

YEARS

Acute  
Rehabilitation  
Centre

The Wellington Hospital

part of HCA Healthcare UK

# Welcome

In the 20 years since our centre launched, we have established an international reputation for delivering the very best rehabilitation programmes for our patients.

Our aim is to always support and enhance the lives of patients at a difficult time in their life. I am proud to say that at The Wellington Hospital, we've transformed the lives of almost 2,000 patients – a significant number in rehabilitation terms.

We provide intensive and individually tailored rehabilitation programmes for patients who've sustained neurological injuries; such as a stroke, head injury or spinal cord injury. We also run a successful Medical Rehabilitation Programme, Functional Restoration Programme (FRP) and Polytrauma and Amputee Rehabilitation Programme.

We understand the art of rehabilitation and how best to support each patient's journey to recovery, including everything from initial assessment and treatment,

to specialist aftercare plans. Above all, we treat patients from the onset of their condition back to full health.

As we celebrate and reflect on our 20 years, we are extremely proud and privileged to have played a part in so many life-changing and challenging journeys.

Our vision for the future is to become an institute for rehabilitation, supporting undergraduate and graduate training schemes, driving research into rehabilitation and outcomes, and delivering a range of rehabilitation programmes that are accessible to all.

## **Claire Dunsterville**

Director of Rehabilitation Services  
The Wellington Hospital







# Contents

Transforming  
lives for 20 years  
**Page 6**

Exceptional care  
centred around  
you  
**Page 11**

Our bespoke  
programmes  
**Page 14**

Prolonged  
disorders of  
consciousness  
unit  
**Page 22**

Spotlight on  
traumatic brain  
injury  
**Page 36**

Get in touch  
**Page 40**

More than just  
a rehabilitation  
centre  
**Page 9**

Conditions  
we treat  
**Page 12**

A closer look  
at the services  
within our  
programmes  
**Page 16**

Intensive  
care unit  
**Page 30**

The London  
Renal Centre  
**Page 34**

Meet our  
experts  
**Page 38**

CARF  
accreditation  
**Page 41**

YEARS

Celebrating 20 years at the forefront  
of rehabilitation medicine.



# Transforming lives for 20 years

**2003**

Our centre expanded to 27 beds.

**2005**

We opened our dedicated stroke rehabilitation unit.

**2014**

We were awarded The IMTJ Medical Travel Awards 'International Rehabilitation Centre of the Year'.

**2019**

We celebrated our **20th year**. Our centre now has **52 beds** and an international reputation for delivering **outstanding** rehabilitative care.

**1999**

Our centre opened with **seven beds**.

**2011**

We were the first inpatient unit to receive **full CARF accreditation**, benchmarking us against other rehabilitation units across Europe, America and the Middle East. We hold full CARF accreditation until 2020.

**2012**

We opened our state-of-the-art assistive technology gym.

**2015**

We opened our **prolonged disorders of consciousness (PDOC) unit** – supporting the assessment and management of patients in a low awareness state.

20  
YEARS



## More than just a **rehabilitation** **centre**

Our Acute Rehabilitation Centre combines the expertise of a multidisciplinary team of experts with state-of-the-art imaging and assistive technology – to ensure we can help our patients achieve their personal rehabilitation goals, no matter how critically ill they are.

Based within The Wellington Hospital, we also benefit from having full access to the largest private intensive care unit (ICU) in the UK. This means we are perfectly placed to deliver the best possible care 24 hours a day, 365 days a year.

Our ICU cares for the full range of medical emergencies, and can support patients with the most serious conditions, whether that is a neurological, neurosurgical, cardiac, renal, trauma or complex medical condition. In addition, our multidisciplinary team can also provide early intervention in order to maximise the recovery of our patients through our rehabilitation centre.

From our specialist nurses' high level of training and experience, to our internationally-acclaimed consultants working across different specialties, the success of our centre is grounded in an outstanding team approach and one shared goal – to deliver exceptional rehabilitative care to all of our patients.





“We have the only private hospital-based rehabilitation unit in the UK. The vision for the unit was to treat acute medical problems whilst at the same time providing patients with rehabilitation nursing and therapy.”

“If it is possible to improve a patient’s condition – then we have the resources here to do it. It is an extremely fulfilling place to work; patients are unlikely to reach the same outcomes as what they achieve at The Wellington.”

