Pre-Placement Information 2016 -2017

St. James’s Hospital is the largest academic teaching hospital in Ireland. The Physiotherapy Department is staffed by approximately 50 physiotherapists, 8 physiotherapy assistants and 3 clerical staff. The department is located in Hospital 7 in a pre-fabricated building inside the Rialto Gate, but we are expecting to move building this year to facilitate the building of the new children's hospital. Please pay particular attention to information highlighted in bold as this outlines what is expected from all students on arrival.

You can visit our web pages at the following address:
http://www.stjames.ie/PatientsVisitors/Departments/Physiotherapy

Placements available are:
* Respiratory * Med-Stroke* Med-Rehab
* Care of the Elderly/Rehabilitation (MISA) * Day Hospital * Cardiothoracic Surgery/ Cardiac rehabilitation * Orthopaedics * Burns & Plastics * Acute Medical Admissions Unit * Oncology/ Haematology * *Outpatients

<table>
<thead>
<tr>
<th>Address</th>
<th>Physiotherapy Department, St James’s Hospital, James’s Street, Dublin 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td>Rachel Fitzgerald – Practice Tutor OPD <a href="mailto:RFitzgerald@stjames.ie">RFitzgerald@stjames.ie</a> Tel: 4162503</td>
</tr>
<tr>
<td></td>
<td>Alice Waugh – Practice Tutor Neurology, Care of the elderly, General Medicine, Orthopaedics <a href="mailto:awaugh@stjames.ie">awaugh@stjames.ie</a> Tel: 4162503 Bleep: 044</td>
</tr>
<tr>
<td></td>
<td>Noreen O Shea- Practice Tutor Respiratory, Burns &amp; Plastics, Oncology <a href="mailto:noshea@stjames.ie">noshea@stjames.ie</a> Tel: 4162503 Bleep: 696 Mobile: 0879180447</td>
</tr>
<tr>
<td>Where to Check In</td>
<td>8.30am at the Physiotherapy Dept. in Hospital 7 just inside the Rialto Gate; ask for Noreen O Shea, Alice Waugh or Rachel Fitzgerald at the reception desk. (The location of the physiotherapy department may change this year. Please email one of the tutors if you are unsure where to meet on the first day)</td>
</tr>
</tbody>
</table>

There will be an orientation for approximately 1 hour. Please bring 3 copies of your learning objectives forms with you on Day 1 (One for yourself, one for your tutor and one for your practice educator) to be completed by the end of week 1. The appropriate CAF form must also be given to the practice tutor on Day 1. All students are advised to read the CAF form carefully prior to placement so that you are familiar with what is expected of you on placement in each area and competency.

In case of absenteeism due to sick leave, you are obliged to contact your tutor in the physiotherapy department and Lucy St. James' Hospital
Alpine in the School of Physiotherapy at 8.30 and 9.00 a.m. respectively.

<table>
<thead>
<tr>
<th>Preferred Contact Method</th>
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<tbody>
<tr>
<td>Phone</td>
<td>(01) 416 2503/4 <strong>LATENESS, SICK LEAVE OR ABSENCE.</strong> In case of absenteeism due to sick leave, you are obliged to speak to a tutor or educator through the main hospital switch 01 4103000 or contacts as above.</td>
</tr>
<tr>
<td>Email</td>
<td>See tutor contacts above; please ensure you are contacting the relevant tutor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How to Get Here</th>
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</thead>
<tbody>
<tr>
<td>Car</td>
<td></td>
</tr>
<tr>
<td>Bus</td>
<td>123</td>
</tr>
<tr>
<td>Luas/Dart</td>
<td>LUAS (Red line)</td>
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</table>

<table>
<thead>
<tr>
<th>Working Hours</th>
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<tbody>
<tr>
<td>08.30 – 16.30 (extended hours in certain areas)</td>
<td></td>
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<tr>
<td>Breaks</td>
<td><strong>LUNCH 12.30 – 13.30</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uniform Policy</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>As per Practice Education Handbook</td>
<td></td>
</tr>
<tr>
<td>Uniform policy outlined by the discipline of physiotherapy must be strictly adhered to. Name badge must be worn at all times. Navy trousers, white tunic Navy socks, navy/black shoes Name badge, fob watch Uniform must be laundered, ironed and tunic top must be changed each day. Students must not travel to and from placement in uniform. Students are required to change out of uniform if leaving the hospital grounds campus for lunch or for any other reason. Long hair is to be tied back.</td>
<td></td>
</tr>
</tbody>
</table>

| Accommodation | NA |

**HEALTH & SAFETY GUIDELINES**
Before starting placement students must have completed:
- Manual handling
- CPR
- Vaccinations up-to-date
- Non-violence and aggression training
- Hand hygiene e-learning programme. [www.hseland.ie](http://www.hseland.ie) (max 30mins)

**Students expected to have evidence of completion of hand hygiene learning programme on [www.hseland.ie](http://www.hseland.ie) prior to placement. Bring certificate on day 1 of placement.**
Student Facilities

<table>
<thead>
<tr>
<th>Access to Staff Room</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canteen</td>
<td>Lunch 12.15 – 3. Located in Hospital 7; open from 7.30 and for lunch. Cashless payment system, ie: money must be loaded onto a card. Cards are available from the practice tutor and are required to gain access to many parts of the hospital. <strong>Cards will only be provided to students on receipt of a €10 deposit</strong> which will be returned at the end of the placement once the card is given back to the tutor.</td>
</tr>
<tr>
<td>Changing Facilities</td>
<td>Lockers are available. Keys will be provided during orientation.</td>
</tr>
<tr>
<td>Car/Bicycle Parking</td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td>John Stearne Library, Trinity Centre</td>
</tr>
</tbody>
</table>
| Study Areas          | UVL Room (for OPD students)  
Student room (for all other students). |
| Internet             | Limited use available on staff computers. |
| On-site Reading Resources | Useful link: [http://www.iscp.ie/cpd learning zone](http://www.iscp.ie/cpd)  
Specific areas have resources available for students in the study areas  
Before starting placement students must have completed:  
- Manual handling  
- CPR  
- Vaccinations up-to-date |

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 physiotherapy facilities available in preparation for all placements.

