the brightwell

a centre for neurological wellbeing & physical recovery

Bradbury House
Wheatfield Drive
Bradley Stoke
Bristol, BS32 9DB

01454 201 686
hello@thebrightwell.org.uk
www.thebrightwell.org.uk

COVID-19 Safety measures

To help minimise the risks of COVID - 19 for you and the team at the Centre everyone must wear a fitted face mask, or visor, while in the building, unless they are exempt due to a medical condition or are under the age of 11 years old.

If you are attending oxygen therapy this should be the mask that you wear during your session. If you don't have your own oxygen mask we will bring you a sterilised mask to put on before you enter the building.

For those attending physio you can wear any fitted face covering you feel comfortable in and we will provide you with a sterilised, full face visor to wear during your session.

If you arrive at the Centre without a face mask, we have single use masks that you can buy, from reception, for £1.

We have put in place many new protocols to help combat the spread of COVID - 19 and we recommend that you familiarise yourself with these before your first visit to The Brightwell.

Our full procedures can be found on our website www.thebrightwell.org.uk

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a partnership of

The West of England MS Therapy Centre

BRISTOL THERAPY CENTRE

The Brightwell is a partnership of the following organisations that support people with neurological conditions:
The West of England MS Therapy Centre Limited - Charity No 80115
The Bristol Therapy Centre Ltd - Company No 08193674
Joint Registered Offices at Bradbury House, Wheatfield Drive, Bradley Stoke, Bristol BS32 9DB

The West of England Multiple Sclerosis (MS) Therapy Centre
has been caring for people with MS, and their families, for 35 years.

Founded in Nailsea in 1985 we moved to a larger, fully accessible building in Bradley Stoke in 2012. Our new home allows us to provide therapies and vital support to people living with all types of neurological conditions in a friendly and professional environment.

OUR AIM

Is to provide a strong and effective community, devoted to the care and support of people with neurological conditions, their families and carers in the greater Bristol area.

We achieve this by offering therapies, services and support, all designed to improve our members quality of life, in a purpose built, modern therapy centre.

THE BRIGHTWELL IS

- A relaxed, happy and caring space, where people can share their experiences, build friendships and access support when it is needed.
- An accessible building providing therapies and support services by qualified professionals.
- A place where the members, volunteers and staff are the cornerstones of a thriving and vibrant community.
- A hub for self-help and positivity.

Chairman of Trustees:

Paul Spaven was elected chair of The West of England MS Therapy Centre in 2019

The Centre's Oxygen Coordinator and Senior Operator:

Angela Ball has been a Centre Member since 1996

Registered Manager:

Doro Pasantes who became Centre Manager in 2009

BECOMING A MEMBER

Anyone with a neurological condition can join the Centre by paying a small annual subscription of £35.

We fundraise to subsidise therapies for our members and this helps to keep the suggested contribution for each therapy session low.

When you have read, completed and submitted the paperwork in this pack, you will be called by a therapist who will go through some covid screening questions with you and then offer you a risk assessment slot.

The suggested contribution for this first assessment is £30 . If you then wish to become a Member of the Centre and make the most of the subsidised therapies, you will be asked to pay for your annual subscription.

The Centre does not carry out means testing for Members. We do ask you to make the suggested contributions towards the therapies so that we can continue to offer the variety of therapies and number of sessions available, to a larger number of people like you, who will benefit from these.

There are over 600 types of neurological conditions, which are broadly categorised as:

Sudden onset conditions

e.g. Stroke, brain or spinal cord injury

Intermittent and unpredictable conditions

e.g. Fibromyalgia, ME, migraines, or the early stages of multiple sclerosis

Progressive conditions

e.g. motor neurone disease, Parkinson's disease, or later stages of multiple sclerosis

Stable neurological conditions

e.g. post-polio syndrome, or cerebral palsy in adults

SOURCE: NHS England

WHAT IS A NEUROLOGICAL CONDITION?

A neurological condition occurs when there is damage to the nervous system. This is often caused by an injury or an illness.

This kind of damage can affect the spinal cord, nerves, brain and muscles.

A neurological condition ***can affect anyone*** of any age and any ethnicity, it can also affect people at any time in their lives.

Some conditions are incurable, some last a lifetime whilst others can be life-threatening.

SOURCE: NHS England

"I joined the Centre in May 2018 and the difference it has made to my life I just can't believe. You get ***all the help and support needed***, both physically and mentally, everyone is so friendly; it makes me feel I am part of a very special family."

Valerie

OXYGEN THERAPY AT THE BRIGHTWELL

WHAT IS OXYGEN THERAPY?

The air you normally breath consists of 21% oxygen, 78% nitrogen and the remaining 1% is comprised of carbon dioxide and noble gases.

Oxygen Therapy is breathing higher dose oxygen, over 98%, inside a pressurised chamber.

You experience atmospheric pressure everyday and the extra pressure you will feel is small, no more than what you feel in a commercial aeroplane.

HOW DOES IT WORK?

Oxygen is often taken for granted but it has a massive effect on the healing process. The cells in our body use oxygen to transfer the energy stored in food to a usable form.

With a neurological condition like Multiple Sclerosis, where your **immune system is attacking your own central nervous** system, much of that energy is consumed by this struggle leaving other cells lacking the energy needed to heal and regenerate.

Breathing a higher concentration of oxygen can give these cells the extra boost they need. The additional benefit of being at pressure forces your blood to absorb more oxygen.

Recent clinical trials have suggested that oxygen therapy is also of benefit in **reducing inflammation and pain perception**. Wahl, Bidstrup, Werner Et.al., in the *Journal of Pain Research,* showed that just one session of oxygen therapy provided anti-inflammatory and analgesic effects.

WHAT HAPPENS DURING AN OXYGEN SESSION?

Oxygen therapy is simple and non-invasive, you will be seated in a purpose built chamber with others. To maintain social distancing we have limited the chamber to just four people and outside the chamber are two trained operators. You will enter the Centre wearing your oxygen mask and once in the chamber you then attach the supply and exhaust pipes. The whole time you are in the chamber you will be on a separate air supply to everyone else. The session is conducted in three stages;

COMPRESSION

After the chamber door is closed there will be some noise as air is added and the pressure increased. It will get warmer and you will feel a fullness in your ears, similar to when an aeroplane descends. You may need to equalise your ears to avoid any discomfort.

BREATHING OXYGEN

You'll start breathing higher dose oxygen as soon as the chamber door is closed and you'll receive oxygen for 1 hour. Of this time 45 minutes will be at pressure.