**Dr Richard Greenwood**  
Consultant Neurologist  
The Wellington Hospital

# Exceptional care centred around you

Our centre is supported by a multidisciplinary team, which includes:





20  
YEARS

# REHABILITATION PROGRAMMES

for a range of  
acute conditions



At our Acute Rehabilitation Centre, we treat patients with complex neurological injuries and conditions affecting the brain and nervous system. We're proud to have been awarded three years' accreditation by CARF, a globally recognised independent body that evaluates standards in rehabilitation around the world.

Our personalised programmes mean patients can quickly get back on the road to recovery. It's important to us to keep our patients and their families at the centre of everything we do, and we pride ourselves on helping our patients through some of the most critical points in their lives.

Some of the conditions we treat at our centre include:

- Traumatic brain injury (TBI)
- Stroke
- Spinal cord injury
- Amputee rehabilitation
- Brain tumours
- Chronic pain
- Encephalitis
- Guillain-Barré syndrome
- Multiple sclerosis (MS)
- Neuropathies
- Parkinson's disease

# Our bespoke programmes

## Complex Acute Neurological Rehabilitation Programme

We treat patients who have had a stroke or sustained a traumatic head injury, but also patients who have many other complex neurological injuries and conditions affecting the brain and nervous system. Having access to a wide range of medical specialties and acute care here on-site – including critical care – enables us to admit patients soon after injury or diagnosis. We are able to support patients with tracheostomies and also patients who need support with tube feeding.

## Specialist Spinal Cord Injury (SCI) Programme

On this programme, our specialists can treat spinal cord dysfunction from a traumatic injury, tumour or degenerative spinal disease. Our team can also treat patients who require spinal deformity correction and management of spasticity with muscle-relaxing injections. We're also able to help with the assessment and management of neuropathic pain, fatigue and dysfunction.

## Functional Restoration Programme (FRP)

Our FRP team provides interdisciplinary assessment and treatment for patients with longstanding pain. The key goal of the FRP is to restore function in everyday activities. Led by Dr Anthony Ordman, we work with patients to put together a personalised programme of care to help improve functioning and overcome barriers.

## Functional Neurological Disorder Programme

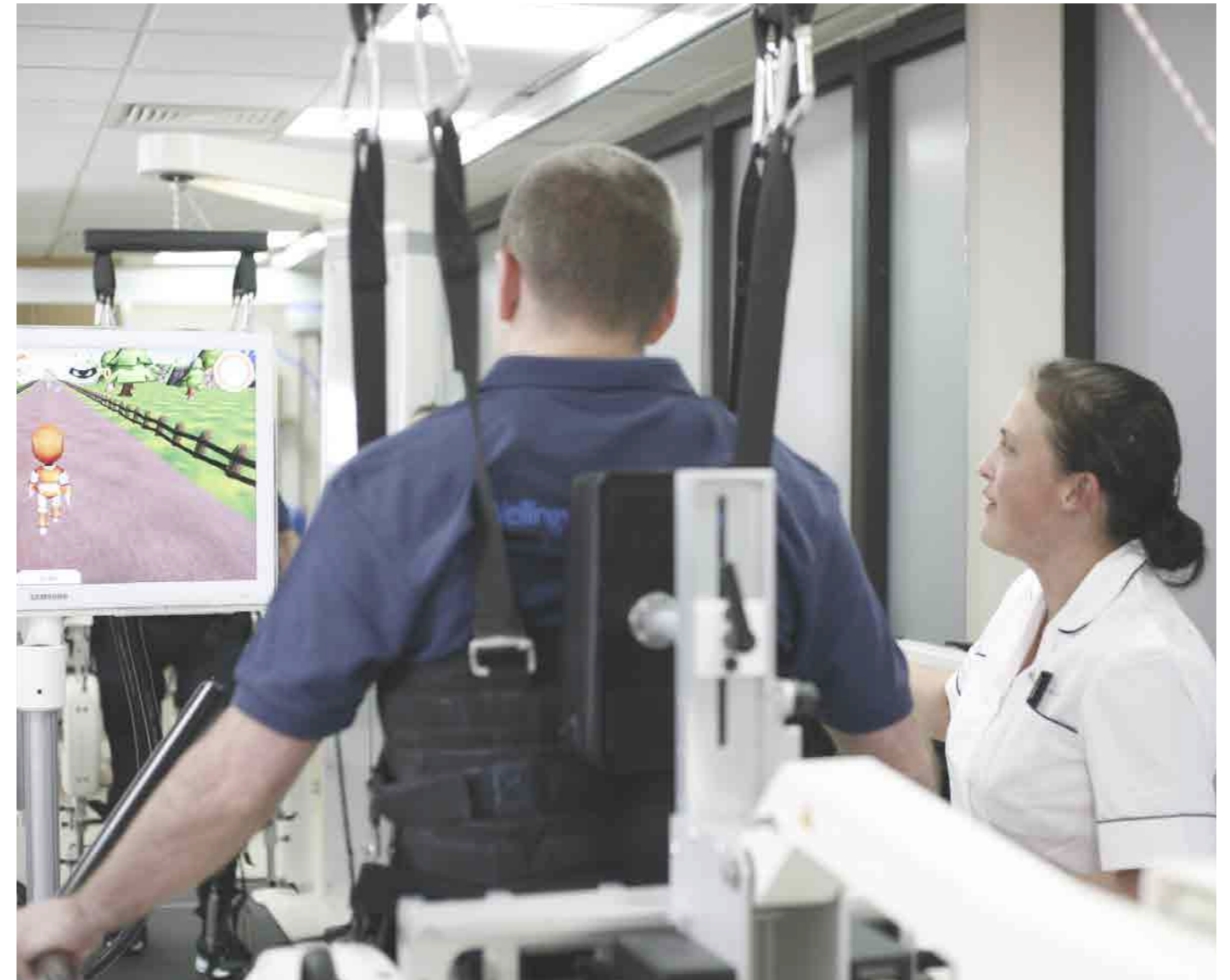
FND is a common cause of neurological symptoms. These can be very diverse and may affect movement, sensation and cognition. Our specialist team, led by Dr Mike Dilley and Professor Mark Edwards, offer holistic assessments and a tailored programme.

