<table>
<thead>
<tr>
<th>Address</th>
<th>Crumlin Road, Dublin 12</th>
</tr>
</thead>
</table>
| Contact Person     | Judith O’Connell/Susan Ward  
Paediatric Practice Tutors  
01 4096617  
Judith.OConnell@olchc.ie; Susan.Ward@olchc.ie |
| Where to Check In  | Secretary’s office, Physiotherapy Department, ground floor. |
| Preferred Contact Method | e-mail |
| Phone              | Switchboard 4096100  
Physiotherapy Dept 4096551/4096460  
Judith.OConnell@olchc.ie  
Susan.Ward@olchc.ie |
| How to Get Here    | Car  
Bus  
Luas/Dart  
18, 50, 56A, 77, 77A,  
121, 122, 123, 150  
Red Line Luas, Drimnagh stop, 10 minute walk. |
| Working Hours      | 08.30 - 16.00  
Morning break 11.00 - 11.30  
Lunch 13.00 - 13.30 |
| Uniform Policy     | A minimum of 2 tunics are essential. Please keep a spare on site. Trainers are permitted. Name badge must be worn at all times. |
| Accommodation      | NA |

**GARDA CLEARANCE IS MANDATORY** PRIOR TO PLACEMENTS AT OLCHC. CLEARANCE IS NOW OBTAINED THROUGH TCD. IF YOU HAVE NOT PREVIOUSLY SUBMITTED FORMS FOR GARDA CLEARANCE PLEASE LIASE WITH LUCY ALPINE REGARDING THIS.

NOTE: THIS PROCESS TAKES A **MINIMUM OF 6 WEEKS**.

COMPLETING AND RETURNING AN **Immune Status Form** IS MANDATORY PRIOR TO PLACEMENTS AT OLCHC. The immune status form can be downloaded from the Placement Resources for Students tab on the Practice Education webpage. Please have this form fully completed, dated, signed and stamped by the College Health Centre or your GP PRIOR to your clinical placement at OLCHC. Placements will not proceed where there is any ambiguity surrounding immunity. You may require vaccinations - adequate time must be factored in to allow for this.
SUBMITTING A **PLACEMENT CV IS MANDATORY** PRIOR TO PLACEMENT AT OLCHC. THIS IS AN OLCHC HR DEPARTMENT REQUIREMENT.

**Student Facilities**

<table>
<thead>
<tr>
<th>Access to Staff Room</th>
<th>Students can use fridge, water dispenser, kettle &amp; microwave but have their own room for breaks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canteen</td>
<td>Yes</td>
</tr>
<tr>
<td>Changing Facilities</td>
<td>Yes (note: a €20 refundable deposit is required on Day 1 to obtain a locker key)</td>
</tr>
<tr>
<td>Car/Bicycle Parking</td>
<td>On site - paid car parking. Students have access to a secure bike shed.</td>
</tr>
<tr>
<td>Library</td>
<td>On site</td>
</tr>
<tr>
<td>Study Areas</td>
<td>Yes - dedicated student room.</td>
</tr>
<tr>
<td>Internet</td>
<td>Yes</td>
</tr>
<tr>
<td>On-site Reading Resources</td>
<td>Available</td>
</tr>
</tbody>
</table>

**Core recommended reading text for all areas:**

**Clinical Information**

It is suggested that students familiarise themselves with the following pathologies, assessment procedures and treatment options prior to the beginning of placement.

Students are expected to utilise the TCD physiotherapy facilities available in preparation for all placements.

**Specialty Area**

**Orthopaedics**

**Out Patients:**
- Paediatric Musculoskeletal Conditions – SUFE, Patellar dislocations, Idiopathic toe walkers.
- Fractures
- Osgood Schlatters
- Perthes
- Sever’s Disease
- Scheurmann’s Kyphosis
- Hypermobility
- Anterior Knee Pain
- Soft tissue injuries (eg, ankle sprain, hamstring strain)

**In Patients:**
- Ilizarov limb lengthening
- Scoliosis
- DDH
### Specialty Area: Rheumatology

#### Conditions Seen
- Juvenile Idiopathic Arthritis (JIA)
- Joint Hypermobility Syndrome (JHS)
- Chronic Pain Syndromes (e.g. Pain amplification syndrome PAS)
- Juvenile Dermatomyositis (JDM)
- Mixed Connective Tissue disorders (MCTD)
- Chronic Recurrent Multifocal Osteomyelitis (CRMO)
- Ehler-Danlos Syndrome (EDS)
- Scleroderma
- Systemic Lupus Erythematosus (SLE)

#### Assessment Procedures Used
- Assessment of paediatric musculoskeletal system (specifically pGALS paediatric musculoskeletal screening assessment)
- See Standardised JIA Assessment Form [http://www.bspar.org.uk/therapists](http://www.bspar.org.uk/therapists)
- Knowledge of Developmental Milestones
- Use of Goniometry
- Paediatric strength and endurance testing
### Treatment Options
- Exercise Prescription in Paediatric Rheumatology
  - Including: strength training in paediatrics, developing a joint range of movement and stretching programme, endurance training, postural muscle training
- Education regarding disease, self-management, activity and HEP compliance
- Biopsychosocial approach to pain management including pain education, graded activity, pacing and goal setting.

### MDT Opportunities
Yes - weekly full MDT meetings, weekly clinics, joint PT/OT/psychology assessments, attendance at joint injection and biologic clinics.

### Outcome Measures
- CHAQ
- CMAS
- Beighton / Brighton
- pGALS
- ASK – Activity Scale for Kids Questionnaire
- 6 Minute Walk Test (6MWT)
- Movement ABC

### Useful References (3 max)
- Britton C: Kids with Arthritis- A guide for families (Choices 2004).
- www.kidswitharthritis.org
- BSPAR website [http://www.bspar.org.uk/therapists](http://www.bspar.org.uk/therapists)
- British Society of Paediatric and Adolescent Rheumatology (BSPAR) Guidelines for the Physiotherapy Management of Joint Hypermobility Syndrome (JHS)
- BSPAR Standards of Care for Juvenile Idiopathic Arthritis (JIA)

### Specialty Area
**Neurodevelopmental/Neurology**

<table>
<thead>
<tr>
<th>Conditions Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Assessment and treatment of babies and children with all types of neurological impairment</td>
</tr>
<tr>
<td>- Cerebral Palsy</td>
</tr>
<tr>
<td>- Infantile spasms</td>
</tr>
<tr>
<td>- Genetic syndromes</td>
</tr>
<tr>
<td>- Developmental delay secondary to a variety of factors-cardiac history, prolonged ventilation/ICU</td>
</tr>
<tr>
<td>- Acute neurological conditions eg CVA, Guillian Barré, encephalopathies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment Procedures Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Knowledge of normal developmental milestones</td>
</tr>
<tr>
<td>- Assessment of tone</td>
</tr>
<tr>
<td>Specialty Area</td>
</tr>
<tr>
<td>---------------</td>
</tr>
</tbody>
</table>
| Conditions Seen | • Assessment and treatment of babies and children on long term ventilation with all types of neurological impairments.  
• Long term ventilation may be due to but not limited to:  
  • Tracheobronchomalacia  
  • Congenital Hypoventilation Syndrome  
  • Genetic Syndromes  
  • Chronic lung disease due to prematurity  
• Neurological impairments may be due to:  
  • Developmental Delay secondary to long term ventilation, cardiac history, ICU stay  
  • Genetic syndromes  
  • Infantile spasms  
  • Cerebral Palsy  
  • Acute Neurological conditions e.g. CVA, Guillian Barre, encephalopathies |
| Assessment Procedures Used | • Knowledge of Tracheostomies, indications, types of tubes, suctioning via a tracheostomy tube, care of tracheostomy tube.  
• Knowledge of normal developmental milestones, normal |
and abnormal tone
- Assessment and treatment skills will be developed during placement
- Knowledge of assessment tools - Bayley’s Scales of Infant and Toddler development BSID’s III; Movement ABC

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Respiratory</th>
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</thead>
</table>
| Conditions Seen | • Cardiac (ICU and wards)  
• Extra Corporeal Life Support (ECLS)
• Cyanotic and Acyanotic anomalies:
  o Hypoplastic left/right heart syndrome (HLHS/HRHS)
  o Transposition of the great arteries (TGA)
  o Atrioventricular septal defect (AVSD)
  o Coarctation of the Aorta
• Medical/Surgical (ICU and wards)
• Congenital Diaphragmatic Hernia
• Oesophageal Atresia and Tracheoesophageal Fistula
• Omphalocele and Gastrochisis
• Post-op laparotomies and thoracotomies
• Pneumonia
• Empyema
• Cerebral Palsy
• Trisomy 21
• Bronchiectasis |
| Assessment Procedures Used | • Paediatric Normal Values & Anatomical Differences  
• Paediatric respiratory assessment  
• Exercise testing |
| Treatment Options | • MHI  
• Positioning  
• Autogenic drainage  
• Manual Techniques  
• Suctioning  
• Devices (Acapella, Flutter, PEP) |
<p>| MDT Opportunities | |
| Outcome Measures | BORG |
| Useful References (3 max) | • Prasad SA &amp; Hussy J: Paediatric Respiratory Care |</p>
<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Cystic Fibrosis</th>
</tr>
</thead>
</table>
| **Conditions Seen** | - Cystic Fibrosis  
- Bronchiectasis  
- Primary Ciliary Dyskinesia |
| **Assessment Procedures Used** | - Paediatric Respiratory Assessment including auscultation, positioning, O2 therapy, ABG’s, PFT,s pain management  
- Anatomical and physiological differences between adults and paediatrics  
  - Normal paediatric vital signs and values  
  - Paediatric indications and contraindications for treatment  
  - The implications of CXR findings  
- Exercise Testing Modified shuttle walk test (MSWT), 6 minute walk test. BORG scale  
- Outcome measures in CF  
- Complications of CF and implications for treatment (eg: pneumothorax, haemoptysis, gastro-oesophageal reflux, CF related Diabetes Mellitus, CF related liver disease  
- Patient education  
- Communication with MDT |
| **Treatment Options** | - Techniques such as PEP, Oscillating PEP (Flutter / Acapella), bubble PEP, positioning, FET, effective cough ACBT, Autogenic Drainage, percussion & vibration, non-invasive ventilation (NIV).  
- Exercise prescription  
  - Thoracic mobility / posture correction  
  - Relaxation techniques  
  - Exercise programmes: aerobic/strengthening/flexibility/bone health.  
  - Advice re urinary incontinence |
| **MDT Opportunities** | Yes |
| **Outcome Measures** | - Exercise Testing Modified shuttle walk test (MSWT),  
- 6 minute walk test.  
- BORG scale |
| **Useful References (3 max)** | - UK CF Trust website [www.cftrust.org.uk](http://www.cftrust.org.uk)  
- CFAI website [www.cfireland.ie](http://www.cfireland.ie)  
<p>| <strong>Useful Additional Information</strong> | (Chapman &amp; Hall 1995) |</p>
<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Oncology/Haematology</th>
</tr>
</thead>
</table>
| **Conditions Seen** | - Paediatric Cancers: ALL, AML, Solid tumours including brain, bone and muscle tumours.  
- Haemophilia  
- Haemoglobinopathy – Sickle cell disease.  
- Acute chest crisis, painful crisis in Sickle cell disease  
- Bone Marrow Transplant  
- Steroid induced myopathy  
- Chemotherapy induced peripheral neuropathy  
- Avascular Necrosis e.g. of hip |
| **Assessment Procedures Used** | - Joint Range of Movement (Active and passive) – Goniometry  
- Muscle power testing – Oxford scale  
- Neurological assessment including special tests  
- Musculoskeletal assessment including special tests  
- Observational skills for movement analysis  
- Gait Assessment  
- Exercise therapy and prescription  
- Respiratory physiotherapy assessment and treatment techniques  
- Functional assessment skills  
- Therapeutic handling and positional skills (age appropriate)  
- Prescription of mobility aids  
- Respiratory care, neurological and musculoskeletal treatment and rehabilitation. |
| **Treatment Options** | Respiratory care, neurological and musculoskeletal treatment and rehabilitation. |
| **MDT Opportunities** | Yes |
| **Outcome Measures** | - HJHS (Haemophilia Joint Health Score)  
- CIN-D (The Dublin screening tool for Chemotherapy Induced Peripheral Neurotoxicity)  
- Movement ABC  
- Bayley Scale of Infant and Toddler development (3rd Edition) BSID III |
| **Useful References (3 max)** | - Tecklin J: “Paediatric Physical Therapy” (Lippincott 1998).  
| **Useful Additional Information** | |