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>ORTHOPAEDIC/ RHEUMATOLOGICAL / EMERGENCY DEPARTMENT OUT-PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The student facility for orthopaedic/ rheumatology/ emergency dept out-patients is located in the ‘UV’ room in the main physiotherapy department (Hospital 7). It is an out-patient service for persons with orthopaedic/rheumatological/emergency dept related conditions. All patients are referred by an orthopaedic or emergency dept consultant, a rheumatologist, or in some cases by a physiotherapist working on the orthopaedic ward.</td>
</tr>
<tr>
<td></td>
<td>Students will be supervised by the practice tutor (Rachel Fitzgerald) in OPD for part of their week. During this time, students will attend tutorials</td>
</tr>
</tbody>
</table>
and will be involved in the assessment and treatment of patients. The other time students will be supervised by a physiotherapist working in the out-patient department.

All students have been allocated one hour for an initial assessment and a follow-up treatment. This time should include time for note-keeping. An enthusiastic, self-directed approach to learning is encouraged while on placement and students are advised to take advantage of the time on placement to practice communication, documentation, assessment and treatment skills. Peer learning, shadowing, clinical reasoning exercises, case presentations and discussions, tutorials and service development projects are learning models used in this setting to make this a valuable learning experience for students and to develop skills in clinical reasoning, research, exercise and treatment prescription, manual therapy, discharge planning, health promotion, service development and independence in carrying a case-load.

In order to get the most out of this placement and to be deemed competent to carry a clinical case-load, pre placement preparation is ESSENTIAL. Below are areas you are advised to focus on in preparing for this placement.

Competence in each area will be assessed during the first two weeks of placement and the preparation for placement and professionalism section of the common appraisal form will be graded accordingly.

Pre-placement preparation should include review of the following areas:

- Musculoskeletal and rheumatology learning objectives in the student handbook
- Anatomy of all peripheral joints and the vertebral column
- Understanding of fracture healing and soft tissue injury healing processes and timeframes for both
- Understanding of basic pain mechanisms
- Recognition of ‘red flags’ or signs of serious pathology
- Musculoskeletal conditions covered in the musculoskeletal module
- Musculoskeletal assessment (subjective and objective, see notes from Preparation for Clinical Practice module;  
- Introduction to musculoskeletal assessment and relevant notes from musculoskeletal module)
- Neurological examination, including neurointegrity (dermatomes, myotomes, reflexes); sensory testing; Babinski and clonus signs
- Functional/ biomechanical assessment including gait analysis
- Manual therapy mobilisation techniques (A comprehensive list of the manual therapy techniques students are expected to be competent in is available in the student handbook, ('Clinics in Motion’ DVDs are a useful resource and are available from the John Sterne library and online)
- Principles of muscle strengthening, exercise prescription and progression
- Crutch walking
- Outcome measures – Goniometry, oxford scale, visual analogue scale, dynamometry, functional outcome measures as appropriate
- Electrotherapy including Hot- packs/ice treatment and paraffin wax, Ultrasound
<table>
<thead>
<tr>
<th>Conditions Seen</th>
<th>• Musculoskeletal conditions covered in the musculoskeletal module</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Procedures Used</td>
<td>• Musculoskeletal assessment</td>
</tr>
<tr>
<td></td>
<td>• Recognition of ‘red flags’ or signs of serious pathology</td>
</tr>
<tr>
<td></td>
<td>• Functional/ biomechanical assessment including gait analysis</td>
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<tr>
<td></td>
<td>• Falls Prevention Intervention Tool</td>
</tr>
<tr>
<td>Treatment Options</td>
<td>• Education/advice</td>
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<tr>
<td></td>
<td>• Manual therapy techniques – joint/muscle/nerve</td>
</tr>
<tr>
<td></td>
<td>• Exercise prescription and progression</td>
</tr>
<tr>
<td></td>
<td>• Heat (hot-packs)/Cold (ice) treatment, paraffin wax; Electrotherapy: Ultrasound</td>
</tr>
<tr>
<td>MDT Opportunities</td>
<td>• Emergency Department and Fracture clinic</td>
</tr>
<tr>
<td>Outcome Measures</td>
<td>Goniometry, oxford scale, numerical rating scale, dynamometry, functional outcome measures as appropriate</td>
</tr>
<tr>
<td></td>
<td>• Levangie, P, Norkin, C (2001) <em>Joint structure and function: A comprehensive analysis</em>. 3rd Ed, F.A. Davis company, Philadelphia</td>
</tr>
<tr>
<td></td>
<td>• McRae R: <em>Practical Fracture Treatment</em> (Churchill Livingstone 1994)</td>
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<tr>
<td></td>
<td>• McRae R: <em>Clinical Orthopaedic Examination 6th edition</em> (Churchill Livingstone 2010)</td>
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<tr>
<td></td>
<td>• Crawford Adams &amp; Hamblen: <em>Outline of Fractures</em> (Churchill Livingstone 1991)</td>
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<td></td>
<td>• Rockwood C : <em>Rockwood &amp; Green’s Fractures in Adults</em> (Lippincott-Raven 1996)</td>
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<tr>
<td></td>
<td>• ‘Clinics in Motion’ DVDs – available from the John Sterne library</td>
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</table>
REFERENCE MATERIAL ON SITE
Relevant tutorials will be made available on site with a number of relevant articles and in-services available. There are a limited number of books available that can be used on-site by students while on placement.
Opportunity exists to attend in-services, fracture clinics, and group classes for patients with shoulder/knee/hand/ankle injuries. You may also work in the emergency department.

Local Policies:
Make Every Contact Count
Falls Assessment and Intervention Tool
Hand Hygiene
Wrist fracture pathway
StarTBack tool

CASE STUDIES
During the last week of placement, students are required to deliver a case presentation to the out-patient department.
Further information is available on placement. If final patient assessments are to be carried out, students are excused from doing a case presentation. Final patient assessments, where possible, will take place during the final week of placement.