## Medical Rehabilitation Programme

We understand patients who have had major surgery may need extra time to recuperate before returning home. Within our centre, we provide an open, relaxing space where patients can build their confidence and optimise their recovery, enabling them to make the transition between hospital and home as seamless as possible. We provide a multidisciplinary rehabilitation programme with full nursing care that is aimed at promoting independence and confidence to ensure a safe discharge home.

## Polytrauma and Amputee Rehabilitation Programme

Our programme is appropriate for those who have sustained multiple injuries or an amputation. As we have ITU and critical care facilities, we can accept patients at an early stage of their rehabilitation and our expert medical and surgical teams will work together to ensure the best outcomes.



# A closer look at the **services** within our **programmes**



Our therapy service provides an opportunity for patients to undergo specialist neurological assessment and regular therapy in a gym environment. It is available both to newly diagnosed patients and those needing long-term support and rehabilitation.

At our centre, you can expect a comprehensive programme of outpatient care, tailored to the patient's needs and delivered by an interdisciplinary team. You can take advantage of coordinated appointment times so that all your appointments are under the same roof.

You can also benefit from access to a specialist gym, hydrotherapy pool and therapy kitchen. Our personalised treatment programmes also include tailored home exercise and training for family and carers.

**All of our services are available on a tailored basis for both inpatients and outpatients.**

## **Specialist nursing**

Our specialist nurses work as part of an interdisciplinary team to support rehabilitation 24 hours a day, seven days a week. We help patients with neurological disabilities or chronic illness to regain as much function as possible. We also help patients adapt to a new lifestyle, while providing a therapeutic and holistic environment for their ongoing development.

## **Neuro physiotherapy**

Our neuro physiotherapists specialise in the assessment and treatment of physical impairments, including motor function and spasticity. We devise programmes which meet the specific needs and goals of each patient to help them achieve their independence again.

## **Occupational therapy**

We support patients in relearning activities or finding new ways of doing them – whether that's with environmental adaptations or specialist therapy equipment. We also cover postural management, seating assessments, wheelchair prescription and specialist upper extremity rehabilitation.



## SPOTLIGHT ON

### How I helped a ballerina pirouette again

"It's my patients that get me to work in the morning. I thoroughly enjoy my profession and feel privileged to be in a position to help people. As a vestibular physiotherapist in our centre, my role is to provide an exercise programme aimed at improving balance and reducing dizziness-related problems. Every day might start the same but the patients, their histories and their goals are always different!

One particularly memorable patient was a ballerina that came to me with an imbalance with her sensory-motor postural reflexes that control balance and coordination, affecting her ability to dance.

