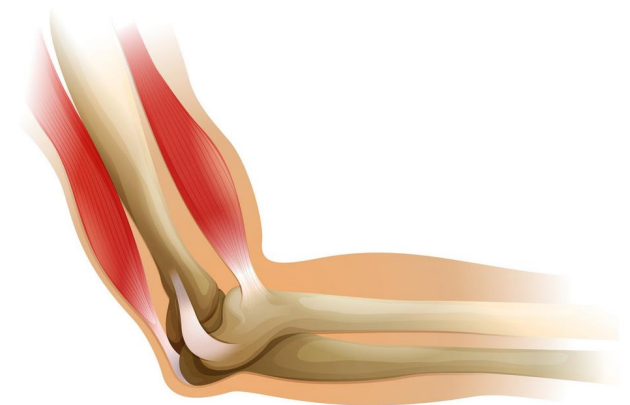


Immobility and bed rest:

- “ loss of muscle fibres and bulk (atrophy)
- “ loss of muscle-tendon length
- “ joint stiffness
- “ loss of lung volume
- “ slowed gut peristalsis
- “ decreased cardiac reserve
- “ increased blood viscosity
- “ and much more...

Weakness and musculoskeletal issues

- “ Muscle atrophy
- “ Contracture
- “ Joint instability & subluxation



Musculoskeletal care

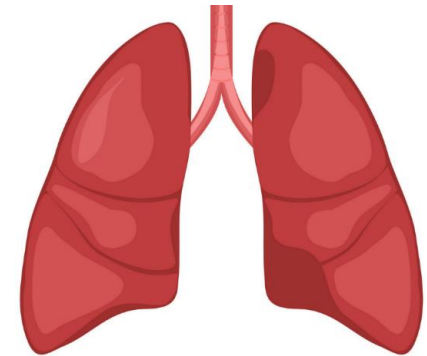
- “ Strict positioning and regular changes
- “ Careful handling of limbs when transferring or moving in bed.
- “ Gentle passive movements and appropriately graded exercises with guidance from a therapist
- “ Appropriately prescribed and carefully monitored orthotics or splints



Respiratory issues

Up to 70% of patients with GBS may experience respiratory complications (*Mullings, et al 2010*).

- “ Shortness of breath
- “ Difficulty clearing phlegm
- “ Ineffective cough



Respiratory care

- “ Notify your nurse or medical team if you have any concerns with your breathing.
- “ Optimise your positioning both in and out of bed, so your lungs are in the best position to ventilate.



Close
monitoring



Re-positioning
and mobilising



Clearing phlegm



Respiratory
Devices

Altered stress response (Autonomic Dysfunction)

Autonomic issues may involve the cardiovascular, respiratory and digestive systems.

Severe and disproportional increases in blood pressure, heart rate, breathing and sweating
(Zaeem, et al 2018).



Cardiovascular care

- “ Get attention and help.
- “ Ensure catheters are flowing and routinely emptied, limbs are resting in comfortable positions, remove any restrictive garments or items that could be causing discomfort.
- “ If you are out of bed, you may need to be returned to bed and lay flat.
- “ Discuss an optimal medication strategy with your doctor.



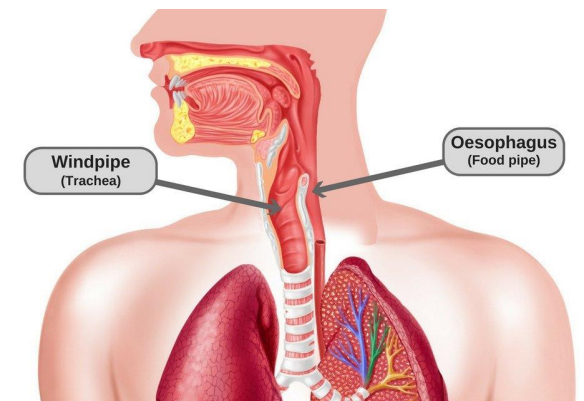
Swallowing

May also result from the disease process itself or complications relating to intubation or tracheostomy.

Increased effort swallowing or coughing after food and drink.

What may help

- “ Alert your nurse and medical team if you experience any increased difficulty with swallowing, choking or coughing when having food or drink.
- “ A Speech and Language Therapist (SLT) may be required to formally evaluate your swallow and establish a safe feeding plan.



Communication

The degree of communication difficulty may depend on the severity of paralysis, need for tracheostomy and fatigue.

What may help

- “ A Speech and Language Therapist can be helpful to provide alternative communication strategies or devices.
- “ With tracheostomy, patients may be able to trial a speaking valve to communicate.

Alphabet charts

A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z	START AGAIN	NEW WORD	yes	no

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Ayrshire
& Arran

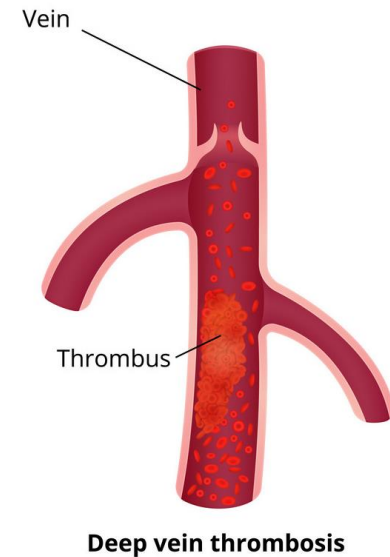


Blood clots (DVT, PE)

Commonly referred to as deep vein thrombosis (DVT) or pulmonary embolus (PE).

Estimated up to half of acute GBS admissions will develop thromboses and a further 15% will suffer pulmonary embolus.

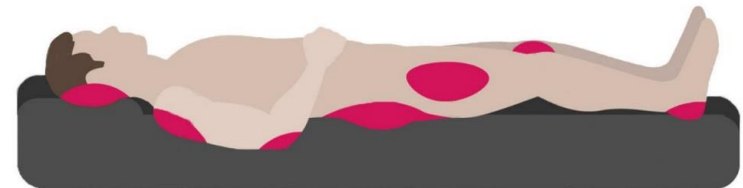
Prolonged immobility, severe weakness, elderly and the presence of other medical complications places people at higher risk (*Ryabinkina et al. 2016*).



Pressure Injury (bed sores)

Altered sensation and immobility can significantly increase the risk of developing pressure areas.

- “ Elderly
- “ Poor nutrition
- “ Incontinence



Pressure Injury Care

- “ Work with your nursing and therapy team to develop an individualised bed positioning, seating and mobility plan.
- “ Appropriately supportive mattress.
- “ Avoid prolonged static positions in bed or chairs.
- “ Ask nurses to undertake regular skin checks.



Mood

Low mood, frustration, fear, anxiety and other emotional difficulties are very common (*Brousseau, et al. 2005*).

What may help

- “ Know that there is support available.
- “ Psychological support can be very helpful.
- “ Set early rehab goals with your therapists.



Pain

Nerve pain or 'neuropathic' pain affects approximately 80% of patients (*Merkies & Kieseier, 2016*).

Intense shooting, sharp or burning pain that is felt in the extremities.

What may help

- “ Discuss pain relief options with your medical team.
- “ Take care when moving very weak and vulnerable limbs
- “ Know that pain often improves during the recovery phase.



Know Pain,

Know Gain



Fatigue

Very common in all stages of GBS and can be particularly severe in acute stages.

Not just general fatigue.

What may help

- “ Pace your activities, you may need to complete a task in blocks with rests in between.
- “ Set a timetable and prioritise what is important.



“Never confuse movement with action”



References

Images from: www.vectorstock.com and <https://www.google.com/imghp>

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