All you need to do is breathe normally.

DECOMPRESSION

Your operator will let you know that the session is complete .

The chamber will then be depressurised which may again require you to equalise your ears.

You will continue to wear your mask but you will be breathing normal air.

HOW TO GET THE MOST FROM YOUR OXYGEN THERAPY

Before you begin oxygen therapy expect to commit to an initial course of between 15 to 20 sessions, this will usually consist of 1 session per day, over the course of 5 days for 3 or 4 weeks.

Your first sessions will start at the lowest pressure, P2, working up to the highest level at a pace you feel comfortable with.

Occasionally it isn't feasible to attend every day and in those instances we will work with you to organise as many sessions, as close together as possible, to help maximise the potential effectiveness of your therapy.

When you are in the chamber wear comfortable, loose fitting clothes. Some of our members find it beneficial to wear layers as the chamber can become quite warm during the course of a session.

When the pressure increases in the chamber you will need to equalise your ears just as you would do on an aeroplane. There are a number of ways to do this;

- Swallow; this is usually the most effective method
- Blowing your nose, while holding it and your mouth closed
- Move your jaw from side to side, then forward and back
- Try to force a yawn
- Taking sips of water; you will need to bring a plastic bottle of still water with you

Don't worry if you can't clear your ears at first, let the operator know straight away and they will slow, or stop, the pressurisation. There will always be an operator available to help.

As you are wearing your mask for the entirety of the session it will be difficult to talk and the noise will make it tricky to hear. Most people, during the session, listen to something through their headphones or read a book to keep themselves entertained.

You can bring your mobile phone, tablet or laptop into the chamber; there is free Wi-Fi, but we do recommend you download any programmes you'd like to watch beforehand.

If you have any questions, Angela, or any other team member will be happy to help.

KEY TO PRESSURES		
P 2	1.5 ata	
P 3	1.75 ata	
P 4	2 ata	
Normal atmospheric pressure = 1 ata (atmospheres absolute)		

Timetable valid from **Tuesday 1st September 2020**, call 01454 201 686 to book

	09:00	10:45	12:30	14:15	16:00
MONDAY	P 3	P 3	P 4	P 2	P4
TUESDAY	P 4	P 4	P 3	P 4	P4
WEDNESDAY	P 4	P 3	P 3	P 4	P4
THURSDAY	P 4	P 2	P 3	P 4	P3
FRIDAY	P 2	P 4	P 3	P 4	P4

IMPORTANT INFORMATION ABOUT OXYGEN THERAPY

Under proper supervision the risks of oxygen therapy are very minimal. The most common side effect is ear pain and users are monitored closely for this. Other side effects may include;

- **Otic Barotrauma (pain in the ears or sinuses):** Some people may experience pain in their ears or sinuses. If you are not able to equalize your ears or sinuses, the pressurisation will be slowed or halted, and suitable remedies will be advised. **Please note** - should you be suffering from a cold or other condition affecting your sinuses, you are advised for your own comfort, to avoid coming for oxygen therapy until the condition has cleared up. This will also help to ensure that Centre members with compromised immune systems are not put at risk

- **Serous Otitis**: Fluid in the ears sometimes accumulates because of breathing high concentrations of oxygen. It may occasionally feel like having a "pillow over the ear." This disappears soon after therapy ceases and can often be eased with decongestants.

- **Visual Changes: blurring, worsening of near-sightedness [myopia], temporary improvement in far-sightedness [presbyopia]:** After 20 or more oxygen sessions, especially for those over 40 years old, some people may experience a change in their vision. This is usually temporary, and, in most people, vision returns to its pre-therapy level about six weeks after the cessation of therapy. It is not advisable to get a new prescription for glasses or contact lenses until at least eight weeks after your final oxygen session.

- **Cataracts:** Individuals with cataracts have, very occasionally, had a maturing or ripening of the cataract(s).

- **Cerebral Air Embolism and Pneumothorax:** Whenever there is a rapid change in ambient pressure, there is the possibility of rupture of the lungs with escape of air into the arteries or into the chest cavity outside the lungs. This can only occur if the normal passage of air out of the lungs is blocked during decompression. The rate of decompression in our oxygen sessions is very slow to avoid this possibility. It is important that you breathe normally during treatment and do not hold your breath.

- **Fatigue:** Some people may subjectively feel fatigue following therapy, but this is not a consistent finding.

Allergies

Some oxygen masks, hoods or the seals used at the Centre may contain latex or other allergic materials. If you have any allergies please advise a member of the oxygen team and we will source a suitable alternative.

Consent

When you sign the membership form on page 34 you agree the following;

> 'I have read and understood the potential side-effects of oxygen therapy. I will abide by any instructions given by the chamber operator prior to and during the session to ensure that the therapy is safe and comfortable for both myself and other members.'

MORE THERAPIES, CLINICS & SERVICES AT THE BRIGHTWELL

Many members routinely benefit, physically and mentally, from the use of complimentary therapies. Therapists based here are subsidised by the charity so are cheaper than those in private practice. Each therapist is happy to talk to you about what they do and the desired outcomes. Our therapists are fully trained, and certified, in their field and all have completed an extensive Covid - 19 Risk Assessment before returning to The Brightwell.

COVID-19

Currently clinics and therapies are running at a reduced capacity with all appointments staggered to comply with social distancing requirements.

To assist us with this please aim to arrive at least 15 minutes before any appointment. This gives us time to carry out the correct procedures.

Thank you in advance.

PHYSICAL THERAPIES

ACUPUNCTURE

REFLEXOLOGY

AROMATHERAPY

SPORTS MASSAGE

FOOT HEALTH

HYPNOTHERAPY

CLINCS & SUPPORT

BLADDER & BOWEL CONFIDENCE

BOTOX FOR SPASTICITY CLINIC
(NHS run clinic, appointments by referral)

AAA CLINIC
(NHS run clinic, appointments by referral)

EMPLOYMENT & BENEFITS ADVICE

MS NURSE
(North Somerset residents)

TALKING THERAPIES

MINDFULNESS

COUNSELLING

These are available at the Centre or we can arrange for a one-to-one Zoom appointment

SOCIAL

Current circumstances have impacted how we socialise at the Centre. So, just for the moment, we have closed the little kitchen area and members aren't able to congregate in the building. You are welcome to chat in the therapy garden with all social distancing measures maintained and a fitted face mask worn.

To keep the community feel of The Brightwell alive and to give members a way to support each other during this time we have started a private Facebook group called 'Brightwell Chat'. This is an online place where members are free to discuss life, problems, fears, cooking tip or just swap terrible jokes!