She was determined to overcome the disorder and challenged herself to perform the hardest move in ballet: a pirouette. Following vestibular rehabilitation involving a customised, exercise-based programme, she successfully achieved her goal – pirouetting again and again and again!"



**Ms Kulvinder Talewar**  
Senior Physiotherapist in Neurology  
and Vestibular Rehabilitation  
The Wellington Hospital



### Psychology services

Psychology services are provided by our neurological, clinical and health psychologists. Neuropsychologists assess and explain changes in thinking and behaviour that can result from injuries to the brain. We offer therapy, assessment and support, helping patients and their families to gradually accept and cope with the changes in their lives.

### Speech and language therapy

Our specialist speech and language therapists treat speech, language, communication, voice and swallowing disorders. You can expect specialist diagnostic swallowing assessments, including video fluoroscopy (VFSS) and fiberoptic endoscopic evaluation of swallowing (FEES).

### Neurologic music therapy

Our neurologic music therapy (NMT) service provides specific help for patients affected by neurologic injury or disease. NMT treats the brain using standardised music and rhythm techniques to achieve non-musical goals such as improved speech, better physical movement or improved cognition. Our team of neurologic music therapists work closely with patients and their next of kin, as well as physiotherapists, nurses, and speech and language therapists.

### Dietitians

At our centre you can expect nutritional treatment and practical guidance for a range of medical conditions, based on the latest scientific research. Personalised treatment plans can include specific dietary advice, nutritional supplements and support with artificial feeding methods such as nasogastric tube feeding.

### Vestibular physiotherapy

Patients can benefit from specialist staff, trained in the treatment of vestibular disorders, who can comprehensively assess your balance needs. This may include using the latest diagnostic tools and therapies for the treatment of balance and vestibular disturbances such as the the SMART EquiTest Computerised Dynamic Posturography system. Dizziness occurs for many reasons and our physiotherapy team are able to deliver customised, effective exercise and treatment plans to meet your individual needs. Our concussion clinic also provides specialist assessment and treatment for ongoing dizziness and balance issues that can arise from concussion.

## SPOTLIGHT ON

### Communication technology and its importance for speech and language patients

"For lots of my patients, their speech and language programme will involve some form of communication technology. For example, one of my patients can only use his eyes to communicate after suffering from a brain stem stroke. He understands everything going on around him but can't speak and has no motor function in his legs and arms. To help him communicate, we have introduced him to a specialist high-tech eye gaze system, where he can communicate just by using his eyes.

Through this technology he is able to spell out messages and communicate with those around him. It also allows him to turn lights off and on, change the television channel, text and send emails.

These devices and software are improving all the time and I think we are lucky to be able to offer more options than ever before.

Speech and language therapy is a rewarding and varied career that offers you the chance to make a difference. There's no better feeling than when a patient reaches their goal."



**Ms Elise Minsky**  
Specialist Speech  
and Language Therapist  
The Wellington Hospital

YEARS



# Prolonged disorders of consciousness (PDOC) unit

The prolonged disorders of consciousness unit is a specialist service which provides expert care for people who have recovered from a coma and have not regained consciousness. Working closely with our award-winning intensive care unit, we're the only private unit of its kind in the UK linking clinical research, practice and clinical excellence to ensure the best care for our patients.

## Main causes of prolonged disorders of consciousness:

- Traumatic brain injury
- Lack of oxygen to the brain (e.g. stroke and cardiac arrest)
- Encephalitis
- Final stages of dementia (e.g. Alzheimer's and Huntington's disease)

## Expert imaging techniques

The unit seeks to explore assessment and treatment techniques to benefit patients; in particular, the clinical use of imaging such as:

- Functional magnetic resonance imaging (fMRI)
- Electroencephalogram (EEG)

## The levels of consciousness explained

Following a severe brain injury, many patients will go through different levels of consciousness when emerging from a coma.



## WHAT IS A PROLONGED DISORDER OF CONSCIOUSNESS?

This is when a person is no longer in a coma but remains in a state of altered consciousness for more than four weeks after an injury. It is essential for the patient to receive specialist support through this process to give each patient every chance of optimising their recovery.



# ERIGO®Pro

## Functional Electrical Stimulation (FES)



Within our PDOC unit we have invested significant research into our robotic assistive technology. At the unit, our primary state-of-the-art piece of equipment is the ERIGO®Pro; a tilt table with integrated leg drivers which can be used to achieve an early upright position. The use of leg drivers reduces the risk of complications related to low blood pressure in early assessment of acute neurological patients in prolonged disorders of consciousness.

