

# The Multidisciplinary Team (MDT) for MND

## Core Team



### Neurologist

- ✓ Assessment and management may include (applies to all other professions too)
- ✓ Weight, diet nutritional intake, feeding and swallowing
- ✓ Muscle problems eg stiffness, cramps (or GP for medication)
- ✓ Saliva problems (or GP for medication)
- ✓ Information and support needs



### Specialist Nurse

- ✓ Pain and other symptoms
- ✓ Information and support needs
- ✓ Oversight of all assessment areas



### Physiotherapist

- ✓ Muscle problems eg stiffness, cramps
- ✓ Physical function including activities of daily living
- ✓ Cough effectiveness
- ✓ Respiratory function and symptoms



### Occupational Therapist

- ✓ Weight, diet nutritional intake, feeding and swallowing
- ✓ Muscle problems eg stiffness, cramps
- ✓ Physical function including activities of daily living
- ✓ Speech and communication (to ensure systems can integrate)
- ✓ Cognition and behaviour



### Respiratory Physiologist

- ✓ Weight, diet nutritional intake, feeding and swallowing
- ✓ Speech and communication
- ✓ Respiratory function and symptoms



### Dietitian

- ✓ Weight, diet nutritional intake, feeding and swallowing



### Speech & language therapist

- ✓ Weight, diet nutritional intake, feeding and swallowing
- ✓ Saliva problems
- ✓ Speech and communication



### Palliative care expert

- ✓ Weight, diet nutritional intake, feeding and swallowing
- ✓ Muscle problems eg stiffness, cramps
- ✓ Saliva problems
- ✓ End of life needs



## The core MDT should have prompt access to:



### Clinical psychology and neuropsychology

- Cognition and behaviour
- Psychological support needs

### Social care

- Physical function including activities of daily living
- Social care needs
- Family and carer needs/carer assessment

### Counselling

- Psychological support needs

### Respiratory ventilation service

- Nocturnal oximetry/capnography

### Specialist palliative care

- End of life needs

### Gastroenterology

- Weight, diet nutritional intake, feeding and swallowing

### Orthotics

- Physical function including activities of daily living

### Wheelchair services

- Physical function including activities of daily living
- Speech and communication (to ensure systems can integrate)

### Assistive technology services

- Physical function including activities of daily living
- Speech and communication

### Community neurological care teams

- Coordinated care (outside of clinic)

Patient information, support needs and advance care planning are the responsibility of the whole team.