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.

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 * 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 * Cherry Orchard care of the elderly/Neuro
*Outpatients*

GENERAL DETAILS
ADDRESS: Physiotherapy Department, St James’s Hospital, James’s Street, Dublin 8
TELEPHONE No: 4162503 / 4284555
BUS NUMBERS: 123 or LUAS (Red;’ line)

PHYSIOTHERAPY MANAGER: Niamh Murphy
CONTACT PHYSIOTHERAPISTS: Jenny Scully – Practice Tutor (OPD)  
(jscully@stjames.ie)
Kate McNulty – Practice Tutor (Neurology)
kmcnulty@stjames.ie
Noreen O Shea and Deirdre Phelan- Practice Tutor Orthopaedics, Respiratory, Burns & Plastics
noshea@stjames.ie
dphelan@stjames.ie

WORKING HOURS : 08.30 – 16.00
COFFEE BREAKS : 15 mins, between 10.30 – 11.00
LUNCH : 12.30 – 13.30

WHERE TO CHECK IN ON THE FIRST DAY:
8.30am at the Physiotherapy Dept. in Hospital 7 just inside the Rialto Gate; ask for Jenny Scully/Kate McNulty/Noreen O Shea at the reception desk. There will be an orientation for approx. 1 hour. Please bring a 3 completed copies of your learning objectives forms with you on Day1 (One for yourself, One for your tutor and one
for your practice educator). 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 areas and competencies assessed throughout placement.

The contact telephone number for the physiotherapy department is 01-4162503. In case of absenteeism due to sick leave, you are obliged to contact your tutor in the physiotherapy department and Lucy Alpine in the School of Physiotherapy at 8.30 and 9.00 a.m. respectively.

FACILITIES FOR STUDENTS
CHANGING FACILITIES : YES – lockers are available.
CANTEEN / COFFEE SHOP : Located in Hospital 7; open for lunch & breaks. 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. Cards will only be provided to students on receipt of a 10 euro deposit which will be returned at the end of the placement once the card is given back to the tutor.

EDUCATIONAL FACILITIES AVAILABLE TO STUDENTS
LIBRARY : John Stearne Library, Trinity Centre
STUDY AREAS : YES. UVL Room (for students on placement in OPD), student room for students on placement in all other areas.
INFECTION CONTROL
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. Uniform tunics must be laundered, ironed and changed each day. Long hair is to be tied back.
Please continue to practice correct hand washing technique prior to arrival on placement.

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.

UNIFORM
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
Uniform must be laundered, ironed and tunic top must be changed each day.

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

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 the orthopaedic ward. Students will be supervised by the practice tutor (Jenny Scully) in OPD from 8.30 am until 12.30 pm. During this time, students will attend tutorials and will be involved in the assessment and treatment of patients. In the afternoons (from 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 one 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. 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. To demonstrate a commitment to placement preparation students are required to submit a learning CV and a document that outlines the steps they have undertaken to prepare for placement to jscully@stjames.ie at least 1 week prior to the beginning of placement (An example of activities students may undertake to prepare are listed at the end of this document). 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

- Safe manual handling techniques
- Musculoskeletal and rheumatology learning objectives in the student handbook
- Maitland 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)
- Documentation; SOAP notes and medico-legal requirements surrounding documentation
- Principals of muscle strengthening, exercise prescription and progression
- Musculoskeletal assessment (subjective and objective.. see notes from Preparation for Clinical Practice module.. Introduction to musculoskeletal assessment and relevant notes from musculoskeletal module)
- Recognition of ‘red flags’ or signs of serious pathology
- Functional/ biomechanical assessment including gait analysis
- Crutch walking
- Outcome measures – Goniometry, oxford scale, visual analogue scale, dynamometry, functional outcome measures as appropriate.
- Musculoskeletal conditions covered in the musculoskeletal module
- Anatomy of all peripheral joints and the vertebral column
- Electrotherapy esp: Sensation testing, Ultrasound, Interferential, Hot- packs and paraffin wax

REFERENCE MATERIAL ON SITE
A pack including all the relevant tutorials will be made available on site folder with a number of relevant articles and in-services available
Opportunity exists to attend in-services, fracture clinics, group classes for patients with shoulder/ knee/ hand/ ankle injuries, hydrotherapy and the soft tissue clinic in the emergency department.
There are a limited number of books available that can be used on-site by students while on placement.
SUGGESTED READING/REFERENCE 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 : Rockwood & Green’s Fractures in Adults (Lippincott-Raven 1996)
- ‘Clinics in Motion’ DVDs – available from the John Sterne library

ACTIVITIES STUDENTS MAY UNDERTAKE TP PREPARE FOR PLACEMENT

<table>
<thead>
<tr>
<th>Date</th>
<th>Area of study</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/8/10, 9/8/10</td>
<td>Maitland Mobilisations</td>
<td>Read maitland –peripheral mobilisations (3 hours), Practiced maitland manual therapy techniques with classmate (2 hours)</td>
</tr>
<tr>
<td></td>
<td>Issues raised</td>
<td>Forgot how to perform an AP accessory glide on the gleno-humeral joint</td>
</tr>
<tr>
<td>12/8/10</td>
<td>Anatomy</td>
<td>Reviewed lecture notes on upper limb Question and Answer Buddy session (3 hours)</td>
</tr>
</tbody>
</table>
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 are confident and have practiced 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

- Falls - causes, physio intervention, knowledge of Berg and backward chaining/falls education.
- Parkinson’s disease, signs & symptoms, physio ax/treatment idea
- CVA
- RA / OA
- 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
- Exercise prescription
- Peripheral Joint assessment
- Communication skills – MDT / patient / carers
- Moving and handling skills
- Electrotherapy – IF/ US/ Neurotech
- Group exercise class
- Deliver an in-service or article review
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

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

**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>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic surgery</td>
<td>COPD</td>
</tr>
<tr>
<td>Oesophagectomy</td>
<td>Asthma</td>
</tr>
<tr>
<td>Abdominal surgery</td>
<td>Brochiectasis</td>
</tr>
<tr>
<td>Head/neck surgery</td>
<td>ARDS</td>
</tr>
<tr>
<td>AAA Repair</td>
<td>Pneumothorax</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>Respiratory Outpatients</td>
</tr>
</tbody>
</table>

**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
• Harden B. (ed.) Emergency Physiotherapy: an on-call survival guide.

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.

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
- 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 1.5 senior physiotherapists and one staff grade physiotherapist 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.

Conditions/pathologies commonly encountered

- Fractured neck of femur
- Fractured ankle
- Fractured Tib/Fib
- Colles Fracture
- Fractured neck of humerus
- Variety of other lower limb fractures
- Variety of other upper limb fractures
- 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 including goniometry
- Basic Anatomy
- Knowledge of crutch walking and weight bearing restrictions

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

- Assessment of joint range of movement
- Assessment for walking aids / appliances
- Communication skills
- Present an in-service/article review
- Therapeutic handling of limbs
- 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 especially of heavily dependant patients
- Exercise prescription

**Suggested reading material**

- McRae R: Clinical Orthopaedic Examination (Churchill Livingstone 1997)
- Atkinson, K, Coutts, F, Hassenkamp, Al Physiotherapy in orthopaedics a
  problem solving approach (Churchill Livingstone)
- Brinker, M Review of Orthopaedic Trauma (Saunders)
- [www.sign.ac.co.uk](http://www.sign.ac.co.uk)

**Other relevant information**

Possible 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.

**Conditions/pathologies commonly encountered**
- Burns major & minor
- Reconstructive surgery – flaps, split skin grafts
- 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

**It is suggested that students familiarise themselves with the following skills / techniques prior to beginning the placement**
- Anatomy of upper limb (muscles, joints, nerves) with special regard for hand
- Neuromusculoskeletal assessment – esp. hand and upper limb
- Respiratory assessment & treatment / ACBT / controlled mobilization
- 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
- Respiratory techniques / treat ventilated patients

**Suggested reading material**
- Smith & Nephew pamphlet: "Burns – the first five days"

**AMPUTEES & ACUTE REHABILATATION**

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**

2 senior physiotherapists and 1 staff grade physiotherapist provide the cardiac physiotherapy service. Cardiac rehabilitation classes are held daily in the mornings. Physiotherapy service is also provided to a cardiothoracic ICU, HDU along with a general medical ward and the coronary care unit (CCU).

**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)

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 (Kevins and 1 staff grade physiotherapists (Wilde).

Conditions/Pathology Commonly Encountered

- Medical respiratory conditions - COPD, asthma, pneumonia, bronchiectasis
- Falls/Imbalance
- Immobility/Debility
- Cerebellar Disorders
- Parkinson’s Disease
- OA/RA
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
- Safe manual handling techniques/Discharge planning

Skills/modalities likely to be used in this placement

- Physiotherapy assessment of the elderly patient
- Respiratory assessment
- Respiratory Treatment techniques – ACBT, positioning, pulse geometry exercise prescription
- Exercise prescription
- Re-education of gait, balance and functional mobility
- Communication skills –with MDT/ patients/ carers
- Mobility Aid Assessment and prescription
- Deliver inservice/article review/case presentation

Suggested reading material

- Hough A. – Physiotherapy in Respiratory Care
- Pryor & Prasad – Physiotherapy for respiratory and cardiac problems.
- Neurological Physiotherapy – Maria Stokes
- Pickles B et al Physiotherapy with older people

There is also the opportunity to:
- Attend daily MDT meetings, Family meetings and OT home visits.

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