ACTIVITIES STUDENTS MAY UNDERTAKE TO PREPARE FOR PLACEMENT –example

<table>
<thead>
<tr>
<th>Date</th>
<th>Area of study</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/09/16,</td>
<td>Maitland Mobilisations</td>
<td>Read maitland –peripheral mobilisations (3 hours), Practiced maitland manual therapy techniques with classmate (2 hours) Forgot how to perform an AP accessory glide on the glenohumeral joint</td>
</tr>
<tr>
<td>10/09/16</td>
<td></td>
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<tr>
<td>12/9/16</td>
<td>Anatomy</td>
<td>Reviewed lecture notes on upper limb Question and Answer Buddy session (3 hours)</td>
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</table>

Issues raised
Forgot how to perform an AP accessory glide on the glenohumeral joint
<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>ORTHOPAEDICS</th>
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</thead>
<tbody>
<tr>
<td>The orthopaedic physiotherapy team consists of 1.0 senior physiotherapist (Kate McNulty, bleep 700), 1.5 staff grade physiotherapists and one physiotherapy assistant. This team is responsible for all patients admitted under the care of four orthopaedic surgeons. This is a very busy service. Surgery performed is mostly trauma rather than elective.</td>
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</tr>
<tr>
<td>It is suggested that students familiarise themselves with the following skills / techniques prior to beginning the placement</td>
<td></td>
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<tr>
<td>• Healing process &amp; fracture repair</td>
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<tr>
<td>• Principles of fracture management</td>
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<tr>
<td>• Complications of fractures</td>
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<tr>
<td>• Management of common upper/lower limb &amp; spinal fractures especially hip fractures, tibial fractures, ankle fractures and Colles fractures.</td>
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<tr>
<td>• Basic joint assessment procedures including goniometry</td>
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<tr>
<td>• Basic Anatomy</td>
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<tr>
<td>• Knowledge of crutch walking and weight bearing restrictions (NWB, PWB, TTWB, WBAT, FWB)</td>
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<tr>
<td>Conditions Seen</td>
<td></td>
</tr>
<tr>
<td>• Fractured neck of femur</td>
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<tr>
<td>o Dynamic Hip Screw (DHS)</td>
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<tr>
<td>o Bipolar hemi-arthroplasty</td>
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<tr>
<td>o Gamma nail.</td>
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<tr>
<td>o Total Hip replacement.</td>
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<tr>
<td>o Intra-medullary nail</td>
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<tr>
<td>• Fractured ankle</td>
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<tr>
<td>• Fractured Tib/Fib</td>
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<tr>
<td>• Colles Fracture</td>
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<tr>
<td>• Fractured neck of humerus</td>
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<tr>
<td>• Delirium (very common)</td>
<td></td>
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<tr>
<td>• Dementia</td>
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<tr>
<td>• Osteoporosis</td>
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<tr>
<td>• Variety of other lower limb fractures</td>
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<tr>
<td>• Variety of other upper limb fractures</td>
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<tr>
<td>• Osteoporotic spinal fracture</td>
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<tr>
<td>• Compartment syndrome</td>
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<tr>
<td>• Acute low back pain / disc prolapse / discectomy</td>
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<tr>
<td>• Multi-trauma</td>
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<tr>
<td>• Arthroscopy</td>
<td></td>
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<tr>
<td>• ACL reconstruction (occasionally)</td>
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<tr>
<td>• Corrective foot surgeries</td>
<td></td>
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<tr>
<td>• Girdlestone procedure (rarely)</td>
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<tr>
<td>• Nerve lesions</td>
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<tr>
<td>• Total hip/knee replacement (occasionally)</td>
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<tr>
<td>• Arthrodesis (less common)</td>
<td></td>
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<tr>
<td>Assessment</td>
<td></td>
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<tr>
<td>• Checking CMST (Circulation, Movement, Sensation &amp; Temperature) post-surgery.</td>
<td></td>
</tr>
</tbody>
</table>
| Procedures Used                                                                 | • Assessment of joint range of movement (Goniometry)  
|                                                                              | • Assessment for walking aids / appliances  
|                                                                              | • Communication skills especially with cognitively impaired people.  
|                                                                              | • Therapeutic handling of limbs  
|                                                                              | • Spinal and peripheral joint assessment and mobilization  
|                                                                              | • Moving and handling skills especially of heavily dependent patients  
|                                                                              | • Exercise prescription  
| Treatment Options                                                             | • Progression of walking aids / appliances  
|                                                                              | • Re-education of gait, balance and functional skills  
|                                                                              | • Techniques to recover/increase ROM and muscle power  
|                                                                              | • Exercise prescription  
|                                                                              | • Spinal and peripheral joint mobilization  
|                                                                              | • Discharge planning  
| MDT Opportunities                                                             | • Weekly in-services/article review  
|                                                                              | • Weekly MDT meetings  
|                                                                              | • Discharge planning  
|                                                                              | • Daily communication with fellow members of the MDT  
| Outcome Measures                                                              | • VAS  
|                                                                              | • Goniometry  
|                                                                              | • Timed Up and Go  
|                                                                              | • Berg Balance Scale  
|                                                                              | • EMS  
| Useful References (3 max)                                                     | Perhaps take some of these books out of library & bring to placement with you.  
|                                                                              | • McRae R: Clinical Orthopaedic Examination (Churchill Livingstone 1997)  
|                                                                              | • Atkinson, K, Coutts, F, Hassenkamp, Physiotherapy in orthopaedics a problem solving approach (Churchill Livingstone)  
|                                                                              | • Brinker, M Review of Orthopaedic Trauma (Saunders)  
|                                                                              | www.sign.ac.co.uk  
| Useful Additional Information                                                  | http://www.methodisthealthsystem.org/OrthopedicHealthAnimations  

ONCOLOGY & HAEMATOLOGY

The Oncology/Haematology physiotherapy team consists of 1 WTE Clinical specialist in Haematology, 0.5 senior physiotherapist, 1.5 rotational staff grade physiotherapist and a physiotherapy assistant in the afternoon.

The student will work closely with the senior and staff grade physiotherapist in oncology and haematology. Physiotherapy service is provided to all oncology and haematology patients throughout the hospital including the national Bone Marrow Transplant (BMT) unit and two dedicated oncology/haematology wards (Donal Hollywood & Walter Stevenson Ward).

An outpatient service is also provided for oncology, haematology, breast care and haemophilia patients.

The student may also spend some time with the Clinical Specialist Physiotherapist in haemophilia.

