



**JOB DESCRIPTION
ALLIED HEALTH PROFESSIONALS**

1. JOB IDENTIFICATION	
Job Title:	Physiotherapist
Grade:	B5
Supervision:	B6 Physiotherapist
Reports to - Managerially: Professionally:	West Caithness Integrated Team Lead Professional Lead: Physiotherapist
Department:	Caithness Physiotherapy
Job Reference Number:	CAITCGHLPHYS10
2. JOB PURPOSE • To take responsibility for a designated clinical caseload incorporating patient assessment, diagnosis, treatment and discharge from care. • To work within multi-professional teams to ensure co-ordinated care for patients and carers • To delegate tasks to Physiotherapy Assistants and Technical Instructors • To use and develop clinical and organisational skills to meet the needs of patients and the organisation	
3. DIMENSIONS The Caithness Physiotherapy Service sits within the North & West Operational Division of NHS Highland Health and Social Care Partnership. This is a full time post (37.5hrs) covering East and West Caithness, base negotiable. Clinical caseload is outpatients and inpatients in both Caithness General hospital and Dunbar Hospital, and assisting the Integrated Team in the community with supervision, where necessary and depending on experience of the B6 Physiotherapist. Key aspects of the role; • In liaison with a Senior physiotherapist, works as an autonomous clinician taking full responsibility for an identified caseload • Has access to frequent supervision from senior Physiotherapy staff • Has responsibility for prioritising own caseload and ensuring caseload is managed	

effectively.

- Has a role in local audit and Clinical Effectiveness projects.
- Monitors and evaluates the service provision in conjunction with the Professional Lead Physiotherapist ensuring effective practice.
- Provides support and guidance to B3 Assistant grade staff.
- Delegates tasks to Physiotherapy Assistants and is accountable for their caseload management.

Caithness has a population of approx. 27 000. Caithness General Hospital in Wick, Dunbar Hospital in Thurso, 2 GP practices in Wick, 2 in Thurso and 3 rural practices serve the healthcare needs of the county.

PHYSIOTHERAPY STAFFING ESTABLISHMENT

B7 physiotherapy lead (covering Sutherland and Caithness)

B6 physiotherapists

B5 physiotherapists

B3 Assistants

B2 Admin

For staff deployment and line management responsibilities see organisational chart.

The outpatient department takes referrals from GP's, Consultants, Physiotherapists and other Health and Care Professionals. Approximately 1000 new patients are seen and 6000 contacts made annually.

Patients are referred from GP's, Nurses and Palliative Care Specialists. Referrals also include patients directly from the Orthopaedic wards in Raigmore for rehabilitation following hip and knee replacement and trauma. Approximately 120 new patients are referred and 600 contacts made annually. The Hospital also has a busy outpatient department. Approximately 1200 new patients are referred and 5000 contacts made per annum. Physiotherapy treatment is provided in the wards and in the physiotherapy department where appropriate. Department facilities include 1 gymnasium and 4 treatment cubicles. The department is well equipped with both rehabilitation and electrotherapy equipment.

The community physiotherapy service operates from Caithness General Hospital and Dunbar Hospital. Domiciliary visits are also made to patients' homes and nursing homes. The continence clinic is run from the Dunbar Hospital, Thurso and Riverview Practice, Wick. There are 2 clinics a week and patients can refer direct to the service. Referrals are also accepted from GPs, Consultants and other Health Professionals. Approximately 100 new patients are seen and 400 contacts made annually.

4. ROLE OF THE PHYSIOTHERAPY SERVICE

The Caithness Physiotherapy Service exists to deliver high a quality, comprehensive range of inpatient, outpatient and community physiotherapy to patients and their carers.

Chartered physiotherapists use their expertise and skills in assessment, movement, electrotherapy, facilitation techniques and manipulation to effectively treat, rehabilitate and advise clients with a wide range of health problems. They work with people of all ages who have lost some degree of movement or ability through injury, surgery, pathological change or illness. Ultimately, the aim of physiotherapy is to help patients resume as active and independent a lifestyle as possible through individual intervention of as part of a multi-disciplinary team. It is the objective of all physiotherapy staff in Caithness to provide the highest quality of patient care possible. As part of an on-going physiotherapy departmental quality assurance programme, staff are actively involved in setting, maintaining and improving standards. This is primarily aimed at:

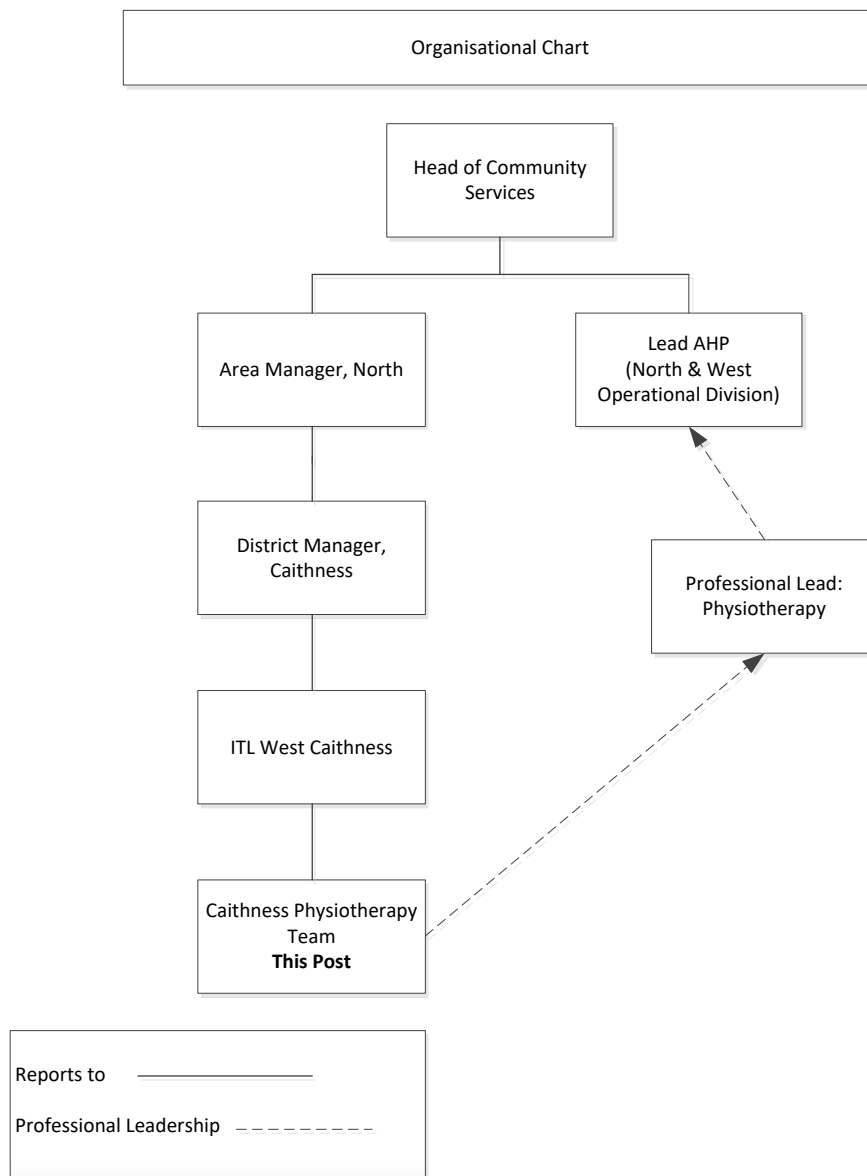
1. Improving the range and quality of services available
2. Ensuring patient needs are met

The service includes; specialist injection therapy, specialist continence and woman's health, musculoskeletal (including the new First Contact Physiotherapy model delivered in primary care), care of the elderly, falls prevention, community rehabilitation, health promotion, cardiac rehabilitation, neurological acute and chronic degenerative conditions, palliative care.

Key responsibilities of the service are:-

- Provision of physiotherapy care to a diverse range of clinical conditions and patient types in a variety of environments across acute and community settings.
- Health promotion.
- Service management, planning and development within a defined budget and a multidisciplinary framework.
- Development, implementation and management of a Clinical Governance Strategy.

5. ORGANISATIONAL POSITION



6. MAIN DUTIES/RESPONSIBILITIES

Clinical

- To be professionally and legally accountable and responsible for all aspects of own work including direct and indirect patient care
- To assess capacity, gain valid consent and have the ability to work within a legal framework with patients who lack the capacity to consent
- Act independently to assess, analyse and provide a clinical diagnosis for individual patients to determine their need for physiotherapy intervention
- Act independently to plan, implement, evaluate, treat and progress patient care to maximise their rehabilitation potential – including decision making regarding discharge from care

- Manage an identified caseload of patients effectively and efficiently.
- Liaise frequently with Senior Physiotherapist to gain support and direction in management of their caseload.
- Work as part of a multi professional team to ensure effective communication and delivery of care.
- Maintain patient documentation, records and accurate mandatory statistical information to reflect care provided and meet professional and local standards.
- Deliver and modify group exercise programs.
- Communicate and make recommendations to all relevant colleagues to maximise patient care and promote effective multi professional working.
- Work independently to provide emergency respiratory on-call care to support delivery of the weekend service to acutely ill patients.

