

Summary

I work full time for the Anglian Community Enterprise at Clacton-On-Sea hospital as a Band 6 MSK specialist. I qualified in 2010 and started at Clacton hospital 2013 as a Band 5 progressing to Band 6 in March 2014. Prior to this I worked in private practice. Our department comprises of nine other physiotherapists and two associate members. We take referrals from General Practitioners, Consultants as well as from the Spinal Pathway, MSK tier II service and Pain management. Over the past two years I have taken a keen interest in our maternity patients and in hand therapy.

My key responsibilities are:

- Assessment and treatment of MSK patients including patients under the Any Quality Provider pathway.
- Running of the non-operative shoulder class, collecting of outcome measures and auditing of data for service improvement.
- Grading of referrals.
- Currently leading an audit on DNA rate.
- I am CSP Steward -supporting CSP members within my workplace. Attending and participating in Joint Union and Management Partnership meetings.
- I hold the role of CSP learning champion promoting CPD in practice.
- Taken a more leading role with maternity patients
- The department Hand therapist was seconded to another department so I have lead a more leading role in seeing hand patients over the past year since completing my level one hand therapy course.

Outside of work

- I am involved in CSP East of England Regional Network holding the role of Communications Officer and Learning Champion. Being part of the core team involves assisting organising forums, workshops and conferences for CSP members within our Region.

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Personal statement

Over the past two years, I have kept an up to date record of CPD activities (standard 1) in accordance with CSP and HCPC guidelines. This is demonstrated in **evidence one**, this also shows a wide range of learning activities including work-based, self-directed, formal and professional (standard 2). My CPD activities are guided by my annual appraisal in which I look at current and future service needs. As well as through the CSP East of England priorities we set and the forum we run each year.

Clacton-On-Sea Airshow

In 2015 I organised as trade stand at Clacton Airshow (**evidence two**) staffed by members of my department and EoERN core members. Funded by CSP East of England Regional network in conjunction with Older people's day. With the attendance of over 10,000 members of the public. The aim of the two days was to:

- Promotion of exercise, health and wellbeing to encourage self management of long-term conditions (standard four).
- Promote Physiotherapy as a profession (standard three).
- Raise profile on the hospital physiotherapy department (standards three and four).

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- Provide general advice and guidance to the public. We handed out CSP leaflets and leaflets from Arthritis UK (standard four).
- Getting staff to engage with the public (standards three and four).
- We also ran mobility aid MOT raising awareness of safety and the need to check regularly and replace ferrules when worn. We handed out nearly 1000 ferrules over the two days (standard four)

This event took months of preparation with application forms and risk assessments (**evidence three**). As well as communicating with management at work organising staff diaries and the communicating with the CSP.

Maternity patients

During 2014 management were looking at budget cuts and were discussing whether to stop supplying fem braces to maternity patients. I emailed the therapies manager (**evidence four**) about how I already feel we were letting down these patients down as I didn't feel I had the skills to treat them and this was an area I had highlighted in my appraisal as where I felt I needed further training and department as a whole lacked (standard three). My department agreed to fund a 'Pregnancy related MSK course' run by Pelvic, Obstetric and Gynaecological Physiotherapy. I completed the 'Pregnancy related MSK course' (standard three and four) in November 2014 over two days. The aim of course was to:

- Awareness of red flags and special questions associated with pregnancy.
- Increased understanding of anatomy and changes that occur during pregnancy.
- Increased knowledge of assessment skills.
- Increased knowledge of treatment options including exercise.

This course has really helped increase my confidence in assessment and treatment of pregnant patients, it was a lot of new information and in order to consolidate this information I made a prompt sheet (standard three and four) (**evidence five**). Through increasing my confidence I am able to provide better care for my patients. I also wanted to gain better understanding of women's health services in term of maternity patients - so first of all I shadowed a local mid wife run anti natal yogalates class (**evidence six**). This helped give me a better understanding of what is available locally within our hospital. I also wanted to see how services are ran within a dedicated women health team so I made a requested to shadow one of the instructors from 'pregnancy related MSK course who works at Norfolk and Norwich University hospital (**evidence seven**). This was a great learning experience as they work both in inpatients and outpatients, they were seeing patients during pregnancy but also able to provide information and advice day one postpartum. Especially on dealing with Diastasis Recti Abdominis (DRAM) Norfolk and Norwich University Hospital provided excellent handouts for patients on pelvic girdle pain and DRAMs this inspired me to produce some for our own patients (**evidence eight and nine**) especially as we tend to give patients a lot of information and it can be a lot for them to take in (standards three and four).

Shoulder class

I run a non-operation shoulder rehabilitation class, referrals in to this class come from other Physiotherapists in the department and patients can have any shoulder pathology. Patients receive four one hour sessions comprising of warm up, 20 minute theraband strength exercises, 20 minute circuits (made up of range of movement exercises) and cool down. On their first session patients complete SPADI questionnaire, this is a validated and reliable shoulder specific patient reported outcome measure. This is then repeated on their final session and results processed to monitor patient improvement. On the final session patient progress is discussed some patients are ready for discharge with advice, some may need referring on to a specialist. All patients on discharge receive a theraband with home exercise programme (**evidence ten**), shoulder pain booklet, leaflet on sprains and strains (**evidence eleven**) as well as ask to complete feedback card (**evidence twelve**) (standard three and four)

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Increasing knowledge in hand therapy

At the start of 2015 our department hand specialist was seconded to another department as an Extended Scope practitioner. He had been my supervisor and sparked my interest in hand therapy and the need to improve both my knowledge, treatment and assessment skills. I had raised this in my annual appraisal stating departmental need for a member of staff trained in hand therapy and funding was agreed. In July 2015 I took the British Association of Hand Therapist level one hand course (**evidence thirteen**). The objective of this course was to:

- Increase understanding of anatomy and function.
- Identify and evaluate common methods of assessment.
- Have basic knowledge of common conditions (**evidence fourteen**).
- Have basic knowledge of common complications i.e. Pain, oedema, joint stiffness, wound healing, contracture, sensory disturbance, motor weakness.
- Understanding common treatments

Following the course I have felt more confident in my assessment and treatment techniques, I have begun shadowing the hand therapist (**evidence fifteen**) and being observed (**evidence sixteen**). I have always found OA base of thumb difficult as it has such a long term and disabling effect on function. I often find these patients don't get the treatment and education they need. I have since taken another course at The Pulvertaft Hand Centre on the Conservative Management of OA at the Base of the Thumb. The course has really highlighted lack of long term self management advice our patients receive even in the hand class patients aren't being supported to ensure good thumb posture and positioning when doing their exercises. In January 2016 I have organised an audit for the hand class. The current hand class consists of 1 and a 1/2 hours for four weeks of wax treatment followed by exercise. But currently fails to address patient self management education. I plan to record strength using the dynamometry and thumb pinch gauge, DASH questionnaire which is proven both valid and reliable as well as patient satisfaction questionnaire (**evidence 17**) I have created. These will all be taken on the first and their final session. Once we have results for 20 patients we will then implement changes through both patient education and training of the Physiotherapist and Physiotherapy technical instructor on function posture correct and joint protection. I hoping to show improved outcomes for patients.

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