

An Audience with *Kirsty Laird*



To continue our 'Audience with' series, we recently had a discussion with Kirsty Laird, who is an OT by trade and a rehabilitation & vocational case manager specialising in complex trauma at Enable Therapy Services.

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Kirsty also won the Case Manager of the Year 2019 Insurance Post Award.

Q: Thank you for taking the time to speak to us today Kirsty. Please tell me about your role, Enable Therapy Services (ETS) and what makes it unique?

A: I'm an Occupational Therapist and have worked at Enable Therapy Services as a Rehabilitation and Vocational Case Manager for over 10 years. I'm a rehabilitation and a vocational case manager, but I specialise in complex trauma, orthopaedics, amputations, and poly trauma.

ETS are a rehabilitation and vocational case management company who cover the whole of the UK and Ireland. We are all occupational therapists and case managers, and we provide case management to the personal injury sector, working with a range of insurance companies and legal firms. Alongside our rehabilitation and vocational case management, we also have a network of occupational therapists who offer assessments and treatments such as vocational, upper limb, hand therapy, ABI, neuro, orthopaedics, wheelchairs, paediatrics etc. We cover the full remit, and I think that's the beauty of us being occupational therapists because we are so diversely trained.

We are exceedingly fortunate that the network offers an incredible breadth and knowledge and experience from clinicians. This means that irrespective of the nature of the referrals we receive, we will have someone suitable and available to undertake assessments, treatments, or to provide clinical opinion.

The thing that makes us unique is our people, I am always in awe of my colleagues. You hear what they're doing, you hear their contacts on the phone. It's that ability to continually learn, grow and develop which makes ETS special.

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Q: Can you tell me a bit about your background and how you've got to where you are now?

A: I am an HCPC registered occupational therapist and qualified in 2002 from Coventry University. Following qualifying I returned home to Yorkshire for my first job completing a general rotational post, a great way of gaining experience across several clinical areas. Within my NHS career I worked as a clinical lead in musculoskeletal (MSK) outpatient services,

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assessing and treating patients with MSK, Rheumatology and persistent pain management issues. I worked with a lot of people with complex regional pain syndrome and did additional training in that area.

I further trained with the British Association of Hand Therapists (BAHT) developing a keen interest in upper limb injuries and management.

Whilst working in the NHS I studied Vocational Rehabilitation and the person leading that course was a case manager, so it is here I first learned about case management.

After eleven years working within the NHS, I was ready to find a new challenge. Coincidentally, as is often the case, a friend of mine sent me the advert which said ETS were advertising for new case managers to expand their services. At the time ETS were unique: it was an employed role, locally based and it was for an OT. It certainly felt like the right fit. They offered me the job and here I am eleven years later!

Q: Tell us what makes you passionate about case management and what is it you love about the industry?

A: The beauty of case management is that I get to do what I am trained to do. It just so happens that I carry the title of a case manager but truly, I only ever see myself as an occupational therapist. I think what I get to do in this role as a case manager then meets my needs as a therapist as I get to be holistic; I get to treat the whole person.

Injuries sustained are one aspect of treatment, but we look at how these impact on all parts of a person's life, everything they do and what is important. From walking to cooking, managing family life, and working, every person is different.

As a case manager I advocate for the client, engage with families and people in the client's world.

When supporting rehabilitation, I look at it from needle to thread, from start to finish. Wherever that journey takes me and my client, we're on it together and I get to see them hopefully at the end of that journey, in the best possible place that I can guide them towards and be proud that I helped them to get there.

I often say to people that what a therapist will do for you is only about 20% of the work, the rest of the work is always from the clients; my job is to guide, facilitate, empower, and enable. Hopefully when the case closes or rehabilitation has ended, they are in the best possible place. It is the ability to leave that client and their family in the best possible place that we can get them that drives my passion for case management. When I leave that part of their journey, I like to think that we've optimised the outcome as best as we can, and that I've done as much as I possibly can to advocate for them and get them as much clinically reasoned rehab, or therapy, or prosthetics, or whatever it is that they need to live their life to the fullest.

Q: Can you tell me how you first come to be working with Dorset Orthopaedic (DO) and about that relationship?

A: I started working with DO about five or six years ago. The complexity of the cases we were receiving had increased over the years, and I began case managing more amputee clients. My first contact with DO was on one of the complimentary rehabilitation assessments (CRA). Following an NHS amputation, my client's stump wasn't right, and his prosthetic wasn't fitting correctly. I contacted DO's Burton clinic and spoke to Nicky to ask, "How does this work?". I couldn't quite believe there was no charge for the assessment, especially based

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on the advice and level of expertise received. Since then, I have always used DO, not just for prosthetics but also for the orthotics services and rehabilitation.