PHYSIOTHERAPY AT THE BRIGHTWELL

Each of our physiotherapists are members of the Chartered Society of Physiotherapy and registered with the Health & Care Professions Council, as well as being members of the Association of Physiotherapists with a Special Interest in Neurology. The department also benefits from the support of a brilliant and dedicated team of physio assistants.

TYPES OF PHYSIOTHERAPY

- **Individual treatment sessions**
  - By appointment
  - Can be weekly/fortnightly/monthly or as needed
  - With agreed aims and goals

Anyone attending individual treatments will have to wear a fitted face mask, we will provide a sterilised visor for you to wear as required for the duration of your session.

- **Exercise classes**
  - Aim to maintain and improve:
    - Normal patterns of movement
    - Balance and co-ordination
    - General fitness
  - Encourages group interaction
  - Finishes with guided relaxation
- **Group physiotherapy**
  - More individual support from a therapist
  - Exercises tailored to the groups collective needs: e.g. upper arm strength, balance

Before undertaking any kind of physiotherapy, whether virtual or physical, all members first have to complete a consent form. We would prefer you visit or website to complete this thebrightwell.org.uk/consent. or you can complete the attached form. Once you've returned this along with the subjective assessment one of the team will contact you to arrange a virtual assessment this will then be followed by a face to face assessment.

THE AIMS OF PHYSIOTHERAPY

- **Prevent or reduce**
  - Muscle spasms
  - Ataxia
  - Secondary problems
- **Maintain and Improve**
  - Joint mobility
  - Muscle power
  - Balance and co-ordination
  - Normal patterns of movement
  - Function
  - General Fitness
- **Provide general advice and support when individuals need it most**

SOME OF OUR GYM EQUIPMENT

- Tilt table
- Passive/Active exercise bikes
- Parallel bars
- Standing /walking frames including the Evolve-Shadow and Easyglide 6000
- Balance master
- Balance trainer
- Cross trainer
- Vibro - Gym
- Exercise with oxygen therapy
- Boccia equipment

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Follow us on social media

@MSTC_Bristol

@MSTCBristol

mstherapybristol

In this section you will find the following forms for you to fill out and return.

NEW MEMBER REGISTRATION
PRIVACY STATEMENT
SUBJECTIVE ASSESSMENT
GP NOTIFICATION
MEMBERSHIP AGREEMENT
CANCELLATION POLICY
YOUR MEMBERSHIP

You only need to fill in any sections that apply to you.

Don't worry if you can't remember exact dates, the purpose of the subjective assessment is for you to describe how you feel, there are no wrong answers.

If you have any questions about these forms please call us, or email, and we will do our best to help.

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Member Name:

Date of birth:

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NEW MEMBER DETAILS

The purpose of this is to ensure we have all the necessary information regarding your condition. This will help us to establish which therapies at the Centre could be the most beneficial for you and what, if any, assistance you may require when you are here.

Please complete this form in block capitals and in black ink. We ask you to complete this form yourself to help keep The Brightwell COVID secure by minimising the amount of in-person contact needed. Thank you for your assistance.

STRICTLY PRIVATE & CONFIDENTIAL

NHS number		Date of birth	D D / M M / Y Y Y Y
Title	Mr. / Mrs. / Miss / Ms. / Dr. / Other		
First name		Surname	
Address			
		Postcode	
Mobile No		Landline	
Email			
Ethnicity		We ask as some of the trusts we receive funding from require this information	
Emergency contact		Emergency tel.	
GP name		GP tel.	
GP Surgery			
Consultant name		Consultant tel.	
Care Agency		Care agency tel.	
How did you hear about The Brightwell?			
Are you currently in employment?		YES / NO	Full time / Part time
Do you volunteer anywhere?		YES / NO	Where?

Member Name:

Date of birth:

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PAST MEDICAL HISTORY

please tick any that apply

Primary Condition		
Date of diagnosis		
Other conditions		
Allergies		

Epilepsy		Circulatory problems i.e. DVT	
Diabetes / Hypoglycemia		Serious illness / operations	
Heart conditions		Upper respiratory conditions	
COVID - 19		Ear / Sinus issues	
History of cancer		Sudden weight change	
Have you been advised not to fly?		On immunosuppressant medication i.e. high dose steroids or Disease Modifying Therapies	
Smoker (present / past)			

Are you currently taking part in any clinical or hospital studies	
If yes, please specify	
Please list any major illnesses / operations / conditions	

If you have Multiple Sclerosis (MS), What type do you have?
please tick whichever applies

Relapsing / remitting (RR)		Primary progressive	
Secondary progressive		Benign RR	
Static			

Privacy Statement

At The Brightwell we are committed to protecting and respecting your privacy.

Why do we need your personal and sensitive health information?

It enables our Centre staff to discuss and assess you so that we can provide you with the most appropriate and suitable therapy options available. Our legal basis for processing your personal and your health information is covered by Legitimate Interest: Article 6(1)(f) and special category (sensitive/health data) Article 9(2)(d) of the General Data Protection Regulation 2018.

Who has access to your information?

The information you provide is processed by Centre staff members only, securely stored and retained on the Centre's electronic database and therapy booking system. This database cannot be accessed remotely.

How your information be used?

Your information will be used only for the following purposes;

- assessing and reviewing your individual needs and suitability for therapy
- to monitor the effectiveness of any therapy and/or any treatment plan
- evaluating the outcomes of service activities and/or therapy interventions
- for personal identification on our therapy booking system which enables you to book appointments at the Centre
- administration purposes, to keep you updated with schedule changes and/or service developments

Our Privacy Policy is available on request. Please ask for a copy from the main office.

Your consent is required for specific aspects of what we do, please **read and initial** the following statements only if you **agree** to provide your consent.

	Initial here if you consent
Health & Safety: Where and if necessary, I consent to being transferred by a patient transfer hoist or other recognised procedure as may be required on an emergency basis. I confirm that I am aware that the Centre's policies require that I provide for physical, or any other assistance, I may require under normal circumstances.	
General Practitioner/Consultant Notification: I consent for my GP and/or Consultant to be notified (in writing) that I have approached the Centre for therapy and for confirmation of my diagnosis/condition/s.	
Electronic communication: I consent for my details to be added to the Centre's digital mailing list. **Please note**; this is our preferred method of communication and has been a vital tool in helping us stay connected with members during lockdown you will also receive newsletters plus details and information on special events and fundraising activities.	
Photography: I consent for my picture/video to be taken and used for the Centre's service reporting purposes and/or in the marketing of services.	
Benefits of Therapies: I fully understand that the benefits of therapies/activities will also depend on my lifestyle, on-going medication and general health. I understand that if I have not given the correct details or have failed to provide all relevant and appropriate information the effects of therapy could be nullified or lessened.	

