

Unit D517 Design, agree and adapt a physical activity programme with adults requiring accelerated rehabilitation exercises after illness and Injury

Introduction

The Armed Forces possess a network of 15 rehabilitation Units that provide exercise-based rehabilitation for patient/clients who have sustained musculo – skeletal injury. This ‘exercise therapy’ is delivered by nearly 200 Joint Service Remedial Instructors who aim to return the injured to military duty in the shortest possible time.

This rehabilitation process aims to bring about an accelerated return to full fitness, enhancing the individuals’ capability to undertake their primary role, complete the necessary Service fitness tests and when appropriate, a return to sport. The delivery of this service is outlined by the Surgeon General who has provided clear guidelines on working practices. Furthermore, the Remedial Instructor is required to abide by a set of Core Standards that have clear practice standards underpinned by clinical governance. These standards lay down competency levels for instructors that protect both the interests of patient/clients and the Instructor.

Medical Officers and physiotherapists employed by the MOD can refer a patient/client to a Joint Service Remedial Instructor for an individualised physical activity programme, including home exercise.

Remedial Instructors are responsible for designing, delivering and monitoring a structured and individualised rehabilitation programme for patient/clients with musculo – skeletal injuries. They assign patients/clients to an appropriate rehabilitation programme after assessment. This may involve primary or multiple injuries, neurological, amputees or combat injuries. Remedial Instructors have a range of competencies and a level of training appropriate to current Service protocols regarding exercise therapy and are able to monitor the effects of their programme on the relevant condition. These instructors can work independently or as a part of a multi - disciplinary team of therapists.

Tailoring an exercise programme will use many of the core aspects of programme design and delivery such as communication skills, principles of training and guidelines for teaching. In addition, there are specific knowledge and skills related to working practice and the technical exercise aspects. The Instructor would be familiar with Service ethos and the single Service requirements of those personnel in their treatment groups. They would also understand the relationship between physical activity, pathology, phases of healing; precautions to exercise, cryotherapy, taping and strapping, exercise prescription, motivational factors influencing the individual's ability to exercise and any underlying psycho-social issues.

This unit is designed to cover the provision of accelerated musculo – skeletal rehabilitation to injured Service personnel and includes the skills and knowledge required to prescribe a safe and effective exercise programmes for this client group.

The unit is divided into two parts. The first part describes the two things you have to do. These are:

D517.1 Design and agree a physical activity programme with adults who have a musculo – skeletal injury after referral from a doctor or physiotherapist

D517.2 Prescribe, deliver, review and adapt a physical rehabilitation exercise programme with adults with specific musculo – skeletal injuries

The second part covers the unit specific knowledge and understanding you must have.

Target Group

This unit is for Joint Service Remedial Instructors who have undertaken training at the Joint Service School for Remedial Instructors. Qualified individuals can prescribe, plan, conduct and review programmes to address the needs of a patient/client with acute or chronic musculo – skeletal injury. They will normally be working without direct supervision but under the direction of a physiotherapist.

Linked Units

This unit is only available to Joint Service Remedial Instructors.

Unit D517 Design, agree and adapt a physical activity programme with adults requiring accelerated rehabilitation exercises after illness and Injury

D517.1

Design and agree a physical activity programme with adults with musculo – skeletal injuries.

The National Standard

What you must do

To meet the national standard, you must:

1. establish an effective working relationship with your patient/client and appropriate health care professionals
2. collect, record and interpret **information** about your patient/client with musculo – skeletal injuries using safe, appropriate and recognised **methods**
3. stratify and manage risk according to appropriate guidelines and protocols
4. follow the correct procedures and protocols for liaising with health care professionals, including those for confidentiality
5. establish and agree the patient/client's readiness to participate
6. plan and agree goals that are appropriate to your client and their current level of ability
7. plan and prepare objectives, activities and delivery **methods** that are appropriate to your client's goals and condition
8. design and agree a programme adapted to your patient/client using relevant principles of training

What you must cover

This element covers the following:

a Information

- 1 Personal goals.
- 2 Referral form.
- 3 Informed consent to participate to transfer medical information.
- 4 Medical history and medication.
- 5 Current and previous physical activity history and preferences.
- 6 Social and psychological considerations.

and the following:

b Methods

- 1 The Subjective, Objective, Assessment, Plan (SOAP) Method.
- 2 Reports.
- 3 Consultations.
- 4 Questionnaires.
- 5 Functional assessments.

Unit D517 Design, agree and adapt a physical activity programme with adults requiring accelerated rehabilitation exercises after illness and Injury

D517.2

Deliver, review and adapt a physical activity programme with adults with musculo – skeletal injuries

The National Standard

What you must do

To meet the national standard, you must:

1. assess, monitor and manage risk to your patient/client throughout the programme
2. manage medical complications and emergencies until appropriate medical help is available
3. deliver planned activities to your patient/client with cardiac disease, adapting activities according to their individual needs
4. communicate and consult with your patient/client on issues to do with their rehabilitation exercise programme and progress
5. provide appropriate attention to your patient/client with common injuries
6. support your patient/client in a way, which will promote sustained change in physical activity levels
7. enable your patient/client in self-management
8. monitor your patient/client's progress against agreed goals and adapt the programme accordingly
9. provide ongoing reports to communicate outcomes to the appropriate health care professional

What you must cover

You must meet the standard opposite.

