### Pre-Placement Information 2015 -2016

<table>
<thead>
<tr>
<th>Address</th>
<th>Crumlin Road, Dublin 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td>Judith O’Connell</td>
</tr>
<tr>
<td></td>
<td>Paediatric Practice Tutor</td>
</tr>
<tr>
<td></td>
<td>01 4096617</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:judith.oconnell@olchc.ie">judith.oconnell@olchc.ie</a></td>
</tr>
<tr>
<td>Where to Check In</td>
<td>Secretary’s office, Physiotherapy Department, ground floor.</td>
</tr>
<tr>
<td>Preferred Contact Method</td>
<td>e-mail</td>
</tr>
<tr>
<td>Phone</td>
<td>Switchboard 4096100</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy Dept 4096551/4096460</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:judith.oconnell@olchc.ie">judith.oconnell@olchc.ie</a></td>
</tr>
<tr>
<td>How to Get Here</td>
<td>Car</td>
</tr>
<tr>
<td></td>
<td>18, 50, 56A, 77, 77A,</td>
</tr>
<tr>
<td></td>
<td>121, 122, 123, 150</td>
</tr>
<tr>
<td></td>
<td>Bus</td>
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<td>18, 50, 56A, 77, 77A,</td>
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<td>121, 122, 123, 150</td>
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<tr>
<td></td>
<td>Luas/Dart</td>
</tr>
<tr>
<td></td>
<td>Red Line Luas, Drimnagh stop, 10 minute walk.</td>
</tr>
<tr>
<td>Working Hours</td>
<td>08.30- 16.30</td>
</tr>
<tr>
<td>Breaks</td>
<td>Morning break 11.00-11.30</td>
</tr>
<tr>
<td></td>
<td>Lunch 13.00 – 13.30</td>
</tr>
<tr>
<td>Uniform Policy</td>
<td>A minimum of 2 tunics are essential. Please keep a spare on site. Trainers are permitted. Name badge must be worn at all times.</td>
</tr>
<tr>
<td>Accommodation</td>
<td>NA</td>
</tr>
</tbody>
</table>

**GARDA CLEARANCE IS MANDATORY** PRIOR TO PLACEMENTS AT OLCHC. CLEARANCE IS NOW OBTAINED THROUGH TCD. IF YOU HAVE NOT PREVIOUSLY SUBMITTED FORMS FOR GARDA CLEARANCE PLEASE LIASE WITH LUCY ALPINE REGARDING THIS.

**NOTE:** THIS PROCESS TAKES A MINIMUM OF 6 WEEKS.

COMPLETING AND RETURNING AN **Immune Status Form** IS MANDATORY PRIOR TO PLACEMENTS AT OLCHC. The immune status form can be downloaded from the Placement Resources for Students tab on the Practice Education webpage. Please have this form fully completed, dated, signed and stamped by the College Health Centre or your GP PRIOR to your clinical placement at OLCHC. Placements will not proceed where there is any ambiguity surrounding immunity. You may require vaccinations - adequate time must be factored in to allow for this.
SUBMITTING A **PLACEMENT CV IS MANDATORY** PRIOR TO PLACEMENT AT OLCHC. THIS IS AN OLCHC HR DEPARTMENT REQUIREMENT.

**Student Facilities**

<table>
<thead>
<tr>
<th>Access to Staff Room</th>
<th>Students can use fridge, water dispenser, kettle &amp; microwave but have their own room for breaks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canteen</td>
<td>Yes</td>
</tr>
<tr>
<td>Changing Facilities</td>
<td>Yes (note: a €20 refundable deposit is required on Day 1 to obtain a locker key)</td>
</tr>
<tr>
<td>Car/Bicycle Parking</td>
<td>On site - paid car parking. Students have access to a secure bike shed.</td>
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<tr>
<td>Library</td>
<td>On site</td>
</tr>
<tr>
<td>Study Areas</td>
<td>Yes - dedicated student room.</td>
</tr>
<tr>
<td>Internet</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| On-site Reading Resources | Core recommended reading text for all areas:  

**Clinical Information**

It is suggested that students familiarise themselves with the following pathologies, assessment procedures and treatment options prior to the beginning of placement.

Students are expected to utilise the TCD physiotherapy facilities available in preparation for all placements.

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Orthopaedics</th>
</tr>
</thead>
</table>
| Conditions Seen | Out Patients:  
• Paediatric Musculoskeletal Conditions – SUFE, Patellar dislocations, Idiopathic toe walkers.  
• Fractures  
• Osgood Schlatters  
• Perthes  
• Sever’s Disease  
• Scheurmann’s Kyphosis  
• Hypermobility  
• Anterior Knee Pain  
• Soft tissue injuries (eg, ankle sprain, hamstring strain)  

In Patients:  
• Ilizarov limb lengthening  
• Scoliosis  
• DDH |
### Ponseti and CTEV
- Adolescent Health
- Obesity
- Pain Amplification / Non Organic Presentations
  (not a comprehensive list, just examples, some overlap in conditions from inpatients to outpatients also seen)

