

# MEDICAL SERVICES

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PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

## **Training & Development Neurological Condition List by Practitioner Type**

**MED-NEURODA~001**

Version: 5 Final

7 March 2013



# Medical Services

## Foreword

This guidance has been produced as part of a training programme for Health Care Professionals approved by the Department for Work and Pensions Chief Medical Adviser to carry out benefit assessment work.

All Health Care Professionals undertaking medical assessments must be registered medical, nursing practitioners or physiotherapists who, in addition have undergone training in disability assessment medicine and specific training in the relevant benefit areas. The training includes theory training in a classroom setting, supervised practical training, and a demonstration of understanding as assessed by quality audit.

This guidance must be read with the understanding that, as experienced practitioners and disability analysts, the Health Care Professionals will have detailed knowledge of the principles and practice of relevant diagnostic techniques and therefore such information is not contained in this training module.

In addition, the guidance is not a stand-alone document, and forms only a part of the training and written documentation that a Health Care Professional receives. As disability assessment is a practical occupation, much of the guidance also involves verbal information and coaching.

Thus, although the guidance may be of interest to non-medical readers, it must be remembered that some of the information may not be readily understood without background medical knowledge and an awareness of the other training given to Health Care Professionals.

Office of the Chief Medical Adviser

March 2012



## Document control

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### Superseded documents

#### Version history

Version	Date	Comments
5 Final	7 <sup>th</sup> March 2013	Signed off by HWD and CMMS
5b draft	7 <sup>th</sup> March 2013	Updated following review comments from HWD
5a draft	25 <sup>th</sup> February 2013	Updates from National Lead HCP and HWD
4 Final	23 <sup>rd</sup> August 2012	Signed off by HWD and CMMS
4a draft	21 <sup>st</sup> August 2012	Updated by Medical Training & Development and reviewed by National Lead HCP
3 Final	14 <sup>th</sup> February 2012	Signed off by CMMS
3a draft	9 <sup>th</sup> February 2012	Condition list updated
2 Final	12 <sup>th</sup> January 2012	Final version signed off by CMMS

#### Changes since last version

Desk aid condition list updated

#### Outstanding issues and omissions

#### Updates to Standards incorporated

#### Issue control

**Author:** Medical Training & Development

**Owner and approver:** Clinical Director

**Signature:**

**Date:**

**Distribution:**



### Introduction

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This guidance has been produced to assist Health Care Professionals who undertake WCA assessments and filework.

Within WCA assessments there is a range of cases suitable for examination by Registered Nurses (RNs), before and after they have had neurology training.

Section one provides guidance on cases that are not suitable for RNs before they have had further neurology training.

Section two provided guidance as to which cases neurology trained RNs and Physiotherapists can see and cases which must only be seen by Registered Medical Practitioners.

The lists are **not exhaustive** and will be updated periodically as required.

## 1. Conditions to be excluded from examination by a Registered Nurse without additional Neurology Training

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**Without additional neurology training, conditions to be excluded from examination by a Registered Nurse are All PHYSICAL neurological conditions excluding Epilepsy**

Physical neurological conditions would include:

- ☐ Physical conditions arising from Central Nervous System Pathology
- ☐ Disorders of the Peripheral Nervous System

Examples of Conditions to be excluded:

Prolapsed Inter-vertebral Disc

Sciatica

Cervical Spondylosis

Thoracic Outlet Syndrome

Carpal Tunnel Syndrome

HAVS/VWF

Head Injury with physical neurological sequelae

Learning Difficulties with additional physical neurological problems

Please note: Head injuries displaying cognitive or no obvious physical impairment **resulting from the head injury** can be examined by all Registered Nurses.

Neurological Conditions giving rise to purely Mental Function problems such as Dementia/Alzheimers can be assessed by all Registered Nurses

Also the symptom of dizziness can be examined by all Registered Nurses (who have not undergone the further neurology training) unless the dizziness is being caused by or is co-existent with a neurological condition.

## 2. Neurological Desk Aid Version

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<u>Suitable for Neuro trained nurses and physiotherapists</u>	<u>Suitable only for doctors</u>
<ul style="list-style-type: none"> <li>• Prolapsed intervertebral disc</li> <li>• Lumbar nerve root compression</li> <li>• Sciatica</li> <li>• Slipped disc</li> <li>• Lumbar spondylosis</li> <li>• Lumbar spondylolisthesis</li> <li>• Lumbar spondylolysis</li> <li>• Cauda equina syndrome</li> <li>• Lumbar Spinal stenosis</li> <li>• Peripheral neuropathy</li> <li>• Neuropathy</li> <li>• Foot drop</li> <li>• Meralgia paraesthetica</li> <li>• Cervical spondylosis</li> <li>• Cervical nerve root compression</li> <li>• Cervicalgia</li> <li>• Nerve entrapment syndrome</li> <li>• Carpal tunnel syndrome</li> <li>• Trapped nerve</li> <li>• Paraesthesia</li> <li>• Tingling</li> <li>• Numbness</li> <li>• Brachial plexus injury</li> <li>• Polyneuropathy</li> <li>• Shingles (peripheral nerves)</li> <li>• Vibration White Finger</li> <li>• Reflex Sympathetic Dystrophy/Complex Regional Pain Syndrome</li> <li>• Essential Tremor</li> <li>• Tardive dyskinesia (purely as a side effect of medication only)</li> </ul>	<ul style="list-style-type: none"> <li>• Stroke</li> <li>• Head injury with neuro sequelae</li> <li>• Brain haemorrhage</li> <li>• Sub Arachnoid Haemorrhage</li> <li>• Brain tumour / Abscess</li> <li>• Acoustic Neuroma</li> <li>• Multiple Sclerosis (and other disorders of myelin in the CNS such as Schilder's disease, acute disseminated demyelination, Biswanger's disease, subacute sclerosing panencephalitis etc.)</li> <li>• Motor Neurone Disease</li> <li>• Parkinson's disease</li> <li>• TIAs</li> <li>• Bulbar Palsy</li> <li>• Myasthenia Gravis</li> <li>• Muscular Dystrophy</li> <li>• Guillain-Barre Syndrome</li> <li>• Amyotrophic lateral sclerosis</li> <li>• Syringomyelia</li> <li>• Neurofibromatosis</li> <li>• Spina bifida (including occulta)</li> <li>• Cerebral palsy</li> <li>• Polio</li> <li>• Learning difficulties (with neurological problems)</li> <li>• Nystagmus</li> <li>• Myelitis</li> <li>• Bells Palsy</li> <li>• Trigeminal Neuralgia</li> <li>• Paraplegia</li> <li>• Quadriplegia</li> <li>• Huntington's Disease.</li> </ul>

## Medical Services

<u>Suitable for Neuro trained nurses and physiotherapists</u>	<u>Suitable only for doctors</u>
	<ul style="list-style-type: none"><li>• Shingles (cranial nerves)</li><li>• Cerebellar disorders</li><li>• Basilar migraine</li><li>• Charcot Marie Tooth</li><li>• Tourettes syndrome</li><li>• Dyspraxia</li><li>• Dystonia</li><li>• Wernicke's encephalopathy</li><li>• Hydrocephalus</li><li>• Myelopathy</li><li>• Spinal cord compression</li><li>• Any spinal cord condition leading to presence of Upper Motor Neurone signs</li><li>• Pituitary tumour</li><li>• Wernicke-Korsakoff syndrome</li><li>• Idiopathic Intracranial Hypertension</li></ul>

## Observation form

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