It is suggested that students familiarise themselves with the following skills / techniques prior to beginning the placement:

- Safe Manual Handling Techniques
- Background knowledge of oncological/haematological pathologies.
- Background knowledge Physiotherapy post breast cancer surgery.
- Side-effects of Radiotherapy and Chemotherapy treatment
- Normal Blood values e.g. WCC, Neutrophils, Hgb, Platelets and ABGs
- Respiratory assessment and treatment – auscultation / ACBT / Breathing Control
- Neurological assessments - basic ability to measure power, tone, coordination, sensation and treatments.
- Functional assessment including gait analysis.
- Peripheral joint musculoskeletal assessment
- Documentation using SOAP notes
- Basic clinical reasoning

Conditions Seen

- Cancer e.g. Breast, Lung, GI, Head & Neck and Genitourinary
- Haematological Cancer e.g. leukaemia, lymphoma and myeloma
- Patients with oncology/haematology complications such as metastatic disease, spinal cord compression, bone involvement, leptomeningeal disease, ‘Graft Versus Host Disease’
- Patients post breast surgery including mastectomy, wide local excisions, axillary node surgery and breast reconstructive surgery.
- Immobility/debility and Balance disorders/falls due to disease process or cancer treatment e.g. Disuse atrophy, steroid induced myopathy, spinal cord compression or peripheral neuropathy
### Assessment Procedures Used
- Medical respiratory conditions e.g. pleural effusion, COPD, Shortness of Breath
- Respiratory assessment – auscultation skills / ACBT
- Neurological assessments - basic ability to measure power, tone, coordination, sensation and functional assessment
- Functional assessment including gait analysis
- Balance Assessment
- Assessment of joint range of movement
- Assessment for walking aids / appliances
- Moving and handling skills especially of heavily dependent patients

### Treatment Options
- Respiratory Treatment techniques: ACBT, Breathing Control, Positioning, Fatigue management.
- Prescription/progression of mobility aids
- Balance, gait and functional mobility re-education
- Exercise prescription and MSK treatments for the upper quadrant post breast surgery
- Spinal and peripheral joint mobilization
- Exercise prescription and progression of exercise programs
- Health Promotion and physical activity advice specific to oncology patients
- Discharge Planning

### MDT Opportunities
- MDT Case Conferences held weekly
- Discharge planning
- Daily communication with fellow members of the MDT

### Outcome Measures
- Berg Balance Scale
- VAS
- BORG
- 6 minute walk test
- Goniometry
- IPAQ
- UEFI

### Useful References (3 max)
- Physiotherapy Works: Cancer Survivorship:
## Useful Additional Information

- [www.iscp.ie](http://www.csp.org.uk/publications/physiotherapy-works-cancer-survivorship)  
  Access is free for undergraduates. But you need to register.  
  The following e learning options will be helpful:  
  - Cancer: Physiotherapy Symptom Management  
  - Cancer: The role of exercise therapy  
  - Cancer: Current Principles of Cancer Management  
  - Cancer Breast Cancer  
  - Cancer Lymphoedema  
  - Cancer: Oncology Medical Emergencies  
  - Cancer: Communication in Cancer Care  
- Exercise and Cancer Survivorship; Saxton and Daley (2010)  
- Rehabilitation in Cancer Care; Rankin, Robb, Murtagh, Cooper and Lewis (2009) (available in-house)  
- You will be expected to deliver an in-service or article review during your placement

## Specialty Area

**CARE OF THE ELDERLY – MISA (Mercer's Institute of Successful Ageing)**

MISA is located away from the main physiotherapy department. To locate MISA you can:

- Enter the main hospital entrance  
- Follow Route 2 from main concourse (located beyond the curved staircase on left hand side).  
- Look for MISA signage and enter the double doors on your right.  
- Follow the glass link corridor through to another set of double doors.  
- Follow around to the left and walk towards a reception area/security.  
- Enter another set of double doors located on the right side (location of stairwell/lifts)  
- Take lift or stairs up to the next floor.  
- Therapy area is located on right from the lift/ left coming from the stairwell.  
- A swipe card is needed to access the therapy area.  
- Follow signs for physiotherapy

MISA is a rehabilitation unit for persons over the age of 65. It is staffed by one Clinical Specialist and one senior physiotherapist, 4 staff grade physiotherapists (rotational) and 3 physiotherapy assistants (this is subject to change with merging of services such as acute stroke). The physiotherapy area is on level 1. The direct line telephone number is 01-4162149/ 4103069.

It is suggested that students are confident and have practiced the
following skills/ techniques prior to beginning the placement:

- Safe manual handling techniques
- Be confident in handling of patients for a basic neurological assessment
- Background knowledge of neurological pathologies (Stroke, Parkinson's disease)
- Knowledge of Falls Assessment (Power, Tone, ROM, Coordination, Sensation, Balance)
- Balance – theory of balance control, assessment, re-education
- Outcome measures – Berg Balance Scale, Elderly Mobility Scale, Timed Up and Go, Tinetti Gait & Balance assessment, Motor Assessment Scale
- Functional assessment including gait analysis
- Understanding of SOAP notes documentation
- Basic clinical reasoning

<table>
<thead>
<tr>
<th>Conditions Seen</th>
<th>Stroke</th>
<th>Falls</th>
<th>Parkinson’s Disease</th>
<th>Fractures – lower limb/ upper limb</th>
<th>Amputees</th>
<th>OA/RA</th>
<th>Immobility/Debility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Procedures Used</td>
<td>Physiotherapy assessment of the older person</td>
<td>Balance, gait and functional mobility assessment</td>
<td>Prescription of mobility aids</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Treatment Options</td>
<td>Balance, gait and functional mobility re-education</td>
<td>Mobility and strengthening exercise programmes</td>
<td>Moving and handling skills</td>
<td>Electrotherapy – IF/ US/ Neurotech</td>
<td>Group exercise class</td>
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<tr>
<td>MDT Opportunities</td>
<td>MDT case conferences</td>
<td>OT home visits.</td>
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</tr>
<tr>
<td>Outcome Measures</td>
<td>Berg Balance Scale</td>
<td>Elderly Mobility Scale</td>
<td>Timed Up and Go</td>
<td>Tinetti Gait &amp; Balance assessment</td>
<td>Motor Assessment Scale</td>
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</tr>
<tr>
<td>Chartered Society Of Physiotherapy (UK) - Standards of Practice for the Management of patients with Amputees available on <a href="http://www.csp.org.uk">www.csp.org.uk</a></td>
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<tr>
<td>Cochrane Review: Interventions for preventing falls in older people in care facilities and hospitals (2012)</td>
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<tr>
<td>NICE Falls: assessment and prevention of falls in older people. June 2013</td>
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<tr>
<td>Lecture notes from physiotherapy course</td>
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</tbody>
</table>

**Books:**

- Shumway-Cook and Woolacott – Motor Control : Theory and applications
- Davis PM: Steps to Follow The Comprehensive Treatment of Patients With Hemiplegia
- Stokes M (1998) Neurological Physiotherapy. Mosby London. (Section 1, chapter 7)

**Useful Additional Information**

- Communication skills - MDT / patient / carers
- Opportunity exists to attend in-services
- Deliver an in-service or article review
- There is a student folder with a number of relevant articles and in-services available.