### Assessment Procedures Used
- Paediatric Normal Orthopaedic Variance
- Paediatric Musculoskeletal Assessment
- Assessment and Education in crutch use
- Scoliosis assessment and muscle charting
- Assessment and treatment of the Ilizarov limb lengthening patient
- Familiarity with the Ponseti method for treatment of CTEV
- Posture & Gait Assessment
- Treatment of Common Upper & Lower Limb Fractures
- Use of Physio Tools

### Treatment Options
- Development of specific and graded exercise programmes

### MDT Opportunities
- Yes - case dependant - OT, Clinical Psychology

### Outcome Measures
- NRS, Movement ABC

### Useful References (3 max)
- Williams PF: Orthopaedic Management in Childhood (Blackwell Scientific 1982).

### Specialty Area: Rheumatology

#### Conditions Seen
- Juvenile Idiopathic Arthritis (JIA)
- Juvenile Dermatomyositis (JDM)
- Mixed Connective Tissue disorders (MCTD)
- Joint Hypermobility Syndrome (JHM)
- Chronic Pain Syndromes
- Chronic Recurrent Multifocal Osteomyelitis (CRMO)
- Ehler-Danlos Syndrome (EDS)
- Scleroderma
- Systemic Lupus Erythematosus (SLE)

#### Assessment Procedures Used
- Assessment of musculoskeletal system in the growing child
  (specifically PGALS paediatric musculoskeletal screening assessment)
- Knowledge of the different types of JIA
- Knowledge of JHS
- Knowledge of Developmental Milestones
- Use of Goniometry
- Knowledge of Assessing Gait Analysis & Posture
### Treatment Options
- Development of specific and graded exercise programmes
- Knowledge of guidelines for stretching and strengthening in Paediatrics

### MDT Opportunities
- Yes - OT, Clinical Psychologist, CNS, Consultant, MSW etc
- Weekly MDT Clinics & MDT Meeting
- Joint PT/OT/Psychology MDT Assessment Days

### Outcome Measures
- CHAQ
- CMAS
- Beighton / Brighton
- PGAL's
- ASK – Activity Scale for Kids Questionnaire
- 6 Minute Walk Test (6MWT)
- Movement ABC

### Useful References (3 max)
- Britton C: Kids with Arthritis- A guide for families (Choices 2004).
- [www.kidswitharthritis.org](http://www.kidswitharthritis.org)
- BSPAR website Therapists area
- British Society of Paediatric and Adolescent Rheumatology (BSPAR) Guidelines for the Physiotherapy Management of Joint Hypermobility Syndrome(JHS)
- BSPAR Guidelines for the Management of Scleroderma
- BSPAR Standards of Care for Juvenile Idiopathic Arthritis (JIA) [http://www.bspar.org.uk/therapists](http://www.bspar.org.uk/therapists)

## Specialty Area: Neurodevelopmental/Neurology

### Conditions Seen
- Assessment and treatment of babies and children with all types of neurological impairment
- Cerebral Palsy
- Infantile spasms
- Genetic syndromes
- Developmental delay secondary to a variety of factors-cardiac history, prolonged ventilation/ICU
- Acute neurological conditions eg CVA, Guillian Barré, encephalopathies

### Assessment Procedures Used
- Knowledge of normal developmental milestones
- Assessment of tone
- Knowledge of assessment tools- Bayley’s Scales of Infant Neurodevelopmental Domain
<table>
<thead>
<tr>
<th>Treatment Options</th>
<th>Assessment and treatment skills will be developed during the placement encompassing NDT / Bobath / Normal movement principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDT Opportunities</td>
<td>Yes - SLT, OT, Play Specialist, Clin Psychologist, MSW</td>
</tr>
</tbody>
</table>
| Outcome Measures | • Bayley’s Scales of Infant and Toddler development BSID’s III;  
• Movement ABC,  
• GMFM 66 Gross Motor Function Measure. |
| Useful References (3 max) | • Sheridan MD: Children’s development progress (Routledge 1997)  
• Shepard RB: Physiotherapy in Paediatrics (Butterworth-Heinemann 1995)  
• Holt KS: Developmental Paediatrics (Butterworth-Heinemann 1991) |
| Useful Additional Information | Student Recommendations  
• Pre placement reading should focus on neurodevelopment milestones.  
• Recommended: Baby Treatment Based on NDT Principles by Lois Bly |

**Specialty Area**  
**Transitional Care Unit (combined placement area with NDT / Neurology)**

| Conditions Seen | • Assessment and treatment of babies and children on long term ventilation with all types of neurological impairments.  
• Long term ventilation may be due to but not limited to:  
  • Tracheobronchomalacia  
  • Congenital Hypoventilation Syndrome  
  • Genetic Syndromes  
  • Chronic lung disease due to prematurity  
• Neurological impairments may be due to:  
  • Developmental Delay secondary to long term ventilation, cardiac history, ICU stay  
  • Genetic syndromes  
  • Infantile spasms  
  • Cerebral Palsy  
  • Acute Neurological conditions e.g. CVA, Guillain Barre, encephalopathies |
| Assessment Procedures Used | • Knowledge of Tracheostomies, indications, types of tubes, suctioning via a tracheostomy tube, care of tracheostomy tube.  
• Knowledge of normal developmental milestones, normal and abnormal tone |
### Specialty Area: Respiratory

#### Conditions Seen
- Cardiac (ICU and wards)
- Extra Corporeal Life Support (ECLS)
- Cyanotic and Acyanotic anomalies:
  - Hypoplastic left/right heart syndrome (HLHS/HRHS)
  - Transposition of the great arteries (TGA)
  - Atrioventricular septal defect (AVSD)
  - Coarctation of the Aorta
- Medical/Surgical (ICU and wards)
- Congenital Diaphragmatic Hernia
- Oesophageal Atresia and Tracheoesophageal Fistula
- Omphalocele and Gastrochisis
- Post-op laparotomies and thoracotomies
- Pneumonia
- Empyema
- Cerebral Palsy
- Trisomy 21
- Bronchiectasis

#### Assessment Procedures Used
- Paediatric Normal Values & Anatomical Differences
- Paediatric respiratory assessment
- Exercise testing

#### Treatment Options
- MHI
- Positioning
- Autogenic drainage
- Manual Techniques
- Suctioning
- Devices (Acapella, Flutter, PEP)

#### MDT Opportunities

#### Outcome Measures
- BORG

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### Treatment Options

<table>
<thead>
<tr>
<th>MDT Opportunities</th>
<th>Yes</th>
</tr>
</thead>
</table>

### Outcome Measures

- Bayley’s Scales of Infant and Toddler development BSID’s III;
- Movement ABC

### Useful References (3 max)

- See Neurodevelopmental and Respiratory Placement for recommendation.

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### Assessment and treatment skills will be developed during placement

- Knowledge of assessment tools: Bayley’s Scales of Infant and Toddler development BSID’s III; Movement ABC
### Specialty Area  |  Cystic Fibrosis
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**Conditions Seen** | • Cystic Fibrosis  
• Bronchiectasis  
• Primary Ciliary Dyskinesia

**Assessment Procedures Used** | • Paediatric Respiratory Assessment including auscultation, positioning, O2 therapy, ABG's, PFT,s pain management  
• Anatomical and physiological differences between adults and paediatrics  
  o Normal paediatric vital signs and values  
  o Paediatric indications and contraindications for treatment  
  o The implications of CXR findings  
• Exercise Testing Modified shuttle walk test (MSWT), 6 minute walk test. BORG scale  
• Outcome measures in CF  
• Complications of CF and implications for treatment (eg: pneumothorax, haemoptysis, gastro-oesophageal reflux, CF related Diabetes Mellitus, CF related liver disease  
  • Patient education  
  • Communication with MDT

**Treatment Options** | • Techniques such as PEP, Oscillating PEP (Flutter / Acapella), bubble PEP, positioning, FET, effective cough ACBT, Autogenic Drainage, percussion & vibration, non-invasive ventilation (NIV).  
• Exercise prescription  
  o Thoracic mobility / posture correction  
  o Relaxation techniques  
  o Exercise programmes: aerobic/strengthening/flexibility/bone health.  
  o Advice re urinary incontinence

**MDT Opportunities** | Yes

**Outcome Measures** | • Exercise Testing Modified shuttle walk test (MSWT),  
• 6 minute walk test.  
• BORG scale

**Useful References (3 max)** | • UK CF Trust website [www.cftrust.org.uk](http://www.cftrust.org.uk)  
• CFAI website [www.cfireland.ie](http://www.cfireland.ie)  
• Cystic Fibrosis, (2008) 3rd edition, Eds:Hodson, Geddes,
<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Oncology/Haematology</th>
</tr>
</thead>
</table>
| Conditions Seen | - Paediatric Cancers: ALL, AML, Solid tumours including brain, bone and muscle tumours.  
- Haemophilia  
- Haemoglobinopathy – Sickle cell disease.  
- Bone Marrow Transplant  
- Steroid induced myopathy  
- Chemotherapy induced peripheral neuropathy  
- Avascular Necrosis |
| Assessment Procedures Used | - Joint Range of Movement (Active and passive) – Goniometry  
- Muscle power testing – Oxford scale  
- Neurological assessment including special tests  
- Musculoskeletal assessment including special tests  
- Observational skills for movement analysis  
- Gait Assessment  
- Exercise therapy and prescription  
- Respiratory physiotherapy assessment and treatment techniques  
- Functional assessment skills  
- Therapeutic handling and positional skills (age appropriate)  
- Prescription of mobility aids  
- Respiratory care, neurological and musculoskeletal treatment and rehabilitation. |
| Treatment Options | Respiratory care, neurological and musculoskeletal treatment and rehabilitation. |
| MDT Opportunities | Yes |
| Outcome Measures | - HJHS (Haemophilia Joint Health Score)  
- CIN-D (The Dublin screening tool for Chemotherapy Induced Peripheral Neurotoxicity) |
| Useful References (3 max) | - Tecklin J: “Paediatric Physical Therapy” (Lippincott 1998).  
| Useful Additional Information | - |