Neurological rehabilitation is an area within the neurology curriculum that generates considerable discussion about the nature and depth of the “essential” core training and required knowledge. This is in large part the result of the differing perspectives that are taken on neurological rehabilitation. On the one hand, it is seen as a subspecialty in its own right with links to rehabilitation, being particularly involved in the care of patients with complex rehabilitation needs often in specialist neurorehabilitation centres (the narrow view). On the other hand it is regarded as an integral part of the continuing care of many patients with neurological disease, being primarily a way of approaching and solving problems rather than being tied to a specific site, or particular model of care (the broad view).

With this perspective it has an important role for many patients with neurological disease, such as those with epilepsy for example, who might not have been considered, from the narrow standpoint, as requiring rehabilitation. Applying this broad view it can be seen that neurologists routinely address rehabilitation issues. However, historically this has not been a significant component of their training. This supplement hopefully will go someway to redress imbalance and stimulate the trainee in a challenging field with benefit to their future patients.

Michael Barnes provides an introduction to the principals of neurological rehabilitation, making it very clear that it is not an optional “bolt on” extra but is of great relevance to the majority of patients with neurological disease. Neurology has changed from a predominantly diagnostic specialty, with large numbers of new patients and limited follow up, to one increasingly involved in the long term care of chronic neurological disease. It follows that neurologists must add to their traditional diagnostic skills, asking “what?” and “where?”, and include increasingly sophisticated rehabilitative skills, that ask “what can be done to help with it?”.

MULTIDISCIPLINARY APPROACHES

Chris Ward, Margaret Phillips, Alison Smith, and Margaret Moran develop the theme and consider multidisciplinary approaches to progressive neurological disease, asking “can we do better?”. As resources improve neurologists are less isolated and multidisciplinary teams are developing, particularly with the expansion of the specialist nurse. This article considers how to develop such a team further and how it can be best utilised, as well as considering the pitfalls. We will not give the game away by answering the question in his title, though the answer is not difficult to guess.

Provision of aids and orthoses can frequently make dramatic differences to those with neurological disorders. Carolyn Young provides the background thinking behind the use of aids and orthoses and draws attention to some possible future developments.

Evidence is needed for all interventions and rehabilitation is no exception. It can be readily appreciated that these complicated interventions are more difficult to evaluate than other simpler interventions, such as drugs. This is considered in two articles. First, Peter Langhorne and Lynn Legg discuss the evidence underlying stroke rehabilitation. Then, Jeremy Hobart discusses the critical role of rating scales in evaluating outcomes, highlighting both their importance to evidence based practice and the inherent difficulties and limitations of these measurements.

Clare Fowler and Kiaran O’Malley then consider the management and investigation of neurogenic bladder dysfunction, a common problem in patients with neurological disease.

Finally, Nigel Leigh and other members of the King’s MND Care and Research Team discuss the diagnosis and management of one particular progressive neurological disease, motor neurone disease (amyotrophic lateral sclerosis). Patients with motor neurone disease are one group of patients that neurologists in the UK have always tended to follow up throughout the duration of illness, and this article provides an overview of the condition and highlights the
therapeutic and rehabilitative opportunities in perhaps the archetypal progressive neurological disease.

**UESFUL WEBSITES**
The reference lists given by each article highlights the key reference sources and takes the place of our usual "route map". We would simply draw your attention to a website that provides details of contacts for patient organisations: http://www.theabn.org/patients.html.

We also recommend the recent Neurological Alliance publication “Getting the best from neurological services”: http://www.neurologicalalliance.org.uk
Neurological rehabilitation, uro-neurology, and motor neurone disease

I Bone and G Fuller

*J Neurol Neurosurg Psychiatry* 2003 74: iv1-iv2
doi: 10.1136/jnnp.74.suppl_4.iv1

Updated information and services can be found at:
http://jnnp.bmj.com/content/74/suppl_4/iv1

*These include:*

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**
Articles on similar topics can be found in the following collections

- Epilepsy and seizures (846)
- Drugs: CNS (not psychiatric) (1945)
- Motor neurone disease (302)
- Neuromuscular disease (1311)
- Spinal cord (542)
- Stroke (1449)

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/