**Specialty Area**

**CARE OF THE ELDERLY - ROBERT MAYNE DAY HOSPITAL**

The Robert Mayne Day Hospital is a day hospital for persons over the age of 65 located to the rear of Hospital 2, beside Hospital 4. Patients typically attend for 1 day per week for a course of treatment (6 – 8 weeks). Patients are seen by the Multidisciplinary team as appropriate.

The physiotherapy staff consists of 1 senior physiotherapist, 1 staff grade physiotherapist and 1 half-time physiotherapy assistant.

Telephone number is 01- 4162611.
The service also provides physiotherapy to a 50 bedded residential unit in Hollybrook which is covered by one physiotherapist one afternoon per week and includes 1:1 annual reviews and an exercise class.

It is suggested that students familiarise themselves with the following skills /techniques prior to beginning the placement:

- Safe manual handling techniques
- Neurological pathologies, assessment, treatment namely stroke and Parkinson’s Disease
- Functional assessment including gait analysis
- Reasons for falls in the elderly
- Balance – theory of balance control, assessment, re-education
- Spinal and peripheral joint assessment
- Outcome measures – Berg balance scale, Elderly mobility scale, the six minute walk test, Timed Up and Go, Parkinson’s Specific OCMs
- Soap note documentation

| Conditions Seen          | Falls
|                         | Parkinson’s disease
|                         | Stroke
|                         | RA / OA
|                         | Fractures/ THR /TKR
|                         | Immobility/debility

| Assessment Procedures Used | Physiotherapy assessment of the older person
|                           | Falls assessment
|                           | Balance, gait and functional mobility assessment
|                           | Prescription of mobility aids
|                           | Exercise prescription
|                           | Peripheral Joint assessment
|                           | Communication skills – MDT / patient / carers
|                           | Moving and handling skills

| Treatment Options         | Balance, gait and functional mobility re-education
|                           | Exercise prescription
|                           | Electrotherapy – IF/ US/ Neurotech
|                           | Group exercise class
|                           | Deliver an in-service or article review
|                           | Communication skills – MDT / patient / carers
|                           | Moving and handling skills

| MDT                      | Attendance at family meetings, case conferences, in-service training, and journal club
<table>
<thead>
<tr>
<th>Opportunities</th>
<th>• Daily communication with the MDT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Measures</td>
<td>• Berg balance scale</td>
</tr>
<tr>
<td></td>
<td>• Elderly mobility scale</td>
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<tr>
<td></td>
<td>• Six minute walking test</td>
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<tr>
<td></td>
<td>• Timed Up and Go</td>
</tr>
<tr>
<td></td>
<td>• Parkinson’s Specific Outcome Measures available in the European Physiotherapy Guidelines (2014).</td>
</tr>
<tr>
<td>Useful References (3 max)</td>
<td>1. European Physiotherapy Guidelines on Parkinson’s Disease (2014)</td>
</tr>
<tr>
<td></td>
<td>2. Falls guidelines (NICE 2013, HSE 2008)</td>
</tr>
<tr>
<td></td>
<td>3. HIQA National Quality Standards for Residential Care Settings for Older People in Ireland 2008 - namely Section 3 Health &amp; Social Care Needs</td>
</tr>
<tr>
<td>Books:</td>
<td>• Davis PM: Steps to Follow (Springer 2000).</td>
</tr>
<tr>
<td></td>
<td>• Shumway-Cook and Woolacott – Motor Control : Theory and applications</td>
</tr>
<tr>
<td></td>
<td>• O’Sullivan S &amp; Schmitz TJ: Physical Rehabilitation – assessment and treatment</td>
</tr>
</tbody>
</table>
|                       | • Neurological Physiotherapy: Maria Stokes  
|                       |   o Chapter 8–Motor control assessment;  
|                       |   o Chapter 17 – Stroke;  
|                       |   o Chapter 23–Parkinson’s Disease |
|                       | • Pickles B et al: Physiotherapy with older people |
|                       | • Carr & Shepherd: Stroke Rehabilitation: guidelines for exercise and training to optimise motor skill |
| Useful Additional Information | • Opportunity to attend family meetings, case conferences, in-service training, and journal club. |
|                       | • In-service training every Wednesday morning with MISA |
|                       | • Students will be involved in the delivery of exercise classes that are held daily. |
**Specialty Area** | **MED-STROKE**  
--- | ---  

The medical / stroke physiotherapy service is provided by 1 clinical specialist and 1 staff grade physiotherapist and 0.5 physiotherapy assistant.  

Cover is provided for a general medical ward and transitional care units as well as following patients admitted with acute stroke throughout the hospital (with some exceptions eg: ICU/HGU).  

It is suggested that students familiarise themselves with the following skills / techniques prior to beginning the placement  

- Acute medical management of both ischaemic and haemorrhagic stroke, functional neuroanatomy, medications etc.  
- Neurological assessments - basic ability to measure power, tone, coordination sensation and functional assessment  
- Neurological pathologies - assessment/treatment of acute Stroke/TIAs.  
- Safe manual handling techniques (personal and patient safety)  
- Functional assessment including gait analysis  
- Balance – theory of balance control, assessment and re-education  
- Stroke rehabilitation (Bobath, Carr & Shepherd)  
- Respiratory assessment and treatment – auscultation skills / ACBT  

**Conditions Seen**  
- Stroke (hemiplegia, inattention, ataxia, visual field deficits, dysphasia)  
- Immobility/debility  
- Falls/Imbalance  
- Frail elderly  
- Dementia  
- Alcohol and drug abuse  

