**Arm’s Reach Occupational Therapy Information Sheet**

**AROT: An overview**

Arm’s Reach Occupational Therapy (AROT) provides assessment, goal setting, intervention and information provision for people with an affected arm and hand after neurological injury e.g., stroke. Therapy focuses on improving function and independence and works with people in their own home environment. All services offered are in accordance with best practice guidelines. AROT can provide face to face therapy to those living in and around the Bath and Bristol area. AROT provides online therapy (including group therapy) e.g., via video call to UK residents who are suitable for remote working.

Whilst AROT aims to focus on the client’s arm and hand in function, it is recognised that there are many other components which affect how a person engages in daily activities. Additional assessment and intervention are therefore offered which work with other stroke-related impairments e.g. vision, neglect and how the brain processes information.

**About Jessamy Boydell, Occupational Therapist**

AROT is run by neurological Occupational Therapist (OT) Jessamy Boydell (MSc; MRCOT) who has specialised in the field of stroke since 2010. Jessamy has worked in both London and Bristol in hyper-acute, acute and in-patient rehabilitation NHS stroke settings. She has also worked in community neurology with people experiencing long term neurological conditions and as a private therapist offering rehabilitation to people living in the Bristol community: <https://www.armsreach-ot.co.uk/>. Jessamy is Lead Developer of TeleCIMT resources created by the TIDE Group: [www.telecimt.com](http://www.telecimt.com).

**What are the eligibility criteria for using the service?**

* upper limb dysfunction following a stroke and / or neurological injury\*
* the ability to identify (with or without help) functional therapy goals
* motivation to participate in intensive therapy
* the ability to partake in regular practice between sessions, with or without support
* additional impairments impacting on functional daily living\*\*

\* Interventions are also offered for people with a low level of upper limb movement return post-stroke.

\*\* AROT primarily addresses functional issues as a result of an affected upper limb. Other performance components such as memory, attention, neglect etc. can be assessed and treated where they occur alongside upper limb dysfunction.

**Who would be unsuitable for the service?**

* people with a completely flaccid affected upper limb with no movement or flickers
* people with insufficient support to practice between sessions if unable to do this independently
* people with poor motivation to engage fully in the rehabilitation process

**What AROT does not provide\***

* VAT exemption information
* assessment for minor or major adaptations of living environments
* respite or care services
* major equipment items or adaptations**\***

\*Where these services are required, AROT may signpost as part of a client’s therapy plan.

**Where is the service provided?**

* Usually, face-to-face visits take place in the client’s home and / or via remote therapy sessions (individuals and groups) over video call e.g., Zoom.

AROT adheres to the national guidelines on Covid-19 to minimise the risk to clients during all face to face meetings. All clients undergoing face to face in-put receive a full Covid-19 risk assessment prior to contact.

**What is included in the assessment process?**

Every client requires an initial assessment (approximately 1 hour)\*. Outcome measures capture each client’s baseline abilities and are reviewed in the same way at a later date. Initial assessment covers:

* Strengths and needs of the affected upper limb in function.
* A screen of additional neurological impairments which may impact on functional and upper limb ability.
* Goal setting to identify functional goals and feedback of recommended interventions.

Sometimes, additional assessment of other neurological impairments may be recommended after the initial assessment, particularly where these may be impacting the client’s use of their arm and hand in function. Clients can discuss this further before deciding whether to be further assessed or not.

\* AROT can provide assessment with report only, where requested.

**What interventions are offered by AROT?**

A range of interventions are offered for the low, medium and high-level functioning arm and hand. Interventions are chosen according to best-practice guidelines and client goals. Each therapy approach is provided in the context of the client working on their chosen functional goals. They include

* Constraint Induced Movement Therapy and TeleCIMT ([www.telecimt.com](http://www.telecimt.com))
* Mirror Therapy
* Graded Motor Imagery
* Assessment, fitting and therapy using various Saebo products to enable a higher intensity of therapy practice e.g. SaeboFlex, SaeboReach, SaeboGlove, SaeboStretch etc.
* Task-based, intensive repetitive therapy plans based on Movement Science principles
* Sensory Retraining
* Non upper limb-specific interventions e.g., for vision, perception, attention, apraxia etc.

**Service costs**

* Costs vary depending on whether clients are self-funding or funded by an outside source.
* Where possible, AROT may sometimes offer subsidised therapy for a limited number of clients on a low income who can provide evidence of same.
* Separate prices are included for: initial assessment; hourly therapy rates; therapy; reports.

**How to refer to AROT**

Please contact Jessamy Boydell on 07305453000 or at [info@armsreach-ot.co.uk](mailto:info@armsreach-ot.co.uk) for a referral form.