A REPORT ON PHYSIOTHERAPY SERVICES FOR CHILDREN AND YOUNG PEOPLE
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Introduction
There is a recognised difference in the centralised children’s services compared with the more localised adult services for those with neuromuscular diseases. At the young people’s unit at Martin House transition is a difficult time with uncertainties about the availability and working practices of physiotherapy services for adults. With funding from the DH as part of the £30million the physiotherapy services in Yorkshire and Humber were reviewed.

Method
Contacts were made from a number of sources, starting with known children’s services and an email questionnaire was sent. There was a small circulation of questions to users of the service.

Results
There was excellent completion circulated after contact had been established by the researcher.
- The paediatric service in the region is well coordinated with close links with respective neuromuscular teams.
- The challenge of identifying the different adult services highlighted the possible difficulties faced by people with a neuromuscular condition.
- There is variety in the provision and accessibility of adult services offered around the region.
- There is a limited review/monitoring service in place for adults with only 42% of teams offering this.
- 54% of adult teams are unable to provide on-going physiotherapy. They are usually goal-orientated and based on self-management which isn’t always appropriate in a progressive deteriorating condition.
- The lack of access to specialist physiotherapy in adult services is a problem for both community and hospice physiotherapists and patients.
- Provision of Hydrotherapy is an on-going issue.

Recommendations
- Consideration of a review/monitoring service for adults is needed.
- Consideration of a transition service is needed.
- There is a need to provide more access to specialist neuromuscular physiotherapists in adult services.
- A maintained and accessible database of adult services for these patients should be made available to assist referrers.