**Assessment Procedures Used**  
- Neurological assessments - basic ability to measure power, tone, coordination, sensation and functional assessment  
- Assessment of the neurological patient including the acute stage  
- Gait analysis  
- Balance, gait and functional mobility assessment  
- UL functional assessment  
- Exercise prescription  
- Respiratory assessment (auscultation skills / ACBT)  
- Discharge and rehab planning with referral onwards for rehabilitation as in-patient/out-patient  

**Treatment**  
- Neurological treatment techniques
| Options                  | • Neuro-handling for transfers, sitting balance and gait  
|                         | • Prescription of mobility aids  
|                         | • Balance, gait and functional mobility re-education  
|                         | • Respiratory treatments - ACBT  
|                         | • Electrotherapy – Neurotech  |
| MDT Opportunities       | May have opportunity to observe OT/SALT assessment/ participate in home visit, attend weekly case conference, attend family meeting.  |
| Outcome Measures        | • Berg balance scale  
|                         | • Elderly Mobility Scale  
|                         | • Motor Assessment Scale  
|                         | • Postural assessment scale  
|                         | • 9 hole peg test  
|                         | • Hand-held dynamometry  
|                         | • Timed up and Go  
|                         | • Prognostic indicators – Orpington Prognostic Scale  |
| Useful References (3 max) | Focus on neuro-anatomy and linking with common clinical stroke presentations, objective neuro exam skills, and medical management of acute stroke.  
|                         | • Irish Guidelines: with focus on role of acute stroke units, multi-disciplinary team and early assessment and mobilisation.  
|                         | • Also concise Australian physio guidelines:  
|                         | • Davis PM : Steps to Follow (Springer 2000).  
| Useful Additional Information | • Communication skills – MDT / patient / carers  
|                         | • Moving and handling skills, both therapeutic and manual handling  
|                         | • Deliver an in-service/article review  |
Specialty Area: MED-REHAB

The General Medical / Neurology service has joined with the Acute Rehab service. This service is provided by 2 senior physiotherapists, 3 staff grade physiotherapists and 1 physiotherapy assistant.

Cover is provided for 5 general medical wards, the psychiatric wards (hospital 6) together with patients under the care of the Consultant Neurologists. Aspen Unit in Cherry Orchard (Long term care facility) is covered by one of the physiotherapists on 3 mornings per week.

The general medical/neurology service primarily sees general medical conditions but also some neurology inpatients, and provides an outpatient service for neurology and vestibular rehabilitation outpatients two afternoons per week.

The Acute Rehab service provides inpatient physiotherapy to all acute lower limb amputees in the main hospital, & to post ICU/surgical/cardiac myopathy patients handed over from the Respiratory, Cardiac, or Cardiothoracic physiotherapy services who are fit for active rehabilitation.

There is also a Clinical Specialist Physiotherapist who provides physiotherapy for all Multiple Sclerosis service users attending St. James’s Hospital. This involves specialised in-patient and out-patient care with 1:1 sessions and classes. MS service users are also seen at various Neurology, Hypertonia and Foot Drop clinics. A one day per week physiotherapy service is also provided at the National MS care centre in Rathgar. This service has been audited to comply within the NICE guidelines for managing People with MS (2003).

Service hours are: 8:30-4:30, with an early break time from 9:15-9:30 AM

It is suggested that students familiarise themselves with the following skills / techniques prior to beginning the placement:

- Functional assessment including gait analysis
- Balance – theory of balance control, assessment and re-education
- Post-operative assessment for acute lower limb amputees
- Amputee rehabilitation
- Neurological assessments - basic ability to measure power, tone, coordination, sensation and functional assessment
- Respiratory assessment and treatment – auscultation skills / ACBT
- Neurological pathologies, assessment/treatment
- Safe manual handling techniques
<table>
<thead>
<tr>
<th>Conditions Seen</th>
<th>Gen-med/neuro service</th>
</tr>
</thead>
</table>
| **Common**     | • Immobility/debility
|                | • Falls/Imbalance
|                | • Osteoarthritis
|                | • Cerebellar atrophy and liver disease due to alcohol excess
|                | • Substance abuse
|                | • HIV
|                | • Ataxia
| **Less common**| • Parkinson’s Disease
|                | • Huntington’s Disease
|                | • Peripheral Neuropathy
|                | • Multiple Sclerosis
|                | • Motor Neurone Disease/ Guillain-Barré Syndrome (rarely)

**Acute rehab/amputee service:**
- Critical illness Myopathy
- Traumatic brain injury
- Long term ICU patients whom are generally debilitated
- Long term Immobility
- Lower limb amputation
- Parkinson’s Disease
- Surgical procedures for peripheral vascular disease.

| Assessment Procedures Used | • Neurological assessments - basic ability to measure power, tone, coordination, sensation and functional assessment
|                           | • Functional assessment including gait analysis
|                           | • Balance Assessment
|                           | • Respiratory assessment – auscultation skills / ACBT

| Treatment Options        | • Prescription of mobility aids
|                         | • Exercise prescription
|                         | • Balance, gait and functional mobility re-education
|                         | • Neurological treatment techniques
|                         | • Respiratory treatments
|                         | • Moving and handling skills
|                         | • Discharge planning
|                         | • Electrotherapy – Neurotech
|                         | • Therapeutic Manual Handling
|                         | • Re-evaluation of gait, balance and functional skills
| MDT Opportunities | • Rehabilitation: assessment skills and treatment  
| • Complex discharge planning  
| • Deliver an in-service/article review  
| • Acute Rehab service:  
| • Attend NeuroRehab-Consultant MDT & Vascular dry rounds weekly meetings,  
| • Observe Veins Unit assessments including ABIs,  
| • Attend patient/family MDT meetings.  
| Outcome Measures | • Berg balance Scale  
| • Elderly Mobility Scale  
| • Modified Parkinson’s Activity Scale (M-PAS)  
| • 5 Times Sit to Stand  
| • Timed up and Go  
| • Dynamic Gait Index  
| • Brief Ataxia rating scale  
| • Mini-BESTest  
| • Amputee mobility predictor  
| • 9 Hole Peg Test  
| • Hand dynamometry  
| Useful References (3 max) | • Focus on neuro-anatomy, neurodegenerative diseases, structure affected and typical clinical presentation.  
| • Association of Physiotherapists in Parkinsons Disease, Europe website: [www.appde.eu](http://www.appde.eu)  
| • Chartered Society Of Physiotherapy (UK) - Standards of Practice for the Management of patients with Amputees available on [www.csp.org.uk](http://www.csp.org.uk)  
| • British Association of Chartered Physiotherapists in Amputee Rehabilitation website. [bacpar.csp.org.uk](http://bacpar.csp.org.uk)  
| • Physiotherapy for amputees Engstrom and Van de Ven  
| • Books:  
| • Davis PM : Steps to Follow (Springer 2000).  
| • O’Sullivan S & Schmitz TJ: Physical Rehabilitation – assessment and treatment (chapters relevant to conditions listed above)  
| • Therapy for Amputees, Edited by Barbara Engstrom & Catherine Van De Ven, 3rd edition, Chapters 5-6  
| Useful Additional | • Communication skills – MDT / patient / carers
The Acute Medical Admissions Unit (AMAU) consists of two general medical wards – St Kevin’s and William Wilde.