Member Name:

Date of birth:

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HISTORY OF YOUR CONDITION

please complete this section to the best of your recollection

	DATE	BRIEF DESCRIPTION
When and how did your symptoms begin?		
What event, symptoms or triggers led to your diagnosis?		
How were you diagnosed? (lumbar puncture, MRI)		
How have your symptoms progressed since diagnosis?		

Member Name:

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SYMPTOMS - please answer yes or no

1. FATIGUE Are you affected by fatigue ☐

What affects your fatigue?

Heat ☐ Cold ☐

Stress ☐ Physical activity ☐

Anything else?

---

2. VISION Do you have any problems with, - please answer yes or no;

Reading ☐ Distance ☐

Double vision ☐ Blurred vision ☐

Eyeball quivers ☐

Other, please specify _____

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3. HEAD / NECK / FACE

	Type of Pain i.e. shock, sharp, electric, bruise etc.	**Frequency** i.e. constant/ intermittent	**Intensity** 0 = none 10 = extreme
HEAD			1 2 3 4 5 6 7 8 9 10
NECK			1 2 3 4 5 6 7 8 9 10
FACE			1 2 3 4 5 6 7 8 9 10
	Pins & needles	**Frequency**	**Intensity**
HEAD			1 2 3 4 5 6 7 8 9 10
NECK			1 2 3 4 5 6 7 8 9 10
FACE			1 2 3 4 5 6 7 8 9 10
	Numbness	**Frequency**	**Intensity**
HEAD			1 2 3 4 5 6 7 8 9 10
NECK			1 2 3 4 5 6 7 8 9 10
FACE			1 2 3 4 5 6 7 8 9 10

Member Name:

Date of birth:

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3. HEAD / NECK / FACE continued

	General area	Frequency	Intensity 0 = none 10 = extreme
HEADACHES			1 2 3 4 5 6 7 8 9 10
SPASMS			1 2 3 4 5 6 7 8 9 10
WEAKNESS			1 2 3 4 5 6 7 8 9 10

Please note any other issues with your head, face or neck;

4. TRUNK / BACK

	Type of Pain i.e. shock, sharp, electric, bruise etc.	Frequency i.e. constant/ intermittent	Intensity 0 = none 10 = extreme
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10
	Pins & needles	**Frequency**	**Intensity**
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10
	Numbness	**Frequency**	**Intensity**
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10

Member Name:

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4. TRUNK / BACK continued

	Tightness	Frequency	Intensity
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10
	Weakness	**Frequency**	**Intensity**
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10
	Spasms	**Frequency**	**Intensity**
CHEST			1 2 3 4 5 6 7 8 9 10
SHOULDERS			1 2 3 4 5 6 7 8 9 10
LOWER BACK			1 2 3 4 5 6 7 8 9 10
ABDOMEN			1 2 3 4 5 6 7 8 9 10

Please note any other issues with your trunk / back in the space below?

5. ARMS & HANDS

	Type of Pain i.e. shock, sharp, electric, bruise etc.	**Frequency** i.e. constant/ intermittent	**Intensity** 0 = none 10 = extreme
LEFT ARM			1 2 3 4 5 6 7 8 9 10
LEFT HAND			1 2 3 4 5 6 7 8 9 10
RIGHT ARM			1 2 3 4 5 6 7 8 9 10
RIGHT HAND			1 2 3 4 5 6 7 8 9 10

Member Name:

Date of birth:

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	Pins & needles	Frequency	Intensity
LEFT ARM			1 2 3 4 5 6 7 8 9 10
LEFT HAND			1 2 3 4 5 6 7 8 9 10
RIGHT ARM			1 2 3 4 5 6 7 8 9 10
RIGHT HAND			1 2 3 4 5 6 7 8 9 10
	Numbness	**Frequency**	**Intensity**
LEFT ARM			1 2 3 4 5 6 7 8 9 10
LEFT HAND			1 2 3 4 5 6 7 8 9 10
RIGHT ARM			1 2 3 4 5 6 7 8 9 10
RIGHT HAND			1 2 3 4 5 6 7 8 9 10
	Weakness	**Frequency**	**Intensity**
LEFT ARM			1 2 3 4 5 6 7 8 9 10
LEFT HAND			1 2 3 4 5 6 7 8 9 10
RIGHT ARM			1 2 3 4 5 6 7 8 9 10
RIGHT HAND			1 2 3 4 5 6 7 8 9 10
	Spasms	**Frequency**	**Intensity**
LEFT ARM			1 2 3 4 5 6 7 8 9 10
LEFT HAND			1 2 3 4 5 6 7 8 9 10
RIGHT ARM			1 2 3 4 5 6 7 8 9 10
RIGHT HAND			1 2 3 4 5 6 7 8 9 10
	Loss of use	**Frequency**	**Intensity**
LEFT ARM			1 2 3 4 5 6 7 8 9 10
LEFT HAND			1 2 3 4 5 6 7 8 9 10
RIGHT ARM			1 2 3 4 5 6 7 8 9 10
RIGHT HAND			1 2 3 4 5 6 7 8 9 10

Do you have any swelling or skin issues? - please specify

Are there any other issues with your arms or hands? - please specify

Member Name:

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6. LEGS & FEET

	Type of Pain i.e. shock, sharp, electric, bruise etc.	**Frequency** i.e. constant/ intermittent	**Intensity** 0 = none 10 = extreme
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10
	Pins & needles	**Frequency**	**Intensity**
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10
	Numbness	**Frequency**	**Intensity**
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10
	Weakness	**Frequency**	**Intensity**
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10
	Spasms	**Frequency**	**Intensity**
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10

Member Name:

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6. LEGS & FEET continued

	Loss of use	Frequency	Intensity
LEFT LEG			1 2 3 4 5 6 7 8 9 10
LEFT FOOT			1 2 3 4 5 6 7 8 9 10
RIGHT LEG			1 2 3 4 5 6 7 8 9 10
RIGHT FOOT			1 2 3 4 5 6 7 8 9 10

Do you have any swelling or skin issues?