Additionally, we have an advanced version which offers electrical stimulation; further enhancing muscular activity and sensory input. When used in the early assessment of patients with altered consciousness, blood pressure can be better regulated.

By providing increased sensory stimulation as a method of increasing levels of arousal, it means our specialists can assess an individual's potential to respond in greater detail.

This technology forms part of the detailed and specialist interdisciplinary assessment and intervention we provide on the unit.

### NEW RESEARCH PROGRAMME

Recent improvements in intensive care have increased the chances of surviving the most severe brain injuries and many patients now progress to a state in which awareness and external responsiveness are either absent (vegetative state) or greatly reduced (minimally conscious state).

Pioneering functional neuroimaging research has shown that some of these patients retain a much higher level of awareness than could be expected by their clinical diagnoses, but they are simply unable to show it with their behaviours as they're trapped in their unresponsive bodies. Recently, ground-breaking research has provided an explanation for what happens in the brain to cause this unresponsive behaviour.

Specifically, the research identified a partial disruption in the flow of information between two brain regions that need to work together to allow for the voluntary control of movement. This suggests for the first time a potential target for interventions to restore motor control to those patients who, despite their diagnoses, retain a level of awareness.

In collaboration with the University of Birmingham, the PDOC unit at The Wellington Hospital is embarking on a research project which aims to assess the potential for a non-invasive form of electrical brain stimulation, known as transcranial direct current stimulation (tDCS). The aim is to modulate the activity of the brain regions that control movement, and increase motor responsiveness as a result. By combining tDCS with neuroimaging and using advanced analysis methods, our research team will be able to increase our understanding of the relationship between the different brain regions involved in movement.

The final goal of this research is to develop effective and readily available interventions to increase responsiveness in patients in prolonged disorders of consciousness.



## Prolonged disorders of consciousness

Even after 14 years working at The Wellington Hospital as a Consultant Neuropsychologist, I know it is difficult for me to fully comprehend and imagine the despair felt by those trapped inside their body and unable to communicate. Until 2006, it was broadly assumed that people in prolonged disorders of consciousness and particularly those in a vegetative state were not aware of themselves and of their surroundings.

A landmark discovery by Adrian Owen and his collaborators at the Medical Research Council Cognition and Brain Sciences Unit, Cambridge changed this view forever. The study used functional magnetic resonance imaging (fMRI) to demonstrate preserved conscious awareness in a patient in a vegetative state. When we think, our brain activates in some regions more than others, thus consuming more oxygen and blood flow to that region also increases. When we speak, the speech areas are more active – and this can be shown with fMRI by detecting changes associated with blood flow and pinpoint where the activity is occurring. Even silently imagining something, like moving your arm, can activate the brain area that you'd normally use to act for real, such as actually moving your arm.

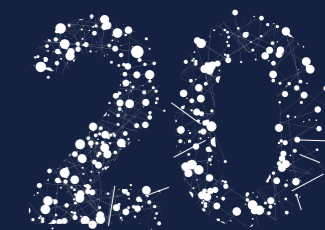
Owen's breakthrough was to ask a patient in vegetative state to imagine playing tennis or moving from room to room in their house. fMRI showed activation in two distinct brain areas, one associated with imagining playing tennis, the other with walking through the house. The implication was that despite being unable to move and respond overtly, the patient was able to obey commands by thinking, thereby showing they were conscious.

My PhD supervisor and mentor, Brenda Milner, who discovered that the hippocampus is essential to lay down day-to-day memories, gave me the best advice of my career: remain curious and sceptical and you will push yourself to do the best you can. Hypotheses are there to be constantly revised. I learned the most from patients who have surpassed and defied my expectations of their recovery.



**Dr Antonio Incisa**

Consultant Neuropsychologist  
Prolonged Disorders of Consciousness Unit  
The Wellington Hospital



# YEARS

We've made extraordinary breakthroughs in understanding the life of people trapped in a realm of minimal consciousness in recent years, and we have the functional magnetic resonance imaging scanner (fMRI) to thank for that.



## SPOTLIGHT ON

### How a father with life-changing injuries defied the odds

Tony Palluotto was referred to The Wellington Hospital in 2007 after being struck by a car with high impact. As a result of the accident, Tony suffered extensive life-threatening injuries, including a skull fracture and brain haemorrhage, and was put in a coma for three weeks.

