

Neurological Conditions List by Practitioner Type

MED-NEURODA~001

Date: 26 May 2016



Foreword

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

All Healthcare Professionals undertaking medical assessments must be registered practitioners, 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 should be read with the understanding that, as experienced practitioners, the Healthcare Professionals will have detailed knowledge of the principles and practice of relevant diagnostic techniques, and therefore such information is not included.

In addition, this guidance is not a stand-alone document, and forms only a part of the training and written documentation that a Healthcare 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 Healthcare Professionals.

Document control

Superseded documents

Version history

Version	Date	Comments
7 Final	26 th May 2016	Final Document
7a Draft	26 th May 2016	Updated with conditions deleted in error in final version
6 Final	25 th April 2016	Signed off by SH&S
6b draft	14 th April 2016	Re-branding
6a Draft	15 th March 2016	General review and update
5 Final	7 th March 2013	Signed off by HWD and CMMS

Changes since last version

Updated with conditions deleted in error in final version – previous conditions listed on Version 5 – accidentally deleted

Outstanding issues and omissions

Updates to Standards incorporated

UTS 01/16

Issue control

Author: Clinical Learning and Development

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Signature:

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Distribution:

Introduction

This guidance has been produced to assist Health Care Professionals who undertake face to face Work Capability Assessments and Filework.

When conducting face to face Work Capability Assessments, for either Employment and Support Allowance or Universal Credit, there is an agreed range of cases suitable for assessment by Registered Nurses (RNs) and Occupational Therapists (OTs), before and after they have undertaken neurology training as Disability Analysts.

Section one provides guidance on cases that are not suitable for RNs/OTs prior to their additional neurology training.

Section two provides guidance on conditions that are suitable for assessment by neurology trained RNs and Occupational Therapists. There are some neurological conditions deemed suitable for assessment by Registered Medical Practitioners or Physiotherapists only.

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

1. Conditions requiring assessment by a HCP with further Neurological Training.

- ☐ All HCPs trained in the provision of WCA advice can see a wide variety of conditions.
- ☐ **Registered Medical Practitioners** and **Registered Physiotherapists** can see **any neurological** condition.
- ☐ **Registered Nurses and Occupational Therapists** who have undertaken the relevant approved CHDA training, may see some neurological conditions, however there are some conditions (broadly grouped as Central Nervous System conditions) **that they are not approved to assess at this time.**
- ☐ **Registered Nurses and Occupational Therapists** who have not yet undertaken further **neurological training**, will not assess any neurological condition with physical sequelae, with the exception of epilepsy, narcolepsy and cataplexy.

1.1 Neurological Conditions Excluded from Assessment by a non neuro trained RN/OT

As indicated above RNs and OTs who have not undertaken further Neurological Training will not be able to assess neurological conditions with Physical sequelae.

This includes:

- ☐ Physical conditions arising from Central Nervous System Pathology
- ☐ Disorders of the Peripheral Nervous System such as:
 - Prolapsed Inter-vertebral Disc
 - Sciatica
 - Cervical Spondylosis
 - Thoracic Outlet Syndrome
 - Carpal Tunnel Syndrome
 - HAVS/VWF

Note: Non specific tingling or numbness with no evidence of neurological root origin can be seen by any HCP e.g. Raynauds, Hyperventilation syndromes etc.

1.2 Certain specific Neurological Conditions with no Physical sequelae that may be seen by a non neuro trained RN/OT

Certain neurological conditions can be assessed by RNs and OTs without additional Neurological Training as long as there are no physical neurological symptoms.

These include:

- ☐ Head or Brain Injuries displaying **purely** cognitive deficits.

Note if a person has sustained a Head or Brain Injury with Physical Neurological sequelae such as limb paralysis, this condition would have to be seen by a Registered Physiotherapist or Registered Medical Practitioner.

- ☐ Neurological Conditions giving rise to purely Mental Function problems such as Dementia/Alzheimers.
- ☐ Learning Difficulties where there are no other physical neurological conditions associated such as Cerebral Palsy
- ☐ Dizziness unless specifically related to a neurological condition that is excluded from assessment such as Multiple Sclerosis

2. Neurological Desk Aid Version - Physical Neurological Conditions

2.1 Conditions Suitable for Assessment by Registered Nurses and Occupational Therapists following suitable training

- Brachial plexus injury
- Carpal tunnel syndrome
- Cauda equina syndrome
- Cervical nerve root compression
- Cervical spondylosis
- Cervicalgia
- Essential Tremor
- Foot drop
- Lumbar nerve root compression
- Lumbar Spinal stenosis
- Lumbar spondylolisthesis
- Lumbar spondylolysis
- Lumbar spondylosis
- Meralgia paraesthetica
- Nerve entrapment syndrome
- Neuropathy
- Numbness & Tingling with dermatomal distribution reflecting peripheral nerve involvement
- Paraesthesia
- Peripheral neuropathy
- Polyneuropathy
- Prolapsed intervertebral disc
- Reflex Sympathetic Dystrophy/Complex Regional Pain Syndrome
- Sciatica
- Shingles (peripheral nerves)
- Slipped disc
- Tardive dyskinesia (purely as a side effect of medication only)
- Trapped nerve
- Vibration White Finger

2.2 Conditions Suitable for Assessment by assessment by Registered Medical Practitioners or Registered Physiotherapists only

- Acoustic Neuroma
- Amyotrophic lateral sclerosis
- Any spinal cord condition leading to Upper motor neurone signs
- Basilar migraine
- Bells Palsy
- Brain haemorrhage
- Brain tumour / Abscess
- Bulbar Palsy
- Cerebellar disorders
- Cerebral palsy
- Charcot Marie Tooth
- Dyspraxia
- Dystonia
- Guillain-Barre Syndrome
- Head injury with neuro sequelae
- Huntington's Disease.
- Hydrocephalus
- Idiopathic Intracranial Hypertension
- Learning difficulties (with neurological problems)
- Motor Neurone Disease
- 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.)
- Muscular Dystrophy
- Myasthenia Gravis
- Myelitis
- Myelopathy
- Neurofibromatosis
- Nystagmus
- Paraplegia
- Parkinson's disease
- Pituitary Tumour
- Polio
- Quadriplegia
- Shingles (cranial nerves)
- Spina bifida (including occulta)
- Spinal Cord Compression
- Stroke
- Sub Arachnoid Haemorrhage
- Syringomyelia
- TIAs
- Trigeminal Neuralgia
- Tourette's syndrome
- Wernicke's Encephalopathy/Wernicke-Korsakoff Syndrome

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