Are there any other issues with your legs or feet? - please specify

7. WALKING

Are you able to walk unaided?	Always / Mostly / Sometimes / Never
Do you ever use a wheelchair inside?	Always / Mostly / Sometimes / Never
Do you ever use a wheelchair outside?	Always / Mostly / Sometimes / Never

If so what size in inches? | Is it a tilt in space / transit

Do you use any aids, or support, for walking? tick any that apply

Supervision		Assistance	
Stick or crutches		Wheeled rollator	
Zimmer / Parallel bars		None	

How long can you walk before having to stop on a 'good' day?

Is that with or without a walking aid? With / Without

8. BALANCE

Do you have any problems with;

Dizziness | Unsteadiness

Any other issues with balance, such as a fall, or near fall? - please specify

Do you have problems with balance, or do you feel light-headed when standing from a sitting position?

How do you rate your balance when standing?	Poor / Fair / Good	**How do you rate your balance when sitting?**	Poor / Fair / Good

Member Name:

Date of birth:

THIS SECTION IN BLUE FOR OFFICE USE ONLY

9. CO-ORDINATION

Have you any problems with co-ordination? ☐

Such as tremor / shaking / dysmetria / gait / postural sway

If yes please provide a few details. _____

_____

_____

10. CONTINENCE

Do you have any issues with your;

Bladder - tick all that apply

Urgency ☐ Frequency ☐ Incontinence ☐ Retention ☐

Bowel - tick all that apply

Urgency ☐ Frequency ☐ Incontinence ☐ Retention ☐

Diarrhea ☐ Constipation ☐

Do you require any assistance to use the toilet?

Independent ☐ Supervision ☐ Assistance ☐

Do you use an appliance? Such as a catheter or supra pubic, please provide details.

_____

_____

Would you like a referral to our bladder & bowel confidence clinic? ☐

11. ORAL / RESPIRATORY ISSUES

Do you struggle with any of the following? - please provide brief details

Speech and/or formulating words _____

Swallowing _____

Breathing _____

Do you ever choke? _____

Member Name:

Date of birth:

THIS SECTION IN BLUE FOR OFFICE USE ONLY

12. SLEEP

Do you have problems getting to sleep?

Do you often wake in the night?

Do you need to empty your bladder during the night?

Do you have pain when you wake up in the morning?

If you wake in the night, what wakes you?

Pain ☐ Bladder ☐ Other

13. CIRCULATION

Do you have, or have you ever had, an embolism or thrombosis?

If yes, when and how many

Are you taking any medication for this?

If so, which medication ?

Do you have any other circulatory issue?
i.e. Raynaud's disease, claudication

If yes please specify

Are you susceptible to;

Cold hands

Cold Feet

Do you have any area where you feel unusually hot?

Where?

14. PRESSURE SORES

Do you have any pressure sores at the moment?

Are you currently receiving treatment for them?

Please specify

Member Name:

Date of birth:

THIS SECTION IN BLUE FOR OFFICE USE ONLY

15. COGNITION

Have you noticed any changes in your;

Short-term memory	
Long-term memory	
Concentration	

Are there any cognitive issues you'd like to share, i.e; attention / problem solving etc…

16. WELL BEING - please remember that this form is strictly confidential

How would you describe your general well being?

Are you feeling low or depressed?

Do you feel anxious / irritable / agitated / stressed or lacking in motivation?

Are you taking any medication to help with this?	
Would you like information on talking therapies at the Centre?	

Member Name:

Date of birth:

THIS SECTION IN BLUE FOR OFFICE USE ONLY

17. AT HOME

In what type of home do you currently live?

House		No. of stories		Flat		Floor	
Bungalow				Care home			

If you have to, how do you climb stairs?

Banisters		Stair lift		Through lift		Other	

Do you live with family / partner?

Do you have a carer?

18. Are you a member of any associations or societies specific to your condition? **Y / N**

If yes, which ones? _____

_____

_____

19. How do you intend to travel to the Centre _____

_____

WHICH THERAPIES & SERVICES ARE YOU INTERESTED IN AT THE CENTRE?

Please mark in order of preference, with '1' being the one you are most interested in

Acupuncture		Bladder health		Chiropody		Benefits help	
Counseling		Exercise class		Hypnotherapy		Mindfulness	
MS Nurse		Oxygen		Physiotherapy		Reflexology	
Group class							

ARE YOU RECEIVING SUPPORT FROM ANY OF THE FOLLOWING?

MS Nurse		Approximate date last seen	
Physiotherapist		Approximate date last seen	
Occupational therapist		Approximate date last seen	
Speech therapist		Approximate date last seen	
Continence nurse		Approximate date last seen	

PHYSIOTHERAPY AND COVID-19

Before you attend any physiotherapy appointment at the Centre we recommend you familiarise yourself with the **'Physiotherapy Operating Procedures'** and the **'COVID -19'** documents available on our website at thebrightwell.org.uk/physio You will also find a short video that shows you what to expect when you visit.

Further down the page is the online consent form that we require you to complete before you are offered a face to face or virtual appointment.

We know this is a lot of information for anyone to absorb and please be assured we understand how daunting all of this can seem. If you need any help call us on 01454 201 686 and we will do our best to talk you through the steps. The measures we've put in place have been recommended by the Chartered Society of Physiotherapist as the safest way for physiotherapy to continue during the COVID-19 outbreak.

What to expect if you are offered a face to face appointment;

- Your therapist will check that you are not displaying, or feeling any of the main symptoms of COVID-19
- You will need to wear your own fitted face mask throughout your time inside the Centre
- We will provide you a sanitised face shield to wear in addition to your mask
- If you are unable to wear a fitted face mask for any reason we will bring you a face shield to put on before you enter the Centre, this should be returned to us by placing it in the box in the foyer as you leave the building
- Your forehead temperature will be taken and if this is more than 38°C, your therapy session will be terminated immediately
- You will follow general advice on social distancing and hand hygiene, hand sanitising gel is available throughout the physiotherapy gym and the Centre

Full PPE, as advised by Public Health England, will be used by your therapist. This includes single use disposable gloves, single use disposable plastic apron, single or sessional use fluid-resistant (Type IIR) surgical mask, single or sessional use eye/face protection.

UNDER NO CIRCUMSTANCE SHOULD YOU VISIT THE BRIGHTWELL IF YOU ARE EXHIBITING ANY OF THE SYMPTOMS OF COVID-19

The main symptoms of Covid-19 are:

- **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **a loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with coronavirus will have at least one of these symptoms.

CONSENT FORM

If you have **ANY** of the main symptoms of COVID-19 you must;

- Stay at home (self-isolate) - do not leave your home or have visitors. Anyone you live with and anyone in your support bubble must also self-isolate

- Get a test - Get a test to check if you have COVID-19 as soon as possible . Anyone you live with and anyone in your support bubble should also get a test, do not visit the Centre while you await your test results

To book a test visit https://www.nhs.uk/ask-for-a-coronavirus-test

You are at a higher risk (Clinically Extremely Vulnerable) of contracting COVID-19 if you have any of the conditions listed below, please check any and all that apply.
Please note this list may not include everyone who is at a higher risk. To view the most up to date guidelines visit; gov.uk/guidelines (section 9)

- ☐ Had an organ transplant
- ☐ Currently undergoing chemotherapy, antibody treatment or immunotherapy
- ☐ Are taking Tecfidera or any other Disease Modify Drugs
- ☐ Are having radical radiotherapy for lung cancer
- ☐ Are having targeted cancer treatments that may affect your immune system
- ☐ Have blood or bone marrow cancer (i.e. leukaemia, lymphoma or myeloma)
- ☐ Have had a bone marrow or stem cell transplant in the past 6 months or are taking immunosuppressant medicine
- ☐ Have been told that you have a severe lung condition (i.e. cystic fibrosis, severe asthma, or severe COPD)
- ☐ Have a condition that means you have a high risk of infections (SCID or sickle cell)
- ☐ Are taking a medicine that makes you much more likely to get infections (high doses of steroids, immunosuppressant medicine)
- ☐ Have a serious heart condition AND are pregnant
- ☐ None of the above

If you are at a high risk from COVID-19 you will receive a letter from the government which will set out the details of what to expect during tier restrictions or lockdowns. Generally the advice is for you to stay at home as much as possible, though you are encouraged to go outside for exercise.

If you think you should have been contacted but haven't been speak to your regular GP or hospital care team.

If you are at high risk we may not, at this time, offer you a face to face appointment at the Centre but we will provide other options, such as virtual appointments or self management tools, to help you manage your condition.

You are at moderate risk (Clinically Vulnerable) of contracting COVID-19 if you have any of the conditions listed below, please check any and all that apply. Please note this list may not include everyone who is at moderate risk. To view the most up to date guidelines visit; gov.uk/guidelines (section 9)

☐	Are aged 70 or older
☐	Have lung condition that is not severe (such as asthma, COPD, emphysema or bronchitis)
☐	Have heart disease (such as heart failure)
☐	Have diabetes
☐	Have chronic kidney disease
☐	Have a liver disease (e.g. hepatitis)
☐	Have a chronic neurological condition (for example; Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
☐	Have a condition that means you have a high risk of getting an infection
☐	Are taking medicine that can affect the immune system (like low dose steroids)
☐	Have a body mass index (BMI) of 40 or above
☐	Are pregnant

If you are at moderate risk from COVID-19 it is very important that you follow the government advice on trying to remain in your home as much as possible, when you do leave you must maintain social distancing measures and wear a face mask. Unlike people who are high risk you will not receive a letter from the government.

If you are offered face to face therapy at the Centre the following will happen before every session;

- Your therapist will ask some COVID-19 screening questions before you enter the treatment area
- Everyone who enters the building must wear a fitted face mask for the duration of their time here. During your physio appointment we will provide you with a sanitized face shield to wear over your mask
- Your temperature will be taken and if it is more then 38˚C your therapy session will be terminated and you will have to leave the building
- Social distancing is to be maintained and hand sanitizing gel is provided throughout the Centre

In addition your therapist will wear the recommended PPE to protect both themselves and you.

By signing this consent you agree that you understand;

- The mechanisms and risks of transmission and exposure to COVID-19
- The nature of close contact during a physiotherapy session
- Infection prevention and control measure taken as set out in both the physiotherapy operating procedures and Centre operating procedures
- The risks associated with a face to face appointment

Signature			
Print name		Date	

The Brightwell
Bradbury House, Wheatfield Drive,
Bradley Stoke, BS32 9DB

01454 20 16 86

hello@thebrightwell.org.uk
www.thebrightwell.org.uk

STRICTLY CONFIDENTIAL

GENERAL PRACTITIONER INFORMATION FORM

Your patient would like to access therapy at The Brightwell to help them manage their condition more effectively.

So that we can advise as to which therapy or therapies may be the most suitable for them, we would be grateful if you could confirm their primary diagnosis on the form below and return it to us along with a printed medical history summary. We kindly ask that you do not charge your patient for fulfilling this request.
Should you have any questions or concerns please contact us using the details above.

PATIENT INFORMATION - please complete using block capitals

Title		Full Name	
Address			
D.O.B.		Tel:	

Diagnosis /any other information and comments please complete using block capitals;

please continue overleaf

I understand that this note is not a referral and does not indicate an endorsement of the treatments available.

Signed (G.P.)……Date ……

Name of G.P. (please print)……

Practice Stamp, for verification

The Brightwell is a partnership of;

The West of England MS Therapy Centre
charity no: 801155

and The Bristol Therapy Centre
company No 08193674

GP INFORMATION FORM - take this to your regular Doctor for them to complete

here are over 50 MS Therapy Centre's in the UK and Ireland who all operate as individual charities to offer advice, information and a range of therapies to people with MS or any other neurological condition. The first Centre was established in 1982 and, since then, more than 2 million oxygen sessions have been provided without incident. This treatment is supported by controlled trials. For more information visit www.msntc.org.uk.

Diagnosis / any other information (Please print as this is used for our medical advisor) ;

What does it mean to be a member of The Brightwell?

- The Brightwell is based on the principle of self-help, we exist to provide the therapies and support that you, the members, decide are important and needed
- The charity is run by a management team, supported by the trustees for the benefit of the members and others who can benefit from its services
- The Centre is not a part of and receives no support from the NHS. We currently receive under 1% of our funding from other statutory sources
- As a member you agree to support the Centre's team and volunteers to help us raise approximately £350,000 per year to provide the services and support we all value
- In the event of The Brightwell being wound up, as a member, you agree to pay a sum not exceeding £1 towards any outstanding debts, in accordance with the our company regulations

Consultation with Members/Centre Users

The following arrangements exist for consultation with members/users about the operation of the Centre:

- We welcome suggestions and ideas – **this is your Centre**. Please contact the Centre Manager with any ideas you may have or contact any of the trustees
- The Centre's trustees (the officers of the Charity and members of the Board of Trustees) are elected annually from the membership by the members at the Annual General Meeting. A number of the trustees are people with a neurological condition or are the partner/carer of a person who attends the Centre so they are in frequent contact with the wider membership. To promote impartiality some of our trustees do not have a neurological condition and their expertise lies in other areas; e.g. business
- A survey is taken from time to time to consult with members and obtain comments on the operation of the Centre. The returned forms are anonymous. A summary of the comments is given to the Chair of Trustees and is reported on at the AGM
- Members have the right to access any of their own personal records held at the Centre in accordance with the Data Protection Act
- Should anyone have the misfortune to collapse while on the premises, staff trained in first aid will assist them until medical assistance arrives. If this does not comply with your wishes, please inform the Centre Manager
- If required we have access to a translating and interpreting service – please ask the Centre Manager for details

Arrangements for dealing with complaints

Written policies are in place to ensure that the privacy and dignity of members is maintained. Private rooms are available for confidential meetings.