When Tony awoke, he found that he could no longer talk, walk, taste or smell. Tony was given a specialised rehabilitation plan that included extensive physiotherapy and speech therapy, but no-one could have predicted the results that he demonstrated in such a short period of time. Tony's tremendous resilience fast-tracked his recovery; his speech began to improve, and he was able to walk outside after just two months.

Tony remembers: "It was a devastating time for me, not to mention my wife and two young daughters. Just two months prior to the accident I had completed the Paris Marathon and then I awoke to the news that I could no longer walk. Despite the worrying news, I was determined that I would

overcome the aftermath of this terrible accident and would regain my life back."

Tony recalls: "During my recovery I was given flavoursome, spicy foods that would help to kick start my memory and eventually helped improve my sense of taste. My family would also play music, tell me stories and show pictures to help rejig my former memories."

As Tony's speech began to improve, he noticed his voice no longer had the London accent he had previously. As his speech therapy progressed, Tony found that he could only pronounce words with an Italian accent. His accent has stayed Italian-sounding to the present day. Tony remembers: "At first I thought my London accent would eventually come back as my speech improved. Then as time went on, I realised that my brain injury had changed the way I speak permanently."

As a result of his brain injury, Tony was suffering from a condition called Foreign Accent Syndrome which is a type of aphasia. Aphasia is when one or

more communication modalities in the brain have been damaged and are therefore functioning incorrectly.

People suffering from aphasia can have trouble finding words, or even lose the ability to speak; their intelligence, however, is unaffected. In Tony's case, aphasia has caused him to adopt an accent that he was familiar with in his childhood.

Tony's development has been astonishing and as of December 2018, Tony became a trustee of Headway East London, a local charity supporting brain injury survivors and their families.



20  
YEARS



"The Wellington Hospital intensive care unit (ICU) is able to support and treat patients with the most complicated conditions to the highest international standards"

**Dr Adrian Steele**  
Consultant Intensive Care Medicine  
The Wellington Hospital

## Intensive care unit

24/7

### Early rehabilitation within a critical care environment

Patients with a wide range of medical conditions, from pneumonia to a heart attack or stroke, will often spend part of their hospital stay in intensive care. If their stay is extended, studies have shown that early rehabilitation from a dedicated multidisciplinary team can improve muscle strength, functional mobility and quality of life; as well as reduce the physical complications of critical illness.



33

Level 3 ICU beds

100

Specialist staff

### Outstanding facilities, exceptional care

With 33 Level 3 ICU beds and more than a 100 specialist staff, we offer our patients some of the finest facilities and some of the most experienced consultants in the private sector. At The Wellington Hospital, our specialised, complex care is delivered by a multidisciplinary team of doctors, nurses and allied health professionals who specialise in intensive care. This team is supervised by specialist intensive care consultants.

### WHAT WE CAN OFFER

- Major surgery is accommodated in our Level 3 facilities
- We are able to manage long-term, complex intensive care needs such as specialist ventilator requirements, weaning issues, renal replacement therapy, plasma exchange, haemodynamic support (including IABP and BIVAD) and a large number of cardiac and neurosurgery cases every year.
- Specialist intensive care for patients with acute brain injury and stabilisation before neuro-rehabilitation.



### Understanding the transition from intensive care to the rehabilitation ward

Our aim is to prevent the secondary complications that can often occur when a patient is unwell and immobile for a period of time and to optimise recovery. By delivering a variety of different therapies in ICU we can ensure that comprehensive assessments take place, tailored treatment plans are delivered, and progress is closely monitored to ensure rehabilitation goals are met.

Our holistic approach to recovery means that patients transition from ICU into a ward environment in a safe and seamless manner, ready to start their intensive rehabilitation programme.







YEARS

# THE LONDON RENAL CENTRE

In combination with our Acute Rehabilitation Centre, we now also offer comprehensive care for patients with chronic kidney conditions.