Managerial

- Delegate appropriate tasks and supervise Technical Instructors and Physiotherapy Assistants to maximise efficiency and achieve desired quality of care.
- Participate in the departmental Personal Development and Performance Review system to promote personal and service developments.
- Participate in clinical audit and Clinical Effectiveness projects to support the Clinical Governance agenda.

Educational

- Actively participate in Physiotherapy Departmental in-service training program and attend Highland Clinical Interest Groups to promote personal development.
- Educate patients, carers and multidisciplinary team members to promote knowledge of physiotherapy management to enhance patient care.

Professional

- Maintain own professional development.
- Comply with standards of physiotherapy practice and rules of professional conduct of the Chartered Society of Physiotherapy.
- Ensure that all statutory regulations are implemented including the Health and Safety at Work Act, Risk Management and Confidentiality Policies.

7a. EQUIPMENT

Points a – d require a robust knowledge of anatomy, physiology and physiological effects, pathology, kinesiology, contraindications and individual patients presenting symptoms,

drugs and medical condition.

Types of equipment used and frequency of use will be dictated by the speciality the postholder is working in and patient needs within that specialty.

- a. To understand and ensure the safe use of electromedical equipment including;
 1. **Ultrasound** – treatment of soft tissue inflammatory disorders - frequently.
 2. **Transcutaneous Electrical Nerve Stimulation** – management of musculoskeletal pain - frequent.
 3. **Mechanical traction table** – traction treatment of cervical and lumbar spinal pathology – frequent.
 4. **Electromyographic biofeedback units** – assessment, monitoring and rehabilitation of muscular recruitment/motor unit function in musculoskeletal disorder – occasionally.
- b. To understand and ensure safe use of exercise equipment for patient rehabilitation (frequent) including;
 1. **Exercise bike**
 2. **Stairclimber**
 3. **Parallel bars**
 4. **Gym balls**
 5. **Theraband**
 6. **Free weights**
 7. **Various balance equipment**
 8. **Sliding boards**
 9. **Therapeutic hand equipment**
 10. **Wall bars**
- c. To understand and ensure the safe use of non-electrical patient treatment modalities and diagnostic tools including;
 1. **Manipulation/mobilisation of spinal and peripheral joints** – for pain relief, to promote soft tissue healing and improved function (frequent).
 2. **Soft tissue massage** – for pain relief and tissue healing (frequent).
 3. **Heat packs** – for pain relief and improved function. Used before mobilisation to increase soft tissue extensibility (frequent).
 4. **Cryotherapy (ice)** – for soft tissue/joint swelling and pain (frequent).
 5. **Goniometer** – for measuring joint movement and angles (frequent).
 6. **Stethoscope** – for use in auscultating post surgery and chronic obstructive pulmonary disease patients (occasional).
 7. **Tendon hammer** – for checking reflexes in neurological conditions and sciatica (frequent).
 8. **Halter traction** – traction treatment of cervical and lumbar spinal pathology (occasional).
 9. **Manual therapy belt** – application of mobilisation forces/counterforces in the manual mobilisation of stiff/painful peripheral and spinal joints (frequent).
- d. To understand and ensure safe use of additional patient rehabilitation and care equipment including;
 1. **Powered treatment plinths** (frequent)
 2. **Specialist beds** (frequent)
 3. **Hoists** – standing, tracking and lifting (occasional)
 4. **Stand aids** – tilt tables, standing frames (occasional)
 5. **Manual handling equipment** – Slide sheets, pat slides, beds, trolleys (frequent).

6. **Walking aids** – Auxiliary, elbow, gutter crutches, zimmer, rollator, delta and uniscan frames, walking, tripod and fischer sticks – selection, adjustment, issue and instruction of appropriate walking aid (frequently)
7. **Transfer equipment** - sliding boards, turntable transfer blocks – increase patients independence during transfers and activities of daily living (occasional)
8. **Orthotics and taping** - Splints, AFO (ankle foot orthosis), Fem braces, Spinal braces, Knee braces, Collar and cuff, Neck collars, Shoulder immobilisers, Strapping, Taping and Tubigrip to reduce swelling, pain and pressure and to facilitate movement (frequent).
9. **Wheelchairs** – Correctly position patient in chair, assess, measure and order chairs for patients (occasional.)
10. **Woodsaw, metal saw, vice** – for sizing and cutting of walking aids (frequent).