I believe in picking up the phone and getting an assessment booked in. It is complementary where you have nothing to lose, however what you will gain from it is a wealth of information. This means you can go armed with all the information you need to the referring parties, backing up your recommendations with sound clinical reasoning as to why we need to do that rehab program or why they need to have an onward referral. I'm not a prosthetist or a physio, effectively going to these assessments helps me solidify my clinical reasoning, which I know is there, but I need it from the experts.

Q: What were your first impressions of Dorset Orthopaedic?

A: I've always been super impressed, (a little bit in awe if I'm being honest!). DO are always, super-efficient, professional and the clinicians are mind-blowingly brilliant. It's a service you can rely and depend upon, and you know you will get a good assessment. DO clinicians are equally as passionate about their job as I am about mine. I have every confidence that my clients are going to get the best possible service, and that makes my job easier.

Typically, the earlier a client can receive their rehabilitation, the better. What are some of the barriers that you encounter and what can be done to overcome them to start their rehabilitation journey?

I see a lot of clients who have been on a long limb salvage journey, and we get to that point where we want to be discussing amputation because it may be the right path for the client. For some clients I will often suggest

the lower limb trauma clinic, so they can make an informed choice, or at least have enough information to make an informed choice. This approach can sometimes be seen by the referring parties as me supporting an amputation, which can be seen as negative. However, it's not that I'm supporting an amputation, it's that I'm supporting the client to receive appropriate information.

The main barrier to getting clients access to this type of service is generally securing approval for funding. It is our job as case managers to support our recommendations with clinical reasoning on why we believe this is the best route for the client. By taking this approach I am confident that any misconceptions on the reasoning on limb salvage versus amputation are avoided.

Where we can get funding and approval, I'm a huge advocate for prehab, because the fitter someone can be before undergoing surgery, the better. So, where we can secure funding early, I work closely with my clients on prehab.

Q: When you think about your clients who you've helped over the years, is there one that stands out as a best practice example?

A: There is indeed, although he's not what you would think. He's a gentleman who lost his index finger and went to the DO Manchester Clinic. This case is testament to the genius of the prosthetist. This client has three or four different prostheses now. He has a cosmetic prosthesis: a grip lock which he's using well for work as he is a funeral director. However, the thing that has been the most beneficial and life changing to him, was when the technicians were making the cosmetic prostheses, they made a silicone gauntlet which he took and trialled. He finds that it is helpful for managing his pain, but the thing that he is most pleased

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with is that using the gauntlet has enabled him to join the Wigan Wheelchair Rugby Team. This would not have been possible without using the gauntlet, which is a very modest, yet highly effective device.

Joining the team has not only enabled him to take up sport, but also to experience an amazing community atmosphere. For the client, this is the best bit of equipment he has been given.

While it may not be viewed as classic best practice, this demonstrates the ability of prosthetists to problem solve by adopting forward and creative thinking, using a person-centred approach at the clinic.

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Q: What are the most satisfying aspects of your job as a case manager?

A: For me, it's the end point. It's when you get updates from your clients and they might have taken up a new sport, or joined a new team. Maybe they've been out with the grandkids, been to a concert, or got back to work. They're living their life to the full, that is the best bit. The ending is always the nicer part. You get your wins and that's lovely. I enjoy the whole journey, although it can have its challenges. But for me, the most satisfying aspect of my role as a case manager is when you've reached that pivotal point when they start to be doing more for themselves, and they're confident and feeling safe to go out and do more. For me, it's the little moments like those that genuinely make the job worthwhile and the journey worth the effort put in from everyone involved.

Q: Where do you think the biggest challenges or opportunities to the industry will be over the next few years?

A: I'm a bit of an optimist, so I always just see further opportunities. I think that there were more challenges when I joined the industry 11 years ago. At that time people didn't necessarily understand case management as well as they do now. My personal feeling is that as both solicitors and insurers have increasingly embraced.

The Rehab; Code there has been a huge positive shift which can only be a good thing for the people that we try to help and get back to their pre-accident lives.

Ten years ago, when I was making recommendations, I would get challenged a lot more as there was a lot more scepticism. It must be said though that the approach that we take at ETS is that anything we recommend needs to be clinically reasoned and we can therefore stand up to scrutiny where it arises. It's good to know that in most cases, all parties involved are wanting to provide appropriate and timely rehab for the client to achieve the best possible outcomes for them.

Overall, I am positive about the future and as companies like DO grow and continue to share information with us as Case Managers, the industry will only continue to improve.