Patients are admitted from ED for investigation and management with the aim of discharge from the unit within 5 days.

Service is provided by 1 senior & 1 staff grade physiotherapist.

Staff work 8.15am - 4 30pm.

It is suggested that students familiarise themselves with the following prior to beginning the placement

- Reasons for falls in the elderly
- Balance – assessment & training
- Gait analysis
- Knowledge of Outcome measures
- Medical respiratory assessment
- Cardiac related investigations (eg troponin, D dimer, ECHO)
- Safe manual handling techniques

<table>
<thead>
<tr>
<th>Conditions Seen</th>
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<tbody>
<tr>
<td>Falls and decreased mobility</td>
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<tr>
<td>Frail elderly</td>
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<tr>
<td>Medical respiratory conditions - COPD, pneumonia</td>
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<tr>
<td>Cardiac conditions - Heart Failure, Acute Coronary Syndrome/ NSTEMI, AFIB</td>
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<td>Alcohol</td>
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<tr>
<td>Parkinson’s Disease</td>
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<tr>
<td>OA/RA</td>
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<td>Pulmonary Embolism</td>
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<thead>
<tr>
<th>Assessment Procedures Used</th>
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<tbody>
<tr>
<td>Mobility/Balance and gait assessment</td>
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<tr>
<td>Mobility Aid Assessment and prescription</td>
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<td>Respiratory assessment</td>
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<tr>
<th>Treatment Options</th>
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<tbody>
<tr>
<td>Re-education of gait and balance</td>
</tr>
<tr>
<td>Prescription of mobility aids</td>
</tr>
<tr>
<td>Discharge planning</td>
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<tr>
<td>Respiratory Treatment techniques – airway clearance techniques, SOB management, exercise prescription</td>
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<td>Health Promotion and physical activity advice.</td>
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<tr>
<th>MDT Opportunities</th>
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<tr>
<td>Communication skills –with MDT(Doctors, nurses &amp; allied health Allied / patients/ carers/family/community</td>
</tr>
<tr>
<td>MDT discharge meetings 9 am Tuesday and Thursday.</td>
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</tbody>
</table>
| Outcome Measures          | • Berg  
• Elderly Mobility Scale  
• TUG  
• Dynamic Gait Index  
• Parkinson’s specific measures (eg MPAS, 5 xSTS)  
• 6 minute walk test |
|--------------------------|--------------------------------------------|
| Useful References (3 max)| • Falls guidelines (HSE & NICE)  
• HSE Code of Practice for Integrated Discharge Planning  
• Pickles B et al Physiotherapy with older people  
• [www.iscp.ie](http://www.iscp.ie): following will be useful:  
**COPD 3 Exacerbations of COPD.** |
| Useful Additional Information | • Self-directed active learning is expected  
• Potential opportunity for buddying with OT students for joint patient assessment  
• *Case study/presentation with tutor*  
• Weekly in-service with Stroke & MedNeuro teams |

**Specialty Area**

**RESPIRATORY**

The respiratory physiotherapy service in St. James’s Hospital covers the intensive care unit (ICU), high dependency unit (HDU) and 7 medical/surgical wards.

Staffing consists of 1 clinical specialist (Joanne Dowds), 2 seniors and 4.5 staff grade physiotherapists.

Students will usually gain experience on either medical or surgical wards. Students may also co-treat patients in the ICU with the senior physiotherapist.

It is suggested that students familiarise themselves with the following prior to beginning the placement

• Arterial Blood gas analysis  
• Glasgow coma scale (GCS)  
• Mechanical ventilation  
• Chest X-Ray interpretation  
• Surgical incisions thoracotomy, sternotomy, laparotomy.  
• Post-operative respiratory physiology  
• Ventilation / perfusion  
• Thoracic anatomy & surface marking of the lungs  
• Pharmacologic pain management: simple analgesics (paracetamol), opiates (oxynorm & oxycontin), epidural & patient controlled analgesia.  
• Indications for use of inotropes and other drugs frequently prescribed in ICU. (noradrenaline, propofol, atracurium, *Midazolam*, Omerprazole, Amiodarone, Remifentanil)  
• Oxygen prescription and delivery systems.
| Conditions Seen | St James’s is a major cancer surgical centre. As part of that remit many of the surgical cases you will encounter will be cancer related. **Commonly encountered surgeries include:**
- Oesophagectomy/gastrectomy
- Abdominal surgery (Including Gynae and prostate surgery).
- Head/neck surgery often with reconstruction.
- Larynectomy.
- Abdominal aortic aneurysm repair both open and endovascular.
- Tracheostomy

**Medical Conditions**
- COPD, Asthma, Emphysema, bronchitis.
- ARDS
- Pneumothorax
- Bronchiecctasis
- Respiratory Outpatients
- Sepsis

| Assessment Procedures Used | Respiratory assessment.
- Auscultation paying particular attention to surface anatomy.
- Therapeutic handling & transfer of patients with multiple attachments.
- Pulse oximetry
- Recognition of discharge needs
- Recognition of the role of physiotherapy in treatment of palliative care patients

| Treatment Options | Suctioning techniques closed and open.
- Active cycle of breathing technique
- Exercise prescription
- Patient positioning
- Chest Wall Vibrations.
- Use of ventilator

| MDT Opportunities | Recognition of role of palliative care, speech and language therapy, clinical nutrition, occupational therapy, medical social work

| Outcome Measures | Recognition of whether an outcome measure is necessary or not
- Physiological outcome measures (ICU)
- 6 minute walk test
<table>
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<tr>
<th>Specialty Area</th>
<th>CARDOITHORACICS</th>
</tr>
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<tbody>
<tr>
<td>The Cardiothoracic physiotherapy service in St. James’s Hospital covers Keith Shaw Intensive care Unit (ICU), Keith Shaw High Dependency Unit (HDU), Keith Shaw Ward, Coronary Care Unit (CCU) and Robert Adams ward.</td>
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<tr>
<td>Staffing consists of 2 senior physiotherapists (Marie Spain &amp; Stu Garrett) and 1 staff grade physiotherapist rotating every 4 months.</td>
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<tr>
<td>PATIENTS</td>
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<td>Either</td>
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<td>(a) elective admissions and are seen pre-operatively in the pre-</td>
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admission clinic or
(b) transferred from other wards or hospitals

