

Dear Editor,

## **Disability Evaluation Related to Movement Disorders in India: A Need for Policy Revision**

Movement disorders are one of the major characteristics in neurologically disabling ailments. They are functionally manifested as bradykinesia or decreased activity performance, hypophonia, handwriting affectations, and balance and gait disturbances. In later stages, there can be deterioration in the cognitive status of the individual.

As an Occupational Therapist specialising in Neurorehabilitation for the last 2 decades, I have been actively involved in rehabilitation of movement disorders, as well as in disability and 'work fitness' evaluation. Although the Neurologist certifies the disability, the Occupational Therapist does the screening, assessment and 'work fitness' evaluation. In India, the guidelines issued by the Ministry of Social Justice and Empowerment are followed during disability evaluation. There are specific sections dealing with the evaluation of psychiatric, orthopaedic, cardiac, special senses and neurological affectations.

Disability related to movement disorders comes under the domain of neurological conditions. Unfortunately, all the disabling manifestations in neurological disorders are not included in the evaluation guidelines; therefore, the evaluation of disability needs to be redefined. In the disability assessment done over the last 8 years, about 50 cases of extrapyramidal disorders were found. The majority had Parkinson's disease (30) and the remaining had task-specific Dystonias like writer's cramps (14), and other Dystonias (6). These individuals were assessed for disability on the basis of their balance and motor deficits. It was observed that the task-specific and other Dystonias group could only be diagnosed, but not certified with disability.

In the neurological disability assessment section of the guidelines, there is provision for only imbalance or ataxia of a cerebellar or sensory nature. Imbalance and gait abnormalities in movement disorders of extrapyramidal origin remain uncategoryed. Even memory and handwriting difficulties, and hypophonic, inaudible speech cannot be included in the assessment. Also, the manifestation of distressing and painful involuntary, extraneous movements that greatly impact the functional status of the individual, do not find a mention in the guidelines.

The evaluation guidelines are of no use in cases such as these. Since the percentage disability cannot be calculated, the individual cannot avail of many associated

benefits such as railway travel concessions. There are many instances where neurological disability assessment fails to evaluate the magnitude of affectation. In individuals with cognitive difficulties, evaluation of disability status becomes a herculean task as there is provision only for altered sensorium or intellectual disability.

I believe that there is a need to take a fresh look at policy decisions in these areas. Also, the panel that formulates guidelines ought to include Occupational Therapists who specialise in 'work fitness' and 'return to work'. There should be a National Survey involving all the people concerned, so that the benefits related to disability are available to all those who deserve them.

### Moushami S. Kadkol

Assistant Professor (Occupational Therapy)  
Seth G.S. Medical College and King Edward Memorial Hospital, Mumbai

**\*Corresponding Author:** Dr. Moushami S Kadkol, 113, Saraswati Niwas, Hindu Colony, Road No.4, Dadar, Mumbai-14, India. Tel: 9820528831. Email: moushamikadkol@gmail.com