

Abstract

The term Orthosis is defined by the International Standards Organisation as "*An externally applied device used to modify the structural and functional characteristics of the neuro-muscular and skeletal system.*"

Several previous reports have identified considerable problems and inefficiencies in the NHS Orthotic Service. NHS Supplies have estimated that £80 million per year is spent on Orthotic Services - yet in the main the services remain disparate, poorly managed and lack accountability. This observation is supported by a lack of reliable information on the scope, nature and size of the Orthotic Service. The British Society of Rehabilitation Medicine (BSRM), decided that it was timely and relevant to further debate Orthotic Provision in England and Wales. Service provision in Scotland and Northern Ireland has not been considered in this report.

This report is not intended to be prescriptive in terms of service specification and operational policies. It is written to provide a framework within which deficiencies in service provision, training and education, as well as research and audit can be addressed. The report should be of interest to planners, commissioners and providers of services and those who use the service.

Orthotic Services generally receive a very low priority in the NHS. Prosthetic Services, which have many similarities with Orthotic Services, have been organised much more efficiently since their devolution to the NHS in 1991 following the recommendations made in the McColl Report. Major improvements are urgently needed for the provision of Orthotic Services in the NHS and are long overdue. We believe there is a need to consider Orthotic Provision as an holistic clinical service not just a means of supplying appliances or equipment. It is hoped that this report will encourage trusts and service commissioners to review their Orthotic Services and that it will assist in their development

Since the first report on the management of traumatic brain injury by the then Medical Disability Society, there has been increasing recognition of the effectiveness of brain injury rehabilitation. Conceptual differences between spontaneous recovery and the response to rehabilitation have been more clearly articulated. The current view is that spontaneous recovery is responsible for many of the improvements in impairment, but for only a modest proportion of associated improvements in disability and social outcome. Rehabilitation also addresses objectives such as understanding, readjustment and the acquisition of new physical, cognitive and social skills that are tangential to the plane of spontaneous recovery and call for different methods of assessment. In view of these developments, the BSRM Executive felt that it was time to update the previous report and set up a working party accordingly.

The terms of reference of the working party were to produce a brief report indicating the scale of the problems posed by traumatic brain injury and the range of resources required to manage brain injury effectively. It was intended to formulate the report in such a way as to define acceptable standards of practice as a guideline to those responsible for the planning, purchasing, implementation and monitoring of the rehabilitation of those who have had a significant brain injury. It is hoped that the report will also be helpful to voluntary organisations and the general public.

End of Abstract