It is suggested that students familiarise themselves with the following prior to beginning the placement

**Cardiac Surgery:**
- Coronary artery bypass grafts (CABG) and re-do CABG
- Aortic Valve replacements & Mitral Valve replacements/repairs
- Repair of Co-arctation of the aorta/aortic dissections

**Thoracic surgery:**
- Mainly lobectomy
- Wedge resection
- Sleeve resection
- Pneumonectomy
- Decortication
- VATS
- Pleurodesis
- Pleurectomy

**Cardiology:**
- MI
- STEMI/NSTEMI
- PCI
- Cardiac arrest
- Heart Failure
- Cardiac arrhythmias
- Cardiac medications

| Conditions Seen | • Coronary artery bypass grafts (CABG) and re-do CABG
|                 | • Aortic Valve replacements & Mitral Valve replacements/repairs
|                 | • Repair of Co-arctation of the aorta
|                 | • Thoracic surgery – mainly lobectomies, wedge resections, pneumonectomies |

| Assessment Procedures Used | • Respiratory assessment. 
|                            | • Auscultation paying particular attention to surface anatomy. 
|                            | • Therapeutic handling & transfer of patients with multiple attachments. 
|                            | • Pulse oximetry 
|                            | • ABGs 
|                            | • CXRs |
| Treatment Options                      | • Suctioning techniques closed and open.  
|                                       | • Active cycle of breathing technique  
|                                       | • Incentive Spirometry               
|                                       | • Exercise prescription             
|                                       | • Patient positioning               
|                                       | • Use of ventilator                  
|                                       | • Ventilator Hyperinflation and Manual Hyperinflation |
| MDT Opportunities                    | • Work closely with cardiac rehabilitation nursing team  
|                                       | • Work with nursing staff on wards   
|                                       | • Liaise with other MDT members      |
| Outcome Measures                      | • Incremental Shuttle Walk Test (ISWT)  
|                                       | • BORG                               
|                                       | • VAS                                
|                                       | • MRC                                |
| Useful References (3 max)             | **ESSENTIAL: pre-placement reading material**  
|                                       | Review your respiratory lecture notes.  
|                                       | • Arterial Blood Gas Analysis        
|                                       | • Chest drain management             
|                                       | • Mechanical Ventilation             
|                                       | • Hand Hygiene for Clinical Staff (Bring cert on Day1)  
|                                       | • Tracheostomy Care                  
|                                       | • [www.iscp.ie](http://www.iscp.ie) Access is free for undergraduates. But you need to register. |
| Books which will be useful references:| • Pryor & Prasad: Physiotherapy in Respiratory Care – An evidence based approach to respiratory and cardiac conditions (Nelson Thornes 2001)  
|                                           | • Pryor J & Webber B: Physiotherapy for respiratory and cardiac problems  
|                                           | • Cardiopulmonary Physiotherapy – Moffatt & Jones  
|                                           | • Harden B. (ed.) Emergency Physiotherapy: an on-call survival guide. |
| Useful Additional Information        | Self-directed active learning and a problem solving approach are essential for a placement in the cardiothoracic service |

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<thead>
<tr>
<th>Specialty Area</th>
<th>BURNS &amp; PLASTICS</th>
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<tbody>
<tr>
<td></td>
<td>The burns and plastics (BPL) physiotherapy team consists of 2 WTE</td>
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</table>
Senior physiotherapists and 1 staff grade physiotherapist responsible for providing a physiotherapy service for inpatients on the Burns Unit and Ann Young Ward (general medical/plastic) as well as for outpatients in plastics clinics.

### Conditions Seen
- Burns major & minor
- Reconstructive surgery – flaps, split skin grafts
- Head and neck reconstructive surgery - Tracheostomy
- Flexor / extensor tendon repairs, transfers, grafts
- Digital and peripheral nerve repairs
- Crush and de-gloving injuries
- Multiple trauma including amputations and fractures
- Medical and acute respiratory conditions

### Assessment

#### Procedures Used
- Anatomy of upper limb (muscles, joints, nerves) with special regard for hand
- Neuromusculoskeletal assessment – esp. hand and upper limb
- Common pathological conditions e.g. flexor tendon injury, extensor tendon injury, and nerve injuries
- Pathology of inflammation
- Physiology of burn injury
- Medical / surgical management of burns
- Respiratory complications of burns
- Hypertrophic scarring and Jobst garments
- Respiratory assessment & treatment / ACBT / controlled mobilization,
- Ventilators and Tracheostomy tubes
- ABGs
- Pharmacologic pain management: simple analgesics (paracetamol), opiates (oxynorm & oxycontin), epidural & patient controlled analgesia.
- Oxygen prescription and delivery systems.
- Manual Hyperinflation & Ventilator Hyperinflation.

### Treatment Options
- Mobilisation and muscle re-training following nerve/tendon repair
- Joint and soft tissue mobilisations
- Assist with splint making / pressure garments
- Scar management
- Exercise prescription
- Gait re-education

It is suggested that students familiarise themselves with the following skills / techniques prior to beginning the placement
<table>
<thead>
<tr>
<th>MDT Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Measures</td>
</tr>
<tr>
<td>Useful References (3 max)</td>
</tr>
</tbody>
</table>

**ESSENTIAL: pre-placement reading material**

- Review your lecture notes.

**Suggested reading material**
- Hunter J, Mackin E, Callahan A: Rehabilitation of the hand – surgery & therapy
  - (Mosby 2009). Read especially section on evaluation.
- Smith & Nephew pamphlet: “Burns – the first five days”