Contact Details

For further information please contact us at:

Address: Community Neuro Rehabilitation Team
Shropshire Rehabilitation Centre
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SY1 3NJ

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Email: cnrt@shropcom.nhs.uk

Web: www.shropscommunityhealth.nhs.uk

Opening times

Monday	**9.00am – 5.00pm**
Tuesday	**9.00am – 5.00pm**
Wednesday	**9.00am – 5.00pm**
Thursday	**9.00am – 5.00pm**
Friday	**9.00am – 5.00pm**
Saturday	**CLOSED**
Sunday	**CLOSED**

Shropshire Community Health NHS
NHS Trust

Patient Information Leaflet

Community Neuro Rehabilitation Team (CNRT)

Previously known as Shropshire Enablement Team (SET)

Who are we?

The Community Neuro Rehab Team is a community based multidisciplinary and specialist neurological rehabilitation team which provides advice, support and treatment to those who have an acquired brain injury, stroke or neurological condition. The team also supports those who have a diagnosis of Chronic Fatigue Syndrome (CFS) that has been confirmed by their GP or other medical professional.

Who do we see?

Patients 4 main groups:

- Acquired brain injuries such as head injury, anoxic brain injury, hydrocephalus, encephalitis, carbon monoxide poisoning, and brain tumours.
- Strokes including subarachnoid haemorrhages.
- Neurological conditions such as Parkinson's Disease, Multiple Sclerosis, Huntington's Disease and Motor Neurone Disease.
- Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME).

Who is in the team?

- Clinical Neuropsychologists
- Neuro Occupational Therapists
- Clinical Psychologist
- Rehabilitation Assistants
- Neuro Physiotherapists
- Speech & Language Therapists
- Assistant Psychologist
- Secretaries

How long will I be seen for?

This depends on need. The service is not time-limited. You may be seen up to once a week at first, but this could then gradually reduce. This will be discussed with you as your goals are reviewed.

What do we do?

- Individual assessment and therapy at our base.
- Specialist assessments of function, cognition, speech, swallowing, psychological adjustment, mobility, balance, communication and dietary needs.
- Self-management Groups, for example, for Stroke, Multiple Sclerosis and Chronic Fatigue Syndrome.
- Group therapy programmes for upper limb, balance, stress management and cognitive rehabilitation.
- Multidisciplinary case management through Key Workers to ensure coordinated care.
- Support and training for relatives and carers.
- Follow-up support for those admitted to hospital following a head injury
- Consultancy to other services, employers or colleges.
- Home visits can be carried out when appropriate.

How do I get referred?

Patients can be referred to the service by their GP, medical consultant, other health professionals, Social Worker, external agencies or charities. Patients can also self-refer unless they have a diagnosis of CFS/ME which requires a medical referral to ensure that the diagnosis has been confirmed.

What should I bring to an appointment?

- Relative or carer to support the initial assessment
- Current list of medication (if applicable)
- Glasses and hearing aids (if needed)
- A sling (or other transfer aid) if hoisting is required for personal care and toileting
- Any incontinence products or spare clothing if required