## GENERAL INFORMATION

| **ADDRESS**           | Physiotherapy Department  
|                       | St James’s Hospital,  
|                       | James’s Street  
|                       | Dublin 8 |
| **BUS NUMBERS**       | 123 |
| **TELEPHONE NUMBER**  | 4162503 |
| **PHYSIOTHERAPY MANAGER** | Niamh Murphy |
| **CONTACT PHYSIOTHERAPISTS** | Jenny Kennedy  
|                       | Practice Tutor (OPD)  
|                       | jkennedy2@stjames.ie  
|                       | Kate McNulty  
|                       | Practice Tutor (Neuro)  
|                       | kmcnulty@stjames.ie  
|                       | Ciara Feeney  
|                       | Practice Tutor (Cardio-Resp/Gen Med)  
|                       | cfeeney@stjames.ie |
| **WORKING HOURS**     | 08.30 – 16.00 |
| **COFFEE BREAKS**     | 20 minutes  
|                       | between 10.30 – 11.00 |
| **LUNCH**             | 12.30 – 13.30 |
| **WHERE TO CHECK IN ON THE FIRST DAY** | 8.30am, Physiotherapy Dept. in  
|                       | Hospital 7 near Rialto Gate. Ask for  
|                       | Jenny Kennedy at reception. There  
|                       | will be an orientation for approx. 30  
|                       | minutes. Please bring a copy of the  
|                       | learning objectives form with you. |

## FACILITIES FOR STUDENTS

| **ACCESS TO STAFF ROOM** | NO, break/lunch may be taken in staff canteen |
| **CHANGING FACILITIES**  | YES, although there are no lockers available. |
| **CANTEEN / COFFEE SHOP** | Located in Hospital 7  
|                         | Open for lunch & breaks |
EDUCATIONAL FACILITIES AVAILABLE TO STUDENTS

LIBRARY
John Stearne Library, Trinity Centre

STUDY AREAS
YES, UVL room

REFERENCE LITERATURE AVAILABLE
YES there are a number of in-services and information folders for each placement area. There are a limited number of books available.

OTHER INFORMATION

INFECTION CONTROL
Students must not travel to and from placement in uniform. You must change if leaving the hospital grounds campus for lunch.

CASE STUDIES
During the last week of placements, students may be asked 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, these will take place during the final week in place of case presentations.

UNIFORM
Navy trousers, white tunic
Navy socks, navy/black shoes
Name badge

HEALTH & SAFETY GUIDELINES
Before starting placement students must have completed:
- Manual handling
- CPR
- Vaccinations up-to-date

CLINICAL INFORMATION

SPECIALTY AREAS
- Respiratory
- Neurology/General Medical
- Acute Rehabilitation / Amputees* Care of the Elderly
- Day Hospital
- Cardiothoracic Surgery/Cardiac rehabilitation
- Orthopaedics
- Burns & plastics
- Acute Medical Admissions Unit
- Oncology/ General Medicine
- Bru Caomhín
- Neuro outpatients/ General Medical/ Cherry Orchard
- Out-patients
ORTHOPAEDIC/RHEUMATOLOGICAL OUT-PATIENTS

The student facility for orthopaedic/rheumatology out-patients is located in the ‘UVL’ room in the main physiotherapy department (Hospital 7). It is an out-patient service for persons with orthopaedic/rheumatological conditions. All patients are referred by an orthopaedic consultant, a rheumatologist or in some cases by a physiotherapist working on an orthopaedic ward. Students will be supervised by the Practice Tutor (Jenny Kennedy) in OPD from 8.30-12.30am. During this time, students will attend tutorials and will be involved in the assessment and treatment of patients. In the afternoons (1.30-4pm), students will be supervised by a Senior Physiotherapist working in out-patients. All new patients will be seen in the mornings so that the assessment and treatment plan can be supervised and adjusted accordingly under the supervision of the Practice Tutor. All students have been allocated an hour for an initial assessment and a follow-up treatment. This time should include time for note-keeping. Afternoon appointments are for repeat patients only. 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.

Conditions/Pathology commonly encountered

- Upper and lower limb Fractures
- OA
- Ligament injuries
- RA
- Neck pain
- Low back pain
- Musculoskeletal conditions (e.g., carpal tunnel syndrome, scoliosis)

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

- Safe manual handling techniques
- Maitland mobilisation techniques
- Principles of exercise prescription and progression
- Musculoskeletal assessment (subjective and objective)
- Functional assessment including gait analysis
- Outcome measures-Goniometry, Oxford scale, visual analogue scale, dynamometry, functional outcome measures as appropriate
- Musculoskeletal conditions
- Anatomy of all major joints and the vertebral column
- Musculoskeletal physiotherapy assessment

Skills/Modalities likely to be used on this placement

- Functional re-education
- Exercise prescription (Stretching and strengthening exercise programmes)
- Moving and handling skills
- Electrotherapy-IF/US/Neurotech
- Group exercise class (shoulder, knee, ankle)
- Orthopaedic fracture clinic
- Musculoskeletal assessment with advanced nurse practitioners in A + E
- Communication skills – MDT/patient/carers
- Deliver an in-service/article review/case presentation
Suggested reading/reference material

- Mc Rae R (1994), Practical Fracture Treatment, Churchill Livingstone
- Mc Rae R (1997), Clinical Orthopaedic Examination, Churchill Livingstone
- Crawford Adams & Hamblen (1991), Outline of Fractures, Churchill Livingstone
- Rockwood C. (1996), Rockwood & Green’s Fractures in adults, Lippincott-Raven

CARE OF THE ELDERLY – HOSPITAL 2

Hospital 2 is located away from the main physiotherapy department, opposite the Trinity Health Sciences Centre (opposite the 123 bus stop into city centre). It is a rehabilitation unit for persons over the age of 65. It is staffed by one senior physiotherapist, 4 staff grade physiotherapists (rotational) and 2 physiotherapy assistants. The physiotherapy gym is located on the middle floor of Hospital 2. The direct line telephone number is 01-4162149.

Conditions/pathology commonly encountered

- Parkinson’s Disease
- CVA
- Falls / imbalance
- Fractures – lower limb/ upper limb
- OA/RA
- Debility / immobility

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: stroke and Parkinson’s disease
- Balance – theory of balance control, assessment, re-education
- Functional assessment including gait analysis
- Outcome measures – Berg Balance Scale, Elderly Mobility Scale, Tinetti Gait & Balance assessment, Motor Assessment Scale

Skills/ modalities likely to be used in this placement

- Physiotherapy assessment of the older person
- Balance, gait and functional mobility re-education
- Prescription of mobility aids
- Mobility and strengthening exercise programmes
- Moving and handling skills
- Electrotherapy – IF/ US/ Neurotech
- Group exercise class
• Communication skills - MDT / patient / carers
• Deliver an in-service or article review

Other relevant information

There is a student folder with a number of relevant articles and in-services available. Opportunity exists to attend in-services, MDT case conferences, and OT home visits. The Registrar in Medicine may organize multidisciplinary student case presentations for all care of the elderly; students will be expected to present a patient at these sessions should they take place.

Suggested reading material

• Carr JH & Shepherd RB: Neurological Rehabilitation – optimising motor performance
• Carr & Shepherd: Stroke rehabilitation: guidelines for exercise and training to optimise motor skills
• Shumway-Cook and Woolacott – Motor Control : Theory and applications
• Davis PM: Steps to Follow
• Neurological Physiotherapy: Maria Stokes
• Pickles et al Physiotherapy with older people

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. At this visit they are seen by the nursing staff, medical staff and allied health staff as appropriate. The physiotherapy staff consists of 1 senior physiotherapist and 2 staff grade physiotherapists. Telephone number is 01-4162612

Conditions/pathology commonly encountered

• Parkinson’s disease
• CVA
• RA / OA
• Falls / imbalance
• Fractures/ THR /TKR
• Immobility/debility

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: stroke and Parkinson’s Disease
• Functional assessment including gait analysis
• Balance – theory of balance control, assessment, re-education
• Outcome measures – Tinetti, Berg balance scale, Elderly mobility scale, six minute walking test
• Spinal and peripheral joint assessment

Skills/ modalities likely to be used in this placement

• Physiotherapy assessment of the older person
• Balance, gait and functional mobility re-education
• Prescription of mobility aids
Other relevant information

Opportunity exists to attend family meetings, case conferences, in-service training, and journal club. Students will be involved in the delivery of high-level balance classes that are held daily. Student multidisciplinary case presentations may be organised by the Medical registrar in care of the elderly. You will be expected to present a patient at these sessions should they be held.

Suggested reading material

- Davis PM : Steps to Follow (Springer 2000).
- Shumway-Cook and Woolacott – Motor Control : Theory and applications
- O’Sullivan S & Schmitz TJ: Physical Rehabilitation – assessment and treatment; Chapter 8–Motor control assessment; Chapter 17 – Stroke; Chapter 23– Parkinson’s Disease
- Neurological Physiotherapy: Maria Stokes
- Pickles B et al: Physiotherapy with older people
- Carr & Shepherd: Stroke Rehabilitation: guidelines for exercise and training to optimise motor skill

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, 2 senior and 4 staff grade physiotherapists. Students will usually gain experience on both medical and surgical wards. Students may also co-treat patients in the ICU with the senior physiotherapist.

Conditions/pathology commonly encountered

<table>
<thead>
<tr>
<th>Surgical</th>
<th>Medical</th>
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<tbody>
<tr>
<td>Thoracic surgery</td>
<td>COPD</td>
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<tr>
<td>Oesophagectomy</td>
<td>Asthma</td>
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<tr>
<td>Abdominal surgery</td>
<td>Bronchiectasis</td>
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<td>Head/neck surgery</td>
<td>ARDS</td>
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<tr>
<td>AAA Repair</td>
<td>Pneumothorax</td>
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<tr>
<td>Cardiac Surgery</td>
<td>Respiratory Outpatients</td>
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It is suggested that students familiarise themselves with the following skills / techniques prior to beginning the placement

- Respiratory assessment including auscultation, ABGs, CXR interpretation
- Medical respiratory conditions – COPD, asthma
- Surgical incisions and procedures (abdominal and thoracic)
- Post-operative respiratory physiology
- Ventilation / perfusion
- Thoracic anatomy & surface marking of the lungs
Skills/ modalities likely to be used in this placement

- Patient handling skills
- Postural Drainage
- Teach ACBT
- Exercise prescription
- Patient positioning
- Manual chest techniques
- Pulse oximetry
- Indications for use of BiPAP, CPAP, incentive spirometry
- ICU - Suction via ETT / tracheostomy tube/ interpretation of ventilator and monitor settings / Manual hyperinflation
- Deliver an in-service/article review

Suggested reading material

- 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

Other relevant information

Self directed active learning and a problem solving approach are essential. Opportunity may exist to attend investigations such as pulmonary function testing, and home visits with the COPD Outreach service.

NEUROLOGY/GENERAL MEDICAL

The medical / neurology physiotherapy service is provided by 1 senior and 1 staff grade physiotherapists and one physiotherapy assistant. Cover is provided for 3 general medical wards together with patients under the care of the two consultant neurologists and in addition an exercise class for patients with multiple sclerosis.

Conditions/pathology commonly encountered

- CVA
- Cerebellar Disorders
- Ataxia
- Multiple Sclerosis
- Falls/Imbalance
- Parkinson’s Disease / Motor Neurone Disease/ Guillain-Barré Syndrome (less common)
- Immobility/debility

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

- Neurological pathologies, assessment/treatment. Stroke, MS, Parkinson’s
- Safe manual handling techniques
- Functional assessment including gait analysis
- Balance – theory of balance control, assessment and re-education
- Stroke rehabilitation (Bobath, Carr & Shepherd)
• Outcome measures – Tinetti, Berg, Elderly Mobility Scale, Motor Assessment Scale.
• Respiratory assessment and treatment – auscultation skills / ACBT

Skills/ modalities likely to be used in this placement

• Assessment of the neurological patient including the acute stage
• Neurological treatment techniques
• Prescription of mobility aids
• Balance, gait and functional mobility assessment and re-education
• Exercise prescription
• Respiratory treatments
• Communication skills – MDT / patient / carers
• Moving and handling skills
• Electrotherapy – Neurotech, Odstock stimulator
• Deliver an in-service/article review

Suggested reading material

• Carr & Shepherd – Stroke Rehabilitation – guidelines for exercise training to optimise under skill
• Davis PM : Steps to Follow (Springer 2000).
• Davis PM : Starting again (Springer 1994).
• Maria Stokes: Neurological Physiotherapy

ONCOLOGY/GENERAL MEDICAL

The student will work closely with the senior physiotherapist in oncology and general medicine. Service is provided to a general medical ward, the national bone marrow transplant unit and an oncology ward. An outpatient service is also provided for medical oncology and haemophilia patients. The student may also spend some time with the Clinical Specialist Physiotherapist in haemophilia.

Conditions/pathology commonly encountered

• COPD and medical respiratory conditions e.g. pleural effusion
• Balance disorders/falls
• Immobility/debility
• Cancers: leukaemia, lymphoma metastatic disease bone marrow transplantation.

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

• Neurological assessment and treatment
• Respiratory assessment and treatment
• Peripheral joint musculoskeletal assessment (knee, ankle, elbow)

Skills/ modalities likely to be used in this placement

• Neurological assessment and treatment techniques
• Medical respiratory assessment and treatment techniques
• Exercise prescription
• Balance gait and functional mobility re-education
• Prescription of mobility aids
• Communication skills – patient/family/MDT
• Peripheral Joint Assessment
• Present on in-service/article review

Suggested reading material

• Pryor & Prasad: Physiotherapy for respiratory and cardiac problems
• Fulton CL (1994) Physiotherapists in cancer care: a framework for rehabilitation of patients. Physiotherapy 80(12)830-834
• McDonnell ME, Shea BD (1993) The role of physical therapy in patients with metastatic disease to bone. Back & Musculoskeletal Rehabilitation 3(2)78-84
• Robinson DJ (2000) The contribution of physiotherapy to palliative care. European Journal of Palliative Care 7(3)92-96
• Rubin P, Williams, J Clinical Oncology (Saunders)
• The Role of Physiotherapy for people with cancer – CSP Position Statement (July 2003)

Other relevant information

This is a further very varied placement. Information on haemophilia / haematology / oncology is available on placement.

ORTHOPAEDICS

The orthopaedic physiotherapy team consists of one senior physiotherapist, two staff grade physiotherapists and one physiotherapy assistant. This team is responsible for all patients admitted under the care of three orthopaedic surgeons. This is a very busy service. Surgery performed is mostly trauma rather than elective.

Conditions/pathologies commonly encountered

• Fractured neck of femur
• Variety of lower limb fractures – tibial/ fibular/ pelvic/femur
• Variety of upper limb fractures - humerus, distal radius
• Osteoporotic spinal fracture
• Acute low back pain / disc prolapse / discectomy
• Multi-trauma
• Arthroscopy
• ACL reconstruction
• Corrective foot surgeries
• Compartment syndrome
• Girdlestone procedure
• Nerve lesions
• Total hip/knee replacement (less common)
• Arthrodesis (less common)
**It is suggested that students familiarise themselves with the following skills / techniques prior to beginning the placement**

- Healing process & fracture repair
- Principles of fracture management
- Management of common upper/lower limb & spinal fractures especially hip fractures, tibial fractures, ankle fractures and Colles fractures.
- Basic joint assessment procedures
- Anatomy of hip joint

**Skills/ modalities likely to be used in this placement**

- Assessment for walking aids / appliances
- Communication skills
- Present an in-service/article review
- Re-education of gait, balance and functional skills
- Techniques to recover/increase ROM and muscle power
- Spinal and peripheral joint assessment and mobilization
- Moving and handling skills
- Exercise prescription

**Suggested reading material**

- McRae R: Practical Fracture Treatment (Churchill Livingstone 1994)
- McRae R: Clinical Orthopaedic Examination (Churchill Livingstone 1997)
- Crawford Adams & Hamblen: Outline of Fractures (Churchill Livingstone 1991)
- Rockwood C (ed): Rockwood & Green’s Fractures in Adults (Lippincott-Raven 1996)
- Atkinson, K, Coutts, F, Hassenkamp, Al Physiotherapy in orthopaedics a problem solving approach (Churchill Livingstone)
- Brinker, M Review of Orthopaedic Trauma (Saunders)

**Other relevant information**

Opportunity exists to attend theatre, ward rounds, MDT case conferences and in-service training.

**BURNS & PLASTICS**

The burns and plastics (BPL) physiotherapy team consists of 1.5 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. This is a very busy service.

**Conditions/pathologies commonly encountered**

- Burns major & minor
- Reconstructive surgery – flaps, split skin grafts
- Flexor / extensor tendon repairs, transfers, grafts
- Digital and peripheral nerve repairs
- Multiple repairs and grafts
- Crush and de-gloving injuries
- Multiple trauma including amputations and fractures
- Medical and acute respiratory conditions
It is suggested that students familiarise themselves with the following skills / techniques prior to beginning the placement

- Anatomy of upper limb joints (muscles, joints, nerves) with special regard for hand
- Neuromusculoskeletal assessment – esp. hand and upper limb
- Respiratory assessment & treatment / ACBT / controlled mobilizations
- 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
- Physiotherapy assessment / intervention
- Hypertrophic scarring and Jobst garments

Skills/modalities likely to be used in this placement

- 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
- Electrotherapy - Ultrasounds and Laser
- Respiratory techniques / treat ventilated patients

Suggested reading material

- Smith & Nephew pamphlet: “Burns – the first five days”
- Keilty SEJ: Inhalation burn injured patients and physiotherapy management. Physiotherapy No 79 (2): 87-90, 1993 Feb
- McNee J: The use of silicone gel in the control of hypertrophic scarring
- Physiotherapy No 76 (4): 194-197, 1990 Apr
- Glassey N: Physiotherapy for burns and plastic reconstruction of the hand

AMPUTEES & ACUTE REHABILITATION

1 senior physiotherapist and 1 staff grade and 0.5 physiotherapy assistants provide the acute rehabilitation service. Service is provided for patients post lower limb amputation, as well as patients post operatively / post extended stay in ICU requiring intensive rehabilitation to maximize functional ability.

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

- Manual handling techniques
- Lower limb amputation – reasons, types of surgery, pre/post op evaluation
- Neurological pathologies, assessment, treatment – stroke, Parkinson’s disease
- Balance – assessment and re-education and theory of balance control
- Functional assessment including gait analysis
Conditions/pathology commonly encountered

- CVA
- Lower limb amputation:
- Parkinson’s Disease
- Long term Immobility
- Long term ICU patients whom are generally debilitated

Skills/ modalities likely to be used in this placement

- Neurological Rehabilitation: assessment skills and treatment
- Manual Handling
- Exercise Prescription
- Prescription of mobility aids
- Re-evaluation of gait, balance and functional skills

Suggested reading material

- Chartered Society Of Physiotherapy (UK) - Standards of Practice for the Management of patients with Amputees available on www.csp.org.uk
- Movement Disorders in People with Parkinson’s Disease: A model for Physical Therapy: Meg Morris, Physical Therapy, Vol. 80, No. 6, June 2000, pg 578-597
- Carr & Shepherd: Stroke Rehabilitation – guidelines for exercise and training to optimise motor skill
- Pickles et al Physiotherapy with older people
- Shumway – Cook – Motor Control: Theory and applications
- Maria Stokes: Neurological Physiotherapy
- Physiotherapy for amputees Engstrom and Van de Ven

CARDIOTHORACIC SURGERY & CARDIAC REHABILITATION

This is a joint placement. The student will gain experience in each of these 2 areas. 1 senior physiotherapist and 1 physiotherapy assistant provide the cardiac rehabilitation physiotherapy service. Cardiac rehabilitation classes are held three times daily on Monday, Wednesday and Friday mornings and twice daily on Tuesday and Thursdays. Physiotherapy service is also provided to a cardiology/general medical ward and the coronary care unit (CCU). The cardiac surgery physiotherapy team consists of 1 senior and 1 staff grade physiotherapist who provide physiotherapy cover for patients after cardiac and thoracic surgery.

Conditions/pathology commonly encountered

- Thoracic surgery – lobectomy, pneumonectomy, pleural surgery
- Cardiac surgery – coronary artery bypass grafting, valve replacement/repair
- Cardiac rehabilitation – medical cardiology patients; post MI, angioplasty, post stenting

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

- Respiratory assessment including auscultation, ABGs, CXR interpretation
- Post-operative respiratory physiology
- Thoracic anatomy & surface marking of the lungs
- Cardiothoracic surgical incisions and procedures
- Mobility assessment and prescription of mobility aids
- Exercise prescription for cardiac rehabilitation including resistance training
- Cardiovascular disease – risk factors medical management
Skills/ modalities likely to be used in this placement

- Patient handling skills
- Manage Cardiac Rehab Classes
- Medical and Surgical Chest assessment
- Teach ACBT
- Positioning
- Manual chest techniques
- Pulse oximetry
- Indications for use of BiPAP, CPAP, incentive spirometry
- ICU - Suction via ETT / tracheostomy tube / Interpretation of ventilator and monitor settings / Manual hyperinflation

Suggested reading material

- Hough A: Physiotherapy in Respiratory Care – an evidence based approach to respiratory and cardiac conditions (Nelson Thornes 2001)
- Pryor J & Prasad, A. Physiotherapy for respiratory and cardiac problems
- Harden B. (ed.) Emergency Physiotherapy an on-call survival guide
- Moffatt & Jones – Cardiopulmonary Physiotherapy
- Smith, M, Ball, V Cardiovascular respiratory physiotherapy (Mosby International Limited)

Other relevant information

Opportunity may exist to attend theatre, pulmonary function testing, exercise stress testing, and cardiac rehabilitation classes

ACUTE MEDICAL ADMISSIONS UNIT (AMAU)/ BRU CHAOIMHIN

The Acute Medical Admissions Unit (AMAU) consists of two general medical wards – St Kevins and William Wilde. Patients are typically admitted from A&E for investigation and management with the aim of discharge from the unit within 5 days. Service is provided by 1 senior Physiotherapist (Wilde) and 0.5 senior Physiotherapists/0.5. staff grade physiotherapists (Kevins). This placement may be split between AMAU and Bru Chaoimhin (see below)

Conditions/Pathology Commonly Encountered

- Medical respiratory conditions - COPD, plural effusion, pneumonia
- Falls/Imbalance
- Immobility/Debility
- Cerebellar Disorders
- Parkinson’s Disease

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

- Medical respiratory assessment including ABGs, auscultation and CXR interpretation
- Reasons for falls in the elderly
- Balance – theory of balance control, assessment and re-education
- Functional assessment including gait analysis
- Outcome measures – Berg, Elderly Mobility Scale.

Skills/modalities likely to be used in this placement
• Respiratory assessment
• Respiratory Treatment techniques – ACBT, positioning, pulse geometry exercise prescription
• Neurological assessment and treatment
• Exercise prescription
• Re-education of gait, balance and functional mobility
• Communication skills

Suggested reading material
• Hough A. – Physiotherapy in Respiratory Care
• Pryor & Prasad – Physiotherapy for respiratory and cardiac problems.
• Neurological Physiotherapy – Maria Stokes
• Harden B. (ed) Emergency Physiotherapy an on-call survival guide.
• Pickles B et al Physiotherapy with older people

BRU CHAOIMHIN

Bru Chaoimhin on Cork Street is a nursing home for the over 65’s. A new 12-bedded rehabilitation unit in the home was opened in 2004 as a step-down service between the hospital and home. Service is provided by 0.5 of a senior physiotherapist who works between Bru Chaoimhin and the Acute Medical Admissions Unit (AMAU) in St. James’s. This placement may be split between Bru and AMAU (see below)

Conditions/pathology commonly encountered
• Immobility/Debility
• Falls/Imbalance
• Parkinson’s Disease
• Stroke
• Post fracture e.g. post DHS/THR for fracture neck of femur

It is suggested that students familiarise themselves with the following skills / techniques prior to beginning the placement
• Physiotherapy of the older person
• Balance, gait and fixed mobility re-education
• Prescription of mobility aids
• Exercise prescription
• Neurological assessment
• Balance assessment
• Orthopaedic assessment post fracture of peripheral joints

Skills/modalities likely to be used in this placement
• Neurological assessment
• Functional mobility assessment
• Falls in the elderly
• Balance – theory of balance control, assessment and retraining
• Outcome measurement in the elderly
• Rehabilitation post fracture / post THR / post DHS

Suggested reading material
• Neurological Physiotherapy – Maria Stokes
• Physiotherapy with older people – Pickles B. et al
• Motor Control Theory and Applications – Shumway-Cook and Woollacott
NEUROLOGY OUTPATIENTS, GENERAL MEDICAL, CHERRY ORCHARD CARE OF THE ELDERLY

This placement is a split placement with it being divided between Care of the Elderly – Cherry Orchard Hospital, General Medical and Neurology outpatients.

Aspen ward, Cherry Orchard Hospital is an 18-bedded long-term care unit that accepts patients directly from St James’s hospital when a bed is available, in order to free up the number of acute hospital beds which are being held by patients awaiting long-term care. It is a new Unit that was opened in November 2004. It is staffed by one senior physiotherapist and a full multidisciplinary team. It is located off site in Cherry Orchard Hospital Unit 5. It is on the 78A bus route which leaves from town and also has a stop directly outside St James’s Hospital. Student should attend St James’s Hospital on the first day that they are due to go out to Cherry Orchard where the senior physiotherapist will meet with them and bring them out.

Neurology outpatients are seen every afternoon on Mercer’s ward in St James’s Hospital. The Neurology Outpatient Physiotherapy Service is a new service that was commenced in May 2005, to provide an outpatient physiotherapy service to those suffering from neurological disorders. The objective of this service is to facilitate return to functional independence, continue rehabilitation commenced whilst an inpatient in hospital, decrease level of dependence on family members and carers and improve overall quality of life.

Conditions/pathologies commonly encountered

CHERRY ORCHARD
- Alzheimer’s Disease
- Dementia
- Falls & imbalance
- Debility & immobility
- RA/OA
- Parkinson’s Disease

NEUROLOGY OPD
- Cerebellar Disorders
- CVA
- Ataxia
- Parkinson’s Disease
- Transverse Myelitis
- Motor Neurone Disease
- Falls

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 : CVA & Parkinson’s Disease
- Functional assessment including gait analysis
- Balance – theory of balance control, assessment & re-education
- Stroke Rehabilitation – Bobath, Carr & Shepherd
- Outcome measures – Berg, Elderly Mobility Scale, Motor Assessment Scale
- Mobility and strengthening exercise programmes
- Group Exercise class
- Respiratory assessment and treatment – auscultation skills/ ACBT

Skills/modalities likely to be used in this placement
Physiotherapy assessment of the older person and assessment of the neurological patient
Balance, gait and functional mobility re-education
Prescription of mobility aids
Neurological treatment techniques
Exercise prescription
Communication skills – MDT/patient/carers
Moving and handling skills
Electrotherapy – Neurotech, Odstock Stimulator
Deliver an in-service/article review

Suggested reading material

- Carr JH & Shepherd RB: Neurological Rehabilitation – optimising motor performance
- Carr & Shepherd – Stroke Rehabilitation – guidelines for exercise training to optimise motor skill
- Maria Stokes - Neurological Physiotherapy
- Davis PM – Steps to Follow (Springer 2000)
- Nitz J & Hourigan S – Physiotherapy Practice in Residential Aged Care