Walkergate Park
Centre for Neuro-Rehabilitation and Neuro-Psychiatry

PHYSIOTHERAPY STUDENT PLACEMENT HANDBOOK
3rd / 4th YEAR

Centre for Neuro-Rehabilitation and Neuro-Psychiatry
Walkergate Park
Benfield Road
Newcastle upon Tyne
NE6 4QD.

☎ No. Centre 0191 287 5000
☎ No. Physiotherapy Direct 0191 287 5158
Fax. No. Centre 0191 287 5111
CHECK LIST

1. Thoroughly read Information Booklet
2. Booked accommodation
3. Aware of placement aims and objectives
4. Carried out pre-placement reading
5. Prepare independent/additional learning outcomes (measurable)
6. Completed ‘Keyword’ sheets
7. Contacted unit to discuss any further details
8. Packed appropriate clothing including swimwear for hydrotherapy
9. Enjoy your placement
10. Complete personal details (at Rear of book)
11. Complete Evaluation Form
INTRODUCTION TO CENTRE FOR NEURO-REHABILITATION AND NEURO-PSYCHIATRY

At the Centre for Neuro-Rehabilitation and Neuro-Psychiatry we have 69 inpatient beds. The unit also comprises of therapeutic reassessment facilities and a small long stay ward.

Neurological patients include those with head injury, cerebrovascular accident, subarachnoid haemorrhage, Guillian Barré, Multiple Sclerosis, spinal lesions and neurosurgery.

The physiotherapy department is made up of professional lead, clinical specialist, team lead 4 senior I, 5 senior II therapists, 3 rehabilitation assistants and 1 physiotherapy assistant. We work very closely with the other members of the multidisciplinary team.

During your placement here you will have the opportunity to see both in and outpatients and attend the clinics that operate from here which are appropriate to your experience. These include orthotics, seating and spasticity clinics.

There is a small library at the centre that you will be able to use to access computers, journals and books. I have enclosed a small reading list, which you may find useful for pre-placement reading.

As we are not a ‘hospital’ we do not wear official uniform. White polo top, navy blue track-suit bottoms and trainers are appropriate for the rehabilitation setting [see attached for further information]. Working hours are from 8.30 am 4.30 pm, with one hour for lunch. If you have any queries please do not hesitate to contact me on extension 2676 or 5668.

We look forward to working with you.

Sue Raine
Acting Team Lead Physiotherapist
The aim of this placement is to give the student an understanding of the role of the Physiotherapist in Neuro-rehabilitation. The student will gain experience and knowledge in relation to the assessment, treatment and management of patients with neurological deficit.

**OBJECTIVES**

1. Demonstrate an understanding of the anatomy and physiology of the nervous system.
2. Demonstrate a knowledge of the pathological conditions of the nervous system.
3. Demonstrate the ability to carry out a structured assessment of a neurological patient which is specific to the patients level of deficit.
4. Will be able to analyse the findings of a patient assessment in order to identify the patients problems.
5. Will be able to relate the pathology of the nervous system to the signs and symptoms presented by the patient.
6. Have an ability to plan an appropriate treatment programme specific to the patients needs.
7. Identify with appropriate time scales, realistic functional goals for the patient with neurological damage.
8. Show an ability to implement an appropriate treatment programme.
9. Reassess, evaluate and progress the patients treatment programme appropriately.
10. Accurately and legibly document assessment, treatment and goals using P.O.M.R..
11. Demonstrate an awareness of their own and the patients limitations when planning and implementing patient assessment and treatment.
12. Demonstrate an ability to appropriately communicate with patients with neurological deficit.
13. Demonstrate appropriate interpersonal skill with supervisor and members of the Multidisciplinary team.
14. Demonstrate an understanding of the working of the Multidisciplinary team and to appropriately liaise with other team members.
15. Demonstrate a basic understanding of orthotics used for neurologically damaged patients.
16. Demonstrate a basic understanding of wheelchair used for neurologically damaged patients
# USEFUL REFERENCE BOOKS