The London Renal Centre at The Wellington Hospital offers a first-of-its-kind joint renal, urology, transplant, vascular and cardiology service. Its leading specialists can treat the full range of kidney diseases, from the very early to the incredibly advanced, including:

- Dialysis
- Acute kidney injury (kidney failure)
- Complex dialysis vascular access (AV fistula/graft)
- Chronic kidney disease (CKD)
- Kidney stones
- Cardiac complications in patients with kidney disease

## Haemodialysis vascular access

We offer surgical procedures including AV fistula, AV grafts and complex upper and lower limb dialysis access formation. We have access to expert interventional radiology for procedures including tunnelled central venous catheter placement, fistuloplasty and venoplasty.

## Hand-picked team from London's top teaching hospitals

This specialist centre is led by a team of consultants from leading London teaching hospitals including Royal Free NHS Foundation Trust, Imperial College Renal and Transplant Centre and University College London Hospital NHS Foundation Trust.

The London Renal Centre is also fully supported by dedicated and experienced renal nurse specialists (RNs) who run the haemodialysis unit, supported by a dedicated resident medical officer (RMO). Importantly, the unit runs a 24-hour on-call service to cover any out-of-hours emergency dialysis treatment.



## SPOTLIGHT ON

### An intensive therapy programme helped Mike on his road to recovery

On the 17th of August 2017, Mike Curran, 33, and his partner Sara O'Shea took on a challenge to cycle from China to Ireland; a journey neither would forget.

A year and two months after leaving China, on the 29th September 2018, Mike and Sara were around 1,300 kilometres from their end goal and were riding from Reims to Paris. They were cycling in single file when a car travelling at speed crashed into Mike. Mike has no memory of the crash.

Mike was transported to a French hospital nearby in Reims. Mike's injuries were severe; he had suffered a traumatic brain injury which included five brain haemorrhages, as well as a punctured lung, broken nose and two

broken ribs. Family and friends made every effort to get Mike back home as quickly as possible once he had awoken from the coma.

After some research and some recommendations, a month later, on the 29th of October 2018, Mike arrived in our Acute Rehabilitation Centre unit to be treated under the care of Dr James Teo, Consultant Neurologist. Mike could walk when he arrived, but he had many issues with his balance. In addition to physical difficulties, Mike also required cognitive therapies.

Mike remembers, "It was like feeling drunk; I couldn't walk in a straight line. I felt dizzy and even began suffering from heightened dizziness and nausea. It was really unpleasant."



While an inpatient, Mike underwent up to 40 sessions of intensive therapy per week. These therapies included working with various physiotherapists specialising on his vestibular system, the musculoskeletal team, an occupational therapist, a neuropsychologist and a speech and language therapist. The therapy was designed around Mike's injuries and adapted based on his progress.

Dr Teo recalls, "Before Mike arrived at The Wellington Hospital, he had suffered a traumatic brain injury. As a result, his balance was out of sync and his mental health had suffered as a result of the accident. We created a recovery plan where we gave him 40 sessions of rehabilitation a week as an inpatient and provided a personal level of care that Mike so badly needed. Since joining us in October 2018, Mike has made astonishing progress and has since been back on his bike, with the long-term view to someday finish the journey he was so close to achieving."

Mike says; "It was an incredibly positive experience. The team radiated positive energy. There was no question of an 'if' you will recover it was 'when' you recover. Straight away I fell in love with the team and I knew I was in safe hands. Dr Teo made me feel comfortable enough to ask any question I had, and I always felt reassured. I had a month as an inpatient and then continued as an outpatient until December."

Mike left the unit in March 2019 and returned to his home in Ireland. Almost fully recovered from his accident, Mike has plans to return to work as an accountant in the future and resume normal life with Sara. They are excited for the future and the accident hasn't put them off many future adventures!



# Meet some of our **experts in rehabilitation**

Recognised and respected by their peers, our consultants are leaders in their specialist field of acute and neurological medicine. Many manage departments and clinical teams in distinguished London teaching hospitals and centres of excellence across Europe. Our consultants are not only highly skilled in the latest treatments and technologies – they're the ones pioneering them.



**Mr Manish Desai**  
MBBS MS (Tr&Ortho) MRCS

**Consultant in Spinal Injuries and Rehabilitation**

Specialises in spinal cord injuries and trauma rehabilitation, management of spasticity and neuropathic pain



**Dr Hadi Manji**  
MA MB BS PhD FRCP

**Consultant Neurologist**

Specialises in general neurology, peripheral nerve disorders, headaches, neurological infections



**Dr Thomas Britton**  
MA MD FRCP

**Consultant Neurologist**

Specialises in neurological rehabilitation medicine, neurology, headache, sleep disorders and tremors



**Dr Paul Jarman**  
MA MB BS PhD FRCP

**Consultant Neurologist**

Specialises in Parkinson's disease and all aspects of neurology, including stroke and epilepsy



**Dr James Teo**  
MA MB MRCP PhD

**Consultant Neurologist**

Specialises in stroke, Parkinson's disease, movement disorders, botulinum toxin therapy for spasticity and dystonia and stroke prevention.



**Dr Richard Greenwood**  
BA MB BChir MD FRCP

**Consultant Neurologist**

Specialises in acute brain injury including stroke, restorative neurology and neurological rehabilitation



**Professor Michael Hanna**  
BA MB BChair MD FRCP

**Consultant Neurologist**

Specialises in neurological rehabilitation, headaches, muscle weakness, epilepsy and stroke



**Dr Eli Silber**  
MB BCh FCP (Neurology) SA MD (Lond)

**Consultant Neurologist**

Specialises in multiple sclerosis, general acute neurology, headaches and tremors



**Dr Orlando Swayne**  
MB BS

**Consultant Neurologist**

Specialises in stroke recovery, neurological rehabilitation and the management of neurodisability

# Get in touch

Inpatient rehabilitation enquiries:

- Call: + 44 (0) 207 483 5348
- Call: + 44 (0) 207 586 2462
- Call: + 44 (0) 207 483 5363

Outpatient rehabilitation enquiries:

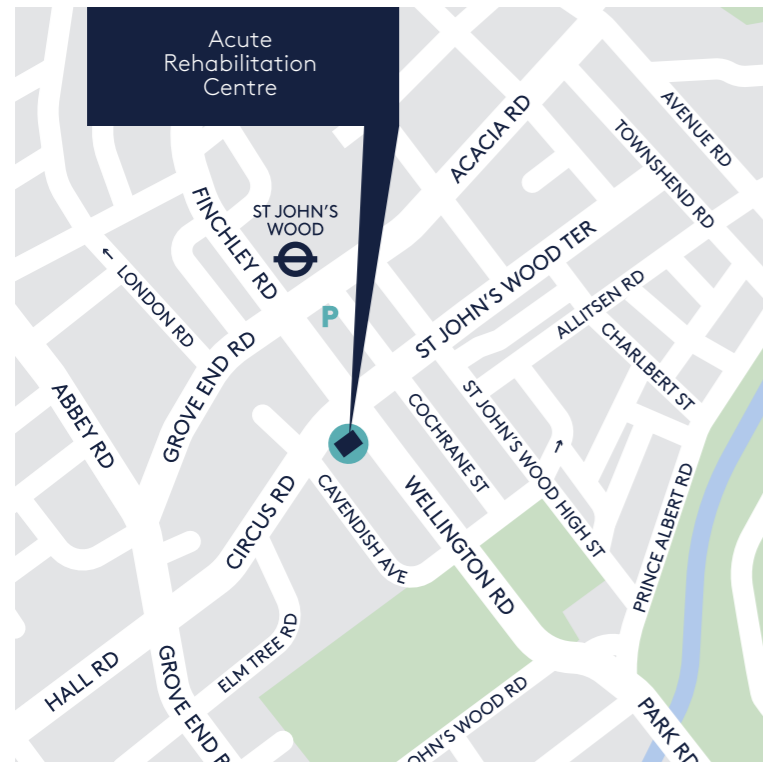
- Call: + 44 (0) 207 483 5184

Email: [rehabilitation.wellington@hcahealthcare.co.uk](mailto:rehabilitation.wellington@hcahealthcare.co.uk)

Visit: [www.thewellingtonhospital.com](http://www.thewellingtonhospital.com)

**We offer a free clinical assessment to all patients who make an enquiry with us. You can speak to one of our rehabilitation advisors who will be happy to arrange this for you.**

# Where to find us



The Wellington Hospital North Building  
Circus Road  
St John's Wood  
London NW8 6PD

# CARF accreditation

## Quality you can depend on for rehabilitation

In April 2017, our Acute Rehabilitation Centre was awarded a further re-accreditation by the Commission for the Accreditation of Rehabilitation Facilities (CARF). This three-year accreditation is the highest level awarded to an organisation, which demonstrates our commitment to uncompromised care. CARF is an internationally recognised, independent body that evaluated standards in global rehabilitation care.







Connect with us



The Wellington Hospital  

---

part of HCA Healthcare UK