Unit D517 Design, agree and adapt a physical activity programme with adults requiring accelerated rehabilitation exercises after illness and Injury

What you must know and understand

To be competent in this unit, you must know and understand the following:

- K1 The Core Standards for Joint Service Remedial Instructors outlining what modalities can be utilised to treat musculo – skeletal injuries.
- K2 Awareness of the clinical lead in regard to the management of musculo – skeletal injuries, i.e. Medical Officer, Physiotherapist.
- K3 Relevant medico-legal requirements.
- K4 How to interact appropriately with general practitioners, other health care professionals and personnel involved in the process of exercise rehabilitation.
- K5 Ensure the patient/client's information and consent, meeting recommended guidelines, is received prior to utilising modalities outlined in the Remedial Instructor Core Standards.
- K6 The referral process when receiving a patient/client from a Medical Officer or Physiotherapist.
- K7 Understand the importance of linking the constituent parts of the Defence Medical Rehabilitation Plan.
- K8 Barriers to communication with the referred patient/client and the communication skills needed to overcome these.
- K9 How to identify when the patient/client needs to consult with other health care professionals.
- K10 Ethical considerations involved in ongoing maintenance of exercise behaviour, including respecting inter-professional boundaries and patient/client confidentiality.
- K11 Methods of information collection and interpretation, appropriate storage of confidential records and management processes encountered in ensuring exercise adherence.
- K12 Current relevant structures of the National Health Service, the names and functions of different relevant medical organisations and service providers.
- K13 Process of muscle, tendon, ligament and bone healing.
- K14 Contraindications to exercise for injuries that would include neurological, upper limb, amputees, and combat injuries.
- K15 How physical activity may influence other risk factors.
- K16 Advanced Anatomy and physiology of the human body.
- K17 Causes, presentation, diagnosis and treatment of the following:
 - Upper limb Injuries
 - Spinal Injuries
 - Lower limb Injuries
 - Medical conditions/diseases that affect joints bones and soft tissue
 - Polytrauma
- K18 Be an integral part of the multi-Disciplinary Team that can refer for further investigations in review clinics. These include:
 - X rays

Unit D517 Design, agree and adapt a physical activity programme with adults requiring accelerated rehabilitation exercises after illness and Injury

- MRIs
- Bone scans
- Ultra sound scans

- K19 The range of musculo-skeletal conditions and their exercise considerations.
- K20 Components of inpatient and outpatient musculo-skeletal rehabilitation. (The Defence Medical Rehabilitation Plan)
- K21 Risk Management in alignment with recognised guidelines and conditions.
- K22 Acute responses and chronic adaptations to accelerated rehabilitation that includes endurance, flexibility, core stability, proprioception, balance and strength training for individuals with musculo- skeletal injury.
- K23 Beneficial effects of physical activity on musculo skeletal injury.
- K24 Contra-indications to exercise which need to be taken into account for the patient/client with musculo skeletal injury.
- K25 Initial assessment including appropriate assessment of exercise level using recognised criteria for treatment groups.
- K26 On going screening process prior to each exercise session.
- K27 How to set up and manage a safe physical activity environment relevant for a patient/client with musculo skeletal injury.
- K28 Both group and individual exercise programming principles for the patient/client with musculo skeletal injury following guidelines.
- K29 Ensuring appropriate levels of exertion are maintained utilising contraindications, heart rate monitors and perceived levels of exertion.
- K30 Exercise considerations for the patient/client with, for example:
- Complex polytrauma.
 - Amputee
 - Hypertension
 - Obesity
 - Combat injury
 - Osteoarthritis/Rheumatoid arthritis/osteoporosis
- K31 How to manage dietary needs in and around the exercise session.
- K32 How to determine and adapt appropriate progressive physical activity programmes appropriate to the condition using results from the physical / exercise assessments, medical information, national guidelines, consultation and patient/client aims.
- K33 The motivational processes, models and techniques involved in behavioural change, when necessary, for the referred patient/client to encourage beneficial lifestyle changes and providing appropriate support to sustain such changes.
- K34 Holistic health advice for those with a musculo skeletal injury.
- K35 How to communicate and consult effectively with the referred patient/client about their programme and progress.
- K36 How to manage medical complications e.g. injury or 'code blue' (emergency) until

Unit D517 Design, agree and adapt a physical activity programme with adults requiring accelerated rehabilitation exercises after illness and Injury

appropriate medical help is available.

- K37 How to respond safely and appropriately to emergencies e.g. myocardial infarction, hypoglycaemia until appropriate medical help is available.
- K38 The management, evaluation and reporting of information, in verbal and written formats.
- K39 How to use and adapt a system for monitoring and recording the patient/clients' progress and updating their physical activity programme.
- K40 How to evaluate the effectiveness of exercise adherence.