

# PHYSIOTHERAPY PATHWAY

Treatment Pathway code:	WAHT-TP-011		
Treatment Pathway Owner:	Jenny Robinson/Kate	Job role Physiotherapy and Orthotics	
	Harris	Manager	
Approved by:	Therapies Clinical Gove	Therapies Clinical Governance/ Key Document Approval Group	
Date of Approval:	5 <sup>th</sup> April 2018	5 <sup>th</sup> April 2018	
Date of review:	5 <sup>th</sup> April 2020		

Amendments made to Treatment pathway		
Date	Amendments made	Approved by
January 2016	Guidelines for the use of humidified high flow oxygen therapy via nasal cannula added to pathway	KDAG
August 2016	All therapists performing examination and/or treatments on patients who lack capacity to consent – updated text added top	Physiotherapy Governance
August 2016	Rehabilitation guidelines for patients undergoing surgery for Tibialis Posterior reconstruction added to Pathway – Not approved at KDAG as the guideline was approved before this was established.	Physiotherapy Governance
August 2016	Miami j ® Cervical Collar Daily Checks, Cervical Collars & Vista Cervical Collar User Information Patient information leaflets added	T&O Governance meeting
August 2016	Updates to Large tears, Rotator cuff repairs, Secure repair small tears, total knee replacement pop ups within orthopaedic section	Physiotherapy Governance
January 2017	Secure repair small tears, Large tears made into one prop up Rotator cuff repairs. Updates to Subacromial Decompression of shoulder Pop up	Clinical Governance 29 <sup>™</sup> Sept
August 2017	Anterior cruciate ligament reconstruction for Mr Pearse patients only added to lower limb section of treatment pathway	Therapies Clinical Governance
November 2017	Pathway extended for four months whilst review of documents takes place	Kate Haris, Jenny Garside
April 2018	Physiotherapy page and document approved at Therapies Clinical Governance Meeting for two years	Therapies Clinical Governance

This Treatment pathway h	This Treatment pathway has been circulated to the following individuals for consultation		
Name	Designation		
Kate Harris	Clinical Lead for MSK outpatients		
Helen Hawkes	Clinical Lead for orthopaedic inpatients		
Sally Mc Nally	Clinical Lead for Surgery and Medicine		
Emma Hall Robinson	Clinical Lead for Neurology and rehabilitation		
Sally Martineau	Clinical Lead for Womens and Men's Health		
This Treatment pathway has been	circulated to the chair(s) of the following committee's / groups;		
Chair of	the Physiotherapy Clinical Governance Group		

## IMPLEMENTATION

## Plan for implementation

All physiotherapy staff are aware of the previous guidelines and where to find them on the intranet. Once the pathways are live, all staff will receive an email from Jenny Robinson explaining the change and telling them how to search within the pathway. As staff rotate to different Specialities they will be introduced to the pathways relevant to that rotation.

New staff will be introduced to the pathways as part of their departmental induction

#### DISSEMINATION

a/a

## TRAINING AND AWARENESS

At PDR pathways will be discussed and staff sign to say they are aware of all policies relevant to their role. As staff rotate into new areas their mentor will introduce them to relevant pathways. Staff will document in patient records that treatment has been given in line with a pathway or if they have deviated from a pathway they will outline the reasons why.

# MONITORING AND COMPLIANCE

This section should identify how the Trusts plan to monitor compliance with and the effectiveness of this Treatment pathway. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance

What	How	Who	Where
Where there is a pathway for a particular condition or procedure our annual notes audit will determine if the pathway has been followed	Random notes audit using a standardised proforma of 10 sets of notes per ward or outpatient area on an annual basis.	Senior staff within each specialty will undertake the audit in their area.	Senior staff will send the results of their audit to Kate Harris who will write up a report. This report goes to our Therapies Clinical Governance meeting and the results of the audit are fed back to staff at team brief. If particular staff are failing the audit they will receive feeedback individually from their mentor and an improvement objective set at PDR

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posterior tendon dysfunction and subsequent rehabilitation. After reviewing the articles and information, the physiotherapy guidelines were produced on the best available evidence.	
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#### SUPPORTING DOCUMENT ONE - EQUALITY IMPACT ASSESSMENT TOOL

	To be completed by the Treatment pathway owner and submitted to the appropriate committee for consideration and approval.		
		Yes/No	
1.	Does the treatment pathway affect one group less or more favourably than another on the basis of:		
	Race	no	
	Ethnic origins (including gypsies and travellers)	no	
	Nationality	no	
	Gender	no	
	Culture	no	
	Religion or belief	no	
	Sexual Orientation	no	
	Age	no	
2.	Is there any evidence that some groups are affected differently?	yes	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	no	
4.	Is the impact of the policy/guidance likely to be negative? If so can the impact be avoided?	no	
5.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
6.	Can we reduce the impact by taking different action?	n/a	
7.	Other comments	Some patients are managed differently due to Consultant post op instructions	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

#### SUPPORTING DOCUMENT TWO - FINANCIAL IMPACT ASSESSMENT

	approval.		
		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	
6.	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