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Edition</th>
<th>Publisher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidd G, Lawes N &amp; Musa I.</td>
<td>Understanding Neuromuscular Plasticity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davis P. M.</td>
<td>Starting Again</td>
<td></td>
<td>Springer Verlag 1994</td>
</tr>
<tr>
<td>Davis P. M.</td>
<td>Steps to Follow</td>
<td></td>
<td>Springer Verlag 1990</td>
</tr>
</tbody>
</table>
USEFUL BACKGROUND KNOWLEDGE - Please complete to direct pre-placement

**Keywords**

- Ankle - clonus
- Ataxia
- Balance
- Bobath concept
- Botulinum toxin
- Central key point
- Central Nervous System
- Contractures
- Co-ordination
- Dysphagia
Disability

Dysarthria

Dysphasia

Dyspraxia

Dystonia

Equilibrium reactions

Flexor withdrawal

Functional Electrical Stimulation (FES)

Gait analysis

Glasgow Coma Scale (GCS)

Hemiplegia
Hypertonicity

Hypotonicity

Home Visit

Motor Relearning approach

Intracranial pressure

Margaret Johnson approach

Initiation

Inhibition

Multi-disciplinary working

Neuroplasticity

Orthosis
Outcome measure

Peripheral keypoints

Paraplegia

Post Traumatic Amnesia

Perception

Pusher Syndrome

Positive support

PEG (Percutaneous Endoscopic Gastrostomy)

Problem Orientated Medical Record (POMR)

Proprioceptive Neuromuscular Facilitation (PNF)

Proprioception
Reflex

Rehabilitation

Righting reactions

Sensation

Serial casting

Spasticity

Stretch reflex

Stroke

Subluxation

Tetraplegia

Tone
Tremor

Please familiarise yourself with the above terms and attempt description for each of them. This will give you a good general base knowledge prior to your placement.

Will be discussed on placement.
## GENERAL INFORMATION

### Information for Students prior to starting Clinical Placement

| **GEOGRAPHICAL PLACEMENT OF HOSPITAL:** | See Map included |
| **TRANSPORT TO HOSPITAL:** | BUS From Freeman Hospital |
| **TIME OF FIRST AND SUBSEQUENT ARRIVAL:** | 8.30 am |
| **NAME OF PERSON TO REPORT TO ON ARRIVAL:** | Sue Raine |
| **DIRECTIONS OF HOW TO GET TO THAT PERSON:** | Report to reception |
| **(If other than the Physiotherapy Department, please state)** | |
| **LOCKER FACILITIES:** | Yes, Shared |
| **PADLOCK NEEDED:** | NO |
| **NORMAL HOURS OF WORK:** | START: 8.30 am  
FINISH: 4.30 pm |
| **NAME OF:** | Sue Raine  
(A) CLINICAL PHYSIOTHERAPY MANAGER  
(B) CLINICAL SUPERVISORS: Senior 1 / Senior II Physiotherapists |
| **SUGGESTED READING LIST BEFORE COMMENCEMENT:** | Included |
| **CLOTHING/UNIFORM:** | See guidelines  
Swimwear for hydrotherapy |
| **ACCOMMODATION GEOGRAPHICAL SITE:** | Information enclosed |
| **DETAILS OF ACCOMMODATION:** | |
| **DIRECTIONS OF HOW TO GET THERE:** | Please see enclosed map |
| **BEST TIME OF ARRIVAL:** | |
| **FROM WHERE ARE KEYS UPLIFTED:** | |
| **FACILITIES AVAILABLE:** | Telephone: yes  
Showers: yes  
Central Communal Kitchen: Yes |
| **CANTEEN:** | Yes |
| **STUDY:** | Department & Hospital Library |
| **LEISURE:** | Local Leisure Centres |
| **DISTANCE FROM WORKPLACE:** | |
| **TRANSPORT TO / FROM WORKPLACE:** | Information enclosed |

**N.B.** WHERE NECESSARY ACCOMMODATION NEEDS TO BE BOOKED AT LEAST 4-6 WEEKS IN ADVANCE!
PHYSIOTHERAPY SERVICE UNIFORM GUIDELINES

Outward appearance and dress create an immediate impression on patients, their relatives and on colleagues. Taking a personal pride in appearance and uniform uphold and enhances the reputation of the professions and promotes public confidence. It is recognised that there are many different working environments within the Programme, however a baseline standard can be followed regardless. This document is intended to provide guidelines on dress code to uphold the professional image and health and safety requirements.

DRESS:
Navy trousers, (Not Jeans) plain navy tracksuit bottoms, Navy shorts or culottes can be worn in summer. Shorts must be of a reasonable length i.e. no shorter than 2 inches above the knee. White polo top or shirt. Assistants may wear different colour tops according to team arrangements. Plain or CSP navy sweatshirt or jumper / cardigan. Identity badge / name badge to be worn at all times.

SHOES:
Open toed sandals are not acceptable footwear due to safety reasons. Flat shoes, black or navy. Trainers / black / blue / white

JEWELLERY:
1 earring only in each ear (Small stud) No other visible body piercing.
Chains/bracelets should not be worn
1 Band type ring on each hand only

HAIR:
If hair is past shoulder length, it should be tied back

MAKE UP:
If needed - In moderation! Nail varnish should not be worn, nails should be kept short.
ACCOMMODATION DETAILS
ROYAL VICTORIA INFIRMARY
STAFF RESIDENCY

CONTACT: SYLVIA WHEATLEY
(Accommodation Officer)

RVI
Queen Victoria Road
Newcastle Upon Tyne
NE1 4LP

Tel: 0191 232 5131
Ext: 24356
Bleep 25 11

Distance from workplace 4 miles.

UNIVERSITY OF NORTHUMBRIA
HALLS OF RESIDENCY

CONTACT: MARALINE CRAWLEY
(Accommodation Officer)

Room 109
Ellison Terrace
Newcastle Upon Tyne
NE1 8ST

Tel: 0191 227 4401
Distance from workplace: 3 miles
Transport - Bus

FREEMAN GROUP OF HOSPITALS
STAFF RESIDENCY

CONTACT: SUSAN DAVIDSON
(Accommodation Officer)
Freeman hospital
High Heaton
Newcastle upon Tyne
NE7 7DN

Tel: 0191 2843111
ext: 26748
Application form enclosed.

Distance from workplace: 3 miles
Transport bus
FREEMAN GROUP OF HOSPITALS

Application form for Residential Accommodation

NAME ........................................................................................................................................

PRESENT ADDRESS ................................................................................................................

........................................................................................................................................

........................................................................................................................................

D.O.B. ........................................... SEX M/F ..............................................................

WORK BASE ............................................................................................................................

GRADE/DEPT ............................................................................................................................

TYPE OF ACCOMMODATION REQUIRED
(please say if single or married, plus no. of children)

........................................................................................................................................

PREFERRED LOCATION - FREEMAN .................................................................

...................................................... WALKERGATE ....................................................

DATE OF OCCUPANCY ........................................................................................................

EXPECTED DATE OF LEAVING ...........................................................................................

NAME AND ADDRESS FOR ACCOUNT TO BE SENT (if different from above)

........................................................................................................................................

........................................................................................................................................

Completed forms must be returned to: The Accommodation, Freeman Hospital, High Heaton, Newcastle upon Tyne, NE7 7DN.

Accommodation cannot be guaranteed. The Accommodation Officer will notify applicants, in writing, of the result of their application.
Student Placement
Personal Details

In the case of any emergencies we require details relating to yourself and your next of kin. These details will be held confidentially throughout your placement and then destroyed. They will only be used in an emergency.

Name:
Address:

Telephone Number:
University:

Next of Kin:
Name:
Contact telephone number:

Please describe any medical condition or allergies:

Please describe any intervention that may be necessary in response to the above:

Consent:

I agree that the above details can be used in an emergency while on placement here at the R.N.R.C. I am aware that these details will be destroyed at the end of the placement.

Signature

Date
Placement Evaluation Form

1. Did the placement meet your expectations? Y N

2. Did you achieve the agreed placement objectives? Y N

3. Can you comment on three aspects about the placement that could be improved.
   i) 
   ii) 
   iii) 

4. Can you comment on three aspects about the placement that were good.
   i) 
   ii) 
   iii) 

5. Can you state one aspect of your placement experience which has had an impact on your development towards becoming a Physiotherapist?

Thank you for taking the time to complete the evaluation form. Your comments are valuable and will be considered when the placement structure is reviewed.