Administrative/education

- **Personal computer** – daily use for e-mails, collation of physiotherapy patient activity data, intra and internet, producing exercise regimes for patients, clinical letters to GPs, Consultants and other healthcare professionals. Microsoft word, Powerpoint, Excel, Outlook express, Access (very frequent).
- **Laptop and digital projector** – as above and for powerpoint presentations (frequent).
- **Photocopier** – daily use in copying clinical leaflets, exercise regimes, letters, administration and training materials (frequent).
- **Telephone** – daily internal and external communication on clinical issues (constant).
- **Overhead projector** – Delivery of presentations during training, interviews, developments (occasional).

7b. SYSTEMS

- To be competent in the use of current documentation systems and develop new systems.

Patient records – written records of treatments/attendance's with patients/interaction with medical staff in relation to patient care in accordance with CSP and Departmental standards.

Patient activity statistics – written record of patient contacts including number of new patients, total patients and attendance's for use in departmental and organisation auditing of physiotherapy data.

Computerised patient activity statistics – collection of patient activity data on Excel for collation, analysis and audit purposes (when required).

Appraisal and PDP – yearly staff appraisal and development of personal development plan.

Integrated care pathways – standardised care plans that detail steps in patient care for specific illnesses and detail expected treatment and progress.

Staff induction/orientation – as required.

Diary – maintain a diary of patient appointments.

Ordering forms – for procurement of supplies from stores.

Exercise/information leaflets – using computerised software (physio tools) (frequent).

Expenses claim forms – on call, travel & subsistence expenses (monthly).

Annual leave/study leave – complete and forward onto line manager (as required).

- Demonstrate an extensive knowledge of relevant IT systems and software packages e.g. GroupWise, Excel, GPass, Physiotools (exercise program package).

8. ASSIGNMENT OF WORK

- Clinical caseload will be generated by the specific service needs of the clinical area. The postholder will prioritise caseload with respect to known CSP standards of care within physiotherapy, identifying priorities for treatment and implementing appropriate care.
- Senior Physiotherapists will delegate other non-clinical tasks.
- Day to day supervision will come from the Senior Physiotherapists
- Post holder will work independently on a day to day basis..
- Senior Physiotherapist will undertake personal development and performance review on an annual basis.

9. DECISIONS AND JUDGEMENTS

- To accept, assess, plan and undertake Physiotherapy interventions using clinical reasoning to decide how to complete and/or discontinue treatment taking all presenting factors into account regarding the clinical condition and utilising an holistic approach to individual care.
- To work autonomously making clinical decisions within scope of practice.
- To advise continued, relevant patient care to appropriate clinician or service.
- To undertake risk assessments regarding patient condition and environment to ensure patient and staff safety.
- To prioritise own caseload on a daily basis.
- To consider appropriate delegation of tasks to Physiotherapy Assistant and Technical Instructors.
- To seek advice from more experienced colleagues on a regular basis.

10. MOST CHALLENGING ASPECT OF THE JOB

- Undertake a physically, mentally and emotionally demanding job whilst taking care of own health and safety as well as that of patients, carers and colleagues.
- Participating in multi-professional teams ensuring a professional opinion is expressed which may not be agreed by other, more experienced members of the team.
- Making the transition from student to professional member of staff
- Whilst on-call, work independently with acutely ill patients out with own clinical specialism and with no direct professional support.

11. COMMUNICATIONS AND RELATIONSHIPS

Patients and relatives/carers

- Communicates complex clinical information effectively and appropriately with patients and their carers using a range of verbal, non-verbal, written and presentation skills. This may involve conveying complex terminology into lay terms e.g. communication difficulties relating to stroke patients.
- Provides and receives information regarding assessment, diagnosis, prognosis and treatment to encourage compliance.
- Identifies and modifies the most appropriate communication method depending on the individual requirements e.g. hearing or visual impairments, learning difficulties, language differences or disinterest.
- Provides support, reassurance and encouragement to patients and their carers as part of the rehabilitation process.
- Convey comprehensive detail of physiotherapy treatment programs in a manner and at a rate which is appropriate for every individual emphasising and reiterating points as and when to ensure a full understanding.
- Encourage and motivate patients to maximise outcome recognising those who are in pain, are afraid or reluctant and require reassuring, motivating and persuading to comply with treatment
- Conveys information in a particularly sensitive manner when it is contradictory to patient and carer expectations and desires.
- Utilise appropriate methods and aids e.g. audio visual aids or music when working with patients in groups for either education or exercise purposes.

