

## **OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT GUIDELINE FOR PATIENTS WITH TRAUMATIC SPINAL FRACTURES**

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### **INTRODUCTION**

This Occupational Therapy (OT) guideline has been agreed with the OT Manager for the acute hospitals NHS trust in Worcestershire and is to be used with patients who have a traumatic spinal fracture

### **THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :**

All Occupational Therapy staff working in trauma and orthopaedics

#### **Lead Clinician(s)**

Beverley Phillips

Occupational Therapy Clinical Lead,  
WRH

Laurence Ely

Occupational Therapy Clinical  
Specialist, WRH

Approved by Occupational Therapy Team Leads  
Clinical Governance Meeting on:

7<sup>th</sup> January 2025

Review Date:

7<sup>th</sup> January 2028

This is the most current document and is to be  
used until a revised version is available:

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
<u>2<sup>nd</sup> June 2013</u>	Consider using overbed mirror when pt is on bed rest	OT Trauma and Orthopaedic Clinical Governance Group
<u>2<sup>nd</sup> June 2013</u>	To educate patients on back care with /with out orthosis for all injuries	OT Trauma and Orthopaedic Clinical Governance Group
10 <sup>th</sup> June 2015	For prolonged bed rest, consider using the HADs assessment. Refer to patient flow for assistance at home Formal carers unable to help with orthosis. Enhanced Care Team can provide with training	OT Trauma and Orthopaedic Clinical Governance Group
August 2017	Document extended for 6 months as per TMC paper approved 22 <sup>nd</sup> July 2015	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
August 2018	Document extended for 6 months whilst new manager is in place and new key documents page is approved	Julie Elliott
August 2018	Rehabilitation now called PW2/PW1	OT Trauma and Orthopaedic Clinical Governance Group and OT clinical governance Therapy management clinical governance group
November 2020	Document extended for 6 months as per email from Beverley Phillips	Beverley Phillips
April 2021	Document extended for 3 months whilst under review	Beverley Phillips/ Dominique Thorn
May 2021	Change of Lead Clinician/job titles Removal of weekend cover as an exception Added new references Document reviewed and approved for 3 years	OT and Therapy clinical governance group
June 2024	Document extended for 6 months whilst under review	Beverley Phillips
December 2024	Updated references	Beverley Phillips

## TITLE OF GUIDELINE

Occupational therapy assessment and treatment guideline for patients with traumatic spinal fractures

## INTRODUCTION

All qualified OT staff working in an Trauma and Orthopaedic area should be aware of the existence of the guideline and the location of where a copy of the guideline is kept.

## DETAILS OF GUIDELINE

Patient group covered are inpatients who have sustained a traumatic spinal fracture **not involving the spinal cord**. This includes patients who have the following:

- Cervical spinal fractures
- Thoracic spinal fractures
- Lumbar spinal fractures

The majority of individuals who present with a spinal fracture injury will experience some degree of limitation in their occupational performance (self care, transfers and domestic tasks)

Patients who require surgical intervention are transferred to an alternative NHS Trust, but may be transferred back to Worcestershire Acute Hospitals NHS Trust for post operative treatment and discharge planning.

## Occupational Therapy Guideline for Spinal Fractures

- Establish treatment plan: Conservative treatment or surgical intervention
- Establish length of bed rest and if prolonged period of bedrest required, consider using the HADs assessment.
- Screening assessment of patients occupational performance and environment if the patient consents to intervention or contact next of kin if patient lacks mental capacity.
- Establish Occupational Therapy intervention plan to facilitate discharge.
- Issue height measurement sheet (HMS) if required
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan and immobilisation method eg brace/collar
- Joint assessment with physio regarding management and fitting of brace/collar.
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan and immobilisation method
- As appropriate educate patient/family on back care with/without orthosis.
- Consider the provision of short term loan equipment for discharge to the home environment to facilitate independence.
- In consultation with patient, MDT and family refer on to PW1(or equivalent if out of area) for assistance with ongoing rehab at home if required.
- For those patients who unable to complete the OT intervention plan in the acute setting will require referral for PW2 ongoing in patient rehab or interim bed consultation with patient, MDT and family if appropriate.

To be discharged from occupational therapy once the occupational therapy intervention plan is complete or interim bed/PW2 is available.

**MONITORING TOOL**

How will monitoring be carried out?

*Audit of OT notes*

Who will monitor compliance with the guideline?

*8a 7***REFERENCES**

- Rehabilitation after traumatic injury NICE guideline NG211 2022
- In-patient Occupational Therapy Assessment and Treatment Procedure-WAHNHST
- Fractures(non complex):assessment and management NICE guidelines[NG38] published: 17February 2016 www.nice.org.uk/guidance/ng38

**CONTRIBUTION LIST****Key individuals involved in developing the document**

Name	Designation
Beverley Phillips	Occupational Therapy Clinical lead, WRH
Laurence Ely	Occupational Therapy Clinical Specialist, WRH

**Circulated to the following individuals for comments**

Name	Designation
Helen Savory	Band6 until 2023
Karen Grinsted	Band7 until 2023
Sarah Williams	Band6
Jeanette Mulkerins	Band6until 2019
Claire Moore	Band6
Rachel Chapman	Band7

**Circulated to the following CD's/Heads of dept for comments from their directorates / departments**

Name	Directorate / Department
Julie Elliott	OT Manager
Charlotte Jack	OT manager from 2019
Charles Docker	Clinical lead consultant T&O

**Circulated to the following committee's / groups for comments**

Committee / Group
Occupational Therapy Clinical Governance Group
Therapies Clinical Governance Group
Occupational Therapy Trauma & Orthopaedic Clinical Governance Group

**Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>BEVERLEY PHILLIPS</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Beverley Phillips	Clinical Lead OT	Beverley.phillips6@nhs.net
<b>Date assessment completed</b>	19/5/21		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<p><b>Title: Occupational Therapy trauma and orthopaedic guideline WAHT-OCT-011</b></p> <p><b>Occupational Therapy assessment and treatment guideline for patients with traumatic spinal fractures</b></p>
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What is the aim, purpose and/or intended outcomes of this Activity?	Review of the guideline as the date for review has expired during COVID pandemic. To establish any amendments/updates and see if it is still relevant to current practice.
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	NICE guidelines RCOT specialist section Clinical specialist OT s in trauma and orthopaedics WAHT OT clinical governance group
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	OT manager OT clinical governance group
Summary of relevant findings	Minimal changes to staff job titles and added new updated NICE guidelines.

**Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	None identified			
How will you monitor these actions?	Clinical lead to oversee implementation of guideline for OT staff involved with this patient group			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	At the next trauma OT service review			

**Section 5** - Please read and agree to the following Equality Statement

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9

protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer’s etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	B.Phillips
<b>Date signed</b>	19/5/21
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	





**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval