Case Study - PJ
Responsible Professional - Physiotherapist /Social Worker CIWT

1. Circumstances

Known to CIWT, PJ had a traumatic brain injury resulting in seizures, poor balance, poor memory, and blackouts.

Able to mobilise short distances with supervision and had regular falls.

Lives with partner, and Direct Payments funds care.

Contracted Covid, inpatient for 11 wks, resulting in weakness and fatigue, change in cognition and personality.

Reduced insight into limitations.

2. Outcomes identified

PJ

- To walk around the house with a frame and supervision of 1 person.
- To sit in the garden in the sunshine
- To go out with PA's or his partner in the car.
- To have a shower

Family

- Partner to share bedroom with PJ

3. How were outcomes delivered?

Family chose to purchase double profiling bed downstairs.

OT and PT worked with PJ and caregivers to advise and minimise moving and handling risk'

Moving and handling risks discussed and accepted by family.

Regular physio achieved mobilising downstairs and to garden.

Reduction in manual handling with PJ taking active part in therapy.

Able to get into and out of car.

Recommendation for downstairs wet room – in the meantime, day centre agreed PJ could shower there.

4. Who else was involved?

Collaboration between:
PJ
Family
OT
Physiotherapy and assistant
Partner
Day Centre
SALT
Continence assessment

5. Strengths identified/utilised.

PJ's determination to be as independent as possible

PJ's willingness to cooperate

Partner's collaboration and dedication

Family support, encouragement.

Shared family/PJ goals

6. Link to Model of Practice

The principles of the model are applied equally by our professional partners – it has a wider applicability beyond social work and leads to effective outcomes. A clear example of collaborative working with informal care partners, the individual himself, and professionals involved, with a clear focus on working to achieve greater independence and therefore improved quality of life.

7. What is different now?

PJ is achieving his outcomes of accessing the garden, mobilising around his home, going out in the car with family/PA's.

He is less isolated at home.

His quality of life has improved, and he feels more in control of how he is supported and leads his life within his limitations.

His partner and family can share these positive experiences with him.

Adapted from 7 minute briefing created by Hywel Dda University Health Board