Physiotherapy Staff (internal/external to Division)

- Consult more experienced staff for advice.
- Provide appropriate details for transfer of patients for on-going care elsewhere.
- Delegate tasks clearly to Physiotherapy Assistants and Technical Instructors.
- Attend and actively participate in general staff meetings and staff grade meetings.

Multi-professional Team

- Provide patient assessment findings, progress with treatment, and discharge information.
- Provide advice regarding additional strategies for patient management e.g. referral to another specialist practitioner.

Other Agencies e.g. Local Authority, Voluntary sector

- Provide information to support on-going management e.g. Chest Heart and Stroke

Association, Pain Association.

- Make referrals e.g. for social work community care in keeping with policies and standards, maintains strict confidentiality regarding patient and staff information.

12. PHYSICAL DEMANDS OF THE JOB

- Manual handling of patients on a daily basis. This may include very immobile, obese, unwilling patients for lengthy periods – often from lying to sitting position, sitting to standing and transfer onto chair and back in one session.
- Assisting patients with walking and stair practice – this may include sudden and unpredictable changes in movement or falls/faints, which require physical support and/or lowering to the floor ensuring patient and staff safety.
- Manual physiotherapy techniques several times a day including facilitation of movement and/or joint manipulation. This requires a specific level of dexterity, response to sensory feedback, and co-ordination of movement.
- Significant element of walking, climbing stairs, standing and working within confined spaces on a daily basis. Supporting patients while walking. Assisting patients up from chair/bed and supporting limbs during treatment.
- Frequent use of equipment such as hoists, walking aids, tilt tables, which require manipulation, dexterity and strength, often manoeuvring within confined spaces.
- May adopt static postures for lengthy periods whilst assisting dependent patients (e.g. after stroke or spinal injury) to regain movement patterns.
- May spend short periods using IT equipment – requires awareness of own postures and positioning of equipment/seating etc.

Mental Demands

- Responding to frequent changes in patients' condition – this requires being alert in order to undertake a high standard of clinical reasoning involving constant reassessment regarding clinical management.
- Prioritising workload – daily
- Dealing with acutely ill patients requiring urgent treatment while remaining calm e.g. choking, aspiration (occasional).
- Prolonged periods of particular concentration especially with new and complex patients and those with communication difficulties – frequent.
- Dealing with abusive patients and carers – infrequent.
- Maintaining a holistic overview whilst dealing with the demands of individual seriously ill patients.

Emotional Demands

On a regular basis dealing with;

- Death and bereavement and permanent severe disability.
- Patients who have long term illness/conditions.
- Terminally ill patients.
- Emotionally labile and/or depressed patients.
- Breaking news about poor outcome or prognosis.
- Patients who may not be able to return home and require long term care.
- Patients with severe injury and loss of function.
- Undertaking distressing treatment modalities e.g. naso-pharyngeal suction.
- Undertaking treatment modalities, which may increase pain levels.
- Delivering unwelcome news to patients and carers.
- Patient/carers complaints.

13. WORKING CONDITIONS

- Exposure to bodily fluids (sputum, urine, faeces, vomit) infrequently
- Exposure to body odours, fleas and lice - occasionally
- Exposure too physical and/or verbal abuses - infrequent.
- Handling of MRSA infected patients - infrequent.
- Handling of soiled linen – infrequent.
- Possible exposure to infectious diseases e.g. TB, Hep B/C - infrequent

14. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Degree or diploma leading to Physiotherapy HPC registration

Current HPC registration

Membership of the Chartered Society of Physiotherapy

Working knowledge of basic IT – e.g. word processing, use of internet, e-mail.

Ability to work independently

Ability to organise, prioritise and delegate

High levels of written, verbal and non-verbal communication skills.

Self-confident approach.

Ability to work effectively under pressure.

Team player who is reliable and loyal.
Flexible and able to adapt to change/unpredictable circumstances.
Conscientious, calm and empathetic.
Problem solving approach.

JOB DESCRIPTION AGREEMENT

Job Holders Signature:

Date:

Head of Department Signature:

Date: