

OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT GUIDELINE FOR PATIENTS WITH LOWER LIMB 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 with lower limb fractures.

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 |
| Karen Grinsted | Occupational Therapy Clinical Specialist, ALEX |
| Laurence Ely | Occupational Therapy Clinical Specialist, WRH |

Approved by Occupational Therapy Team Leads
Clinical Governance Meeting on: 5th May 2021

Review Date: 13th December 2024
This is the most current document and is to be used until a revised version is available:

Key amendments to this guideline

| Date | Amendment | Approved by: |
|----------------------------|--|---|
| 2 nd June 2013 | Unilateral fracture-Day 2 and onwards now added if mobility is severely reduced or unable to NWB consider criteria for hospital loan wheelchair | OT Trauma and Orthopaedic Clinical Governance group. |
| 2 nd June 2013 | Bilateral fractures day 2 move assess and issue wheelchair with elevated leg rests to day 1 | OT Trauma and Orthopaedic Clinical Governance group. |
| 10 th June 2015 | For patients who should be non-weight bearing following unilateral or bilateral fractures, if unable to non-weight bear, consider referral for POP bed. Refer to patient flow centre if extra help required at home. | OT Trauma and Orthopaedic Clinical Governance group. |
| August 2017 | Document extended for 6 months as per TMC paper approved on 22 nd 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 as per email from Julie Elliott while new manager is in place and new key documents page approved | Julie Elliott |
| August 2018 | Re formatted protocol and added in discharge options | OT trauma and orthopaedic clinical group and OT clinical governance group, 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 Document reviewed and approved for 3 years | OT and Therapy clinical governance group |
| June 2024 | Document extended whilst document under review | Beverley Phillips |

OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT GUIDELINE FOR PATIENTS WITH LOWER LIMB FRACTURES

INTRODUCTION

All qualified OT staff working in an 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

Common lower limb fractures impacting on occupational performance that may need to be seen by an Occupational Therapist include:

- Ankle
- Tibia
- Fibula
- Patella
- Tibial plateau
- Femur (for fractured neck of femur – see separate guideline)

Unilateral Fractures

Day 1 onwards

(Day 1 = the first day after the operation, or the first day after admission if no surgery carried out)

- Generate Occupational Therapy referral if appropriate following discussion with nursing and physio staff.
- Check consultants post operative management plan and weight bearing status.
- 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 if not already completed..
- Issue height measurement sheet (HMS) if required.
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan and weight bearing status/precautions
- If mobility is severely reduced or unable to comply with weight bearing status eg NWB consider issuing advice on wheelchair loan options or assess using criteria for hospital loan wheelchair
- If unable to non-weight bear or manage wheelchair transfers at an appropriate level, consider referral to OCT for interim bed whilst unable to weight bear with patients consent
- 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 out of area) for assistance with ongoing rehab/package of care at home if required or PW2 for ongoing in patient rehabilitation.

Bilateral Fractures

Day 1 onwards

(Day 1 = the first day after the operation, or the first day after admission if no surgery carried out)

- Generate Occupational Therapy referral if appropriate following discussion with nursing and physio staff.
- Check consultants post operative management plan and weight bearing status.
- Screening assessment of patients occupational performance and environment. if the patient consents to intervention or contact next of kin if patient lacks capacity.
- Establish Occupational Therapy intervention plan to facilitate discharge if not already completed..
- Issue height measurement sheet (HMS) if required.
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan and weight bearing status/precautions

- Assess wheelchair, bed, chair, toilet/commode transfers if appropriate
- If able to manage transfers between wheelchair, bed and commode, arrange access visit to establish wheelchair accessibility and identify equipment provision for downstairs living
- If unable to manage transfers between wheelchair, bed, and commode whilst maintaining bilateral non-weight bearing status, consider referral to patient flow for interim bed whilst unable to weight bear with patients consent.

- With consent arrange and complete access visit without patient to establish wheelchair accessibility and identify equipment provision for downstairs living
- Ensure there is adequate support at home and refer to patient flow centre if ongoing support at home or rehabilitation required with consent.

Discharge Criteria for Unilateral and Bilateral Fractures

- To be discharged from occupational therapy once the occupational therapy intervention plan is complete or appropriate 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 occupational therapists

| STANDARDS | % | CLINICAL EXCEPTIONS |
|--|-----|---|
| patients will be screened within 2 working days of referral date | 95% | Patient medically not well enough for assessment. |

REFERENCES

- 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 |
| Karen Grinsted | Occupational Therapy Clinical Specialist, Alex |

Circulated to the following individuals for comments

| Name | Designation |
|--------------------|-------------|
| Helen Savory | Band6 |
| Laurence Ely | Band 7 |
| Sarah Williams | Band6 |
| Jeanette Mulkerins | Band6 |
| 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 |

| Occupational Therapy Assessment and Treatment Guideline for Patients with Lower Limb Fractures (LLF) | | |
|--|--------------|-------------|
| WAHT-OCT-013 | Page 5 of 10 | Version 4.1 |

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) | |

| | |
|----------------------------------|--------------------------|
| Name of Lead for Activity | BEVERLEY PHILLIPS |
|----------------------------------|--------------------------|

| | | | |
|--|-------------------|------------------|----------------------------|
| Details of individuals completing this assessment | Name | Job title | e-mail contact |
| | Beverley Phillips | Clinical Lead OT | Beverley.phillips6@nhs.net |
| | | | |
| Date assessment completed | 19/5/21 | | |

Section 2

| | |
|--|--|
| Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.) | <p>Title: Occupational Therapy trauma and orthopaedic guideline WAHT-OCT-013</p> <p>Guideline for Occupational Therapy assessment and treatment for patients with lower limb fractures</p> |
|--|--|

| | |
|--|---|
| 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 | | | | |

| Equality Group | Potential positive impact | Potential neutral impact | Potential negative impact | Please explain your reasons for any potential positive, neutral or negative impact identified |
|---|---------------------------|--------------------------|---------------------------|---|
| Traveling Communities | | ✓ | | |
| 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.

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



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.

| | Title of document: | Yes/No |
|----|--|---------------|
| 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