The Centre's objective is to resolve any issues promptly and justly, while ensuring that the complaint is thoroughly investigated by a responsible person prior to its resolution.

Any member, member's carer or personal representative that has a complaint about any aspect of the Centre's operations, or staff, should in the first instance refer the complaint informally to a senior member of staff who will try to resolve the problem immediately, this would be Doro Pasantes, Centre Manager. To contact Doro confidentially you can email; doro.pasantes@thebrightwell.org.uk or call direct on 01454 628 722

If this is not possible, the complaint will be referred to a member of the Management Committee (trustees) who will:

- Within 2 working days of receipt of the complaint acknowledge it in writing
- Advise the Chair of Trustees of the complaint
- Consult with the Chair of Trustees as to the manner in which the complaint should be investigated and resolved. The Management Committee member or the Chair of Trustees, as appropriate, will conduct any necessary investigation and provide the complainant with a full response in writing within 20 days of receipt of the complaint. If the investigation is still in progress at that time, the complainant will be given a letter explaining the reason for the delay, and a full response in writing will be given within 5 days of a conclusion being reached

If the complainant is dissatisfied with the proposed resolution of the complaint, they may refer the matter in writing to the Management Committee. It will be considered at its next scheduled meeting – or at the discretion of the Chair of Trustees, at an Extraordinary Meeting called for the purpose of considering the complaint.

Such a meeting will include the right to make a personal representation by;

a) the complainant and b) the person/s in respect of the complaint

The resolution by majority vote of the complaint by a properly convened and quorate meeting of the Trustees will be communicated in writing to the complainant within 5 days of the meeting having taken place.

A reference copy of the complaints procedure is kept by the Centre Manager and is available on request.

Where requested, the complainant and/or family members will be given support by a mutually acceptable Centre member in using this procedure.

Cancellation policy

1. Cancellation or 'No-Show' for therapies, clinics and appointments

We do understand that sometimes you might not be able to attend your appointment at The Brightwell. We know that emergencies, illness and un-foreseen events happen and that they can happen to anyone. However, each late cancellation and 'no-show' denies another member the opportunity to access the services of the Centre. Due to the procedures implemented to minimise the risk of Covid-19, our therapies, clinics and services are restricted so missed opportunities are especially disappointing.

Sadly, these missed opportunities come at a cost to the Centre and as a charity the loss of revenue can cause further knock-on effects for our members.

To help us try and reduce the impact of missed appointments please follow the guidelines below;

- If you need to cancel an appointment please provide at least two working days' notice
- To cancel, or rearrange, you should call the Centre on 01454 201 686 or email hello@thebrightwell.org.uk during our normal opening hours of 9 am until 5 pm, Monday to Friday
- Cancellations made using any other email address, or via any of our social media channels, will be treated as a 'no-show' as these communication methods are not monitored constantly, especially with many of the team home-working
- If an appointment is not cancelled, with at least two working days' notice we will, unfortunately, require the full suggested contribution of the therapy you missed
- In the event of an actual emergency, when prior notice wasn't possible, we will consider the granting of an exception

2. Late show policy

The impact of Covid - 19 has reduced the amount of appointments and sessions we are able to offer at the Centre and the increased cleaning needed between sessions has further affected our schedule. You can help us to continue providing the best support we can to each and every member by arriving at the Centre at least 15 minutes before your session/appointment is scheduled.

If you are unable to make your appointment on time the following applies;

- If it is safe to do so please call and let us know, **do not call if you are driving**
- Unfortunately, it will not be possible to delay an oxygen therapy session booked for inside the chamber. However we may be able to provide oxygen outside the chamber so do check when you call
- We reserve the right to cancel and request a donation for appointments and sessions where members are continually or excessively late when it has caused significant complications for therapists

3. Repeated Cancellations or 'No-Shows'

Where there is evidence of repeated, short notice cancellations and or 'no-shows' we reserve the right to cancel, change or refuse any permanent bookings for therapies, sessions or clinics.

We appreciate that sometimes this is due to matters beyond your own control and, in those cases, we are more than happy to discuss the situation and how best to rectify it.

Your membership of The Brightwell

Your annual subscription gives you access to all of the therapies, services and support available at the Centre and, even though we try to keep membership subscription costs down, we cannot guarantee that they will stay at the same rate in future.

Alternatively you could become a lifelong member of The Brightwell, you will receive a copy of our newsletters throughout the year and have peace of mind knowing that you don't have to give membership renewal a second thought. Lifelong membership of The Brightwell is £350.

Please indicate your preferred membership option by ticking the relevant box		
Annual Membership	£35	
Lifelong Membership	£350	
Other amount	£	

How would you prefer to pay?		
Cheque		
Debit card		
Standing order		A standing order form is included with this pack. If you use online banking this can be set up as a recurring payment. Our banking details are also on that from, please use your surname as the reference.

By signing below you agree to adhere to the policies, procedures and conditions set out in this information pack			
Signature		Date	
Print name			

Gift Aid and fundraising

If you are currently a UK taxpayer we can claim Gift Aid on all of your donations to the Centre, unfortunately this does not include contributions towards therapies. Gift Aid is a valuable fundraising option for the Centre as for every £1 donated the government will donate an additional 25p. If you can complete the enclosed declaration we would be very grateful.

Would you be willing to assist us in fundraising for The Brightwell? At this time we aren't carrying out face to face fundraising but we are exploring ways we can fundraise virtually. Please let us know if you're happy for us to talk to you about ways you could help.	YES	NO

In this section you will find the following forms for you to fill out and return.

GIFT AID DECLARATION
STANDING ORDER INSTRUCTION
RECOMMENDED CONTRIBUTIONS

You do not have to fil in these forms immediately and, as ever if you have any questions about them please call us, or email, and we will do our best to help.

Bradbury House, Wheatfield Drive
Bradley Stoke, Bristol BS32 9DB
www.thebrightwell.org.uk
hello@thebrightwell.org.uk

the brightwell
a centre for neurological wellbeing & physical recovery

CHARITY GIFT AID DECLARATION

ALL YOU HAVE TO DO IS #TICKTHEBOX

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year.
Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid this donation and any future donations you may make you must complete your details and tick the statement below:

☐ I agree I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to;

Registered Name of Charity: The West of England MS Therapy Centre Ltd

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

First Name		Surname	
Home address			
Postcode		Date	

Please notify us if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Standing order form to bank

Please take or send the top half of this form to your bank to set up a standing order, or, if you use online banking, you can easily set it up there.

Name of bank			
Address of bank			
		Postcode	

I would like to make a regular donation of £ to;

Account name: **The West of England MS Therapy Centre Ltd.**

Account No: 109 83 131 Sort Code: 16 - 14 - 28

Bank: Royal Bank of Scotland

To begin on the day of month year

and for this to continue every **MONTH** on the same day until further notice.

Account holder name:			
Account No:		Sort Code:	
Please include the following reference in the S.O:			YOUR SURNAME & INITIAL

Signed Date

Notification of standing order

Please return this bottom section to the Centre.

I have arranged a standing order donation to be paid to The West of England MS Therapy Centre for the sum of £

To begin on the day of month year

and for this to continue every **MONTH** on the same day until further notice.

The standing order reference for the donation is: YOUR SURNAME & INITIAL

Name Date

STANDING ORDER INSTRUCTION

RECOMMENDED CONTRIBUTIONS FOR TREATMENTS

MC = Suggested Minimum Contribution

We fundraise to subsidise the cost of the therapies below for our members. We encourage people to contribute towards therapies (**MC**) if they are able to.

Once a therapy routine is established we prefer that you create a standing order that your contributions are made, in advance, at the beginning of each month.

Receiving therapy at The Brightwell will never be denied for financial reasons, if you are unable to contribute, please make an appointment to speak to the Centre Manager in confidence.

Oxygen Therapy

Monday to Friday, subject to availability

Each session lasts 1 hour 15 minutes, please remember to arrive 15 minutes before your session starts.

Contributions for members with neurological conditions
Initial block 15/20 sessions **MC £30 p/w**
Individual sessions **MC £15**

Contributions for members with other health conditions
Initial block 15/20 sessions, 3 per week **£50**
Single session **£20 each**
20% discount for advance payments for 5, or more, booked sessions

Neuro-Physiotherapy

Individual Appointments - 30 minutes

weekly/fortnightly appointments available

Monday to Friday, subject to availability

Lead Physio: **Amrik Singh Sidhu MC £30**

Physio: **Carmen Cristea MC £25**

Physio Assistant: **Louise Hadley MC £20**

Assessment: required before starting any therapy **MC £30**

Exercise Class

Run by the Neuro-Physiotherapy Team
All classes and groups except for those shown below are currently on hold because of the Covid-19 pandemic.

Delivered via Zoom every Wednesday
12 - 12:30 pm seated exercise
12:30 - 1 pm standing exercise
Each class MC £8
You are welcome to join for both

Gym - Self Treatment

Use of Gym Equipment under supervision.

This is currently unavailable because of the gym zoning for physiotherapy.

MC £5

Please ask a member of the team as they may be able to offer you an appointment with our Physio Assistant to use a specific piece of equipment.

Musculoskeletal & Neuro-Physiotherapy

For non-neuro clients and carers this can be accessed through the

Bristol Therapy Centre Ltd

Initial Assessment - 1hr - **£60**

Neuro 30 min sessions - **£55**

Musculoskeletal 30 min sessions - **£45**

Oxygen Therapy for Sports Injuries

Oxygen Treatment can be accessed through the **Bristol Therapy Centre Ltd.**

Yearly Registration to BTC Ltd. **£50**

£25 per session

10% discount for advance payments for 5, or more, booked sessions

Please enquire at reception to make an appointment or call 01454 201686

Whilst the primary costs for the treatments shown in the table below are covered by trusts and grants the Centre covers admin support and provision of facilities this amounts amounting to costs in the region of £25,000 per year.

Anyone who contributes toward the Treatment Fund is helping to continue the provision of the services shown below.

Bladder and Bowel Wellness Clinic Continence Advisory Nurse: Carole Copestake 60 minute initial assessment with follow up appointments of 30 minutes available monthly	**Outreach exercise class for North Somerset MS Society** Physiotherapist: Carmen Cristea Thursdays during term time: Seated: 1.00 pm / 2.00 pm Standing: 2.30 pm / 3.30 pm
Spasticity Rehabilitation Clinic Rehabilitation Consultant: Angus Graham You will need to be referred by your GP for this clinic. 60 minute appointment every six weeks on a Monday for people with a neurological condition	**MS Nurse Clinic (North Somerset)** MS Nurse: Dawn Talbot 30 minute – 60 minute appointment Only available to clients with MS who live in North Somerset
Time to Talk An informal monthly get together led by members for the members. Sessions are currently postponed due to Covid	**Benefits Advice Service and Advocacy provided by CAB / MS Society** Advisor: Caroline Langdon (CAB) 2nd Tuesday of the month

The services and treatments below are available to Centre Members at a reduced rate. Payment for these must be made directly to the therapist in line with their procedures.

Acupuncture Therapist: **Sandra Arbelaez** **Friday** Initial assessment: £35 40 minute session £26	**Sports Massage, Aromatherapy & Reflexology** Therapist: **Claire Day** **Monday to Thursday** 30 minutes - £20.00 / 60 minutes - £40.00
Chiropody Therapist: **Wendy Manning** 30 minute session: £15 **Wednesday – Every six weeks**	**Counselling** Therapist: **Emma Pople** **As requested** £25.00 session 50 mins
Hypnotherapy & Reiki Therapist: **Julie Phillips** **Wednesday 10:30am -3:15pm** Hypnotherapy - 1hr session: £30 **Reiki** - 30 minute session: £15	**Volunteer Drivers** We have a number of volunteer drivers who are able to bring people to the Centre if transport is required. Clients must be able to transfer with minimal assistance. Charged at 45p per mile for the return journey, payable to the driver.

Please enquire at reception for availability and bookings on 01454 201686

the brightwell

a centre for neurological wellbeing & physical recovery

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hello@thebrightwell.org.uk
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Follow us on social media

@MSTC_Bristol

@MSTCBristol

mstherapybristol