



If you need this information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customer-care@salisbury.nhs.uk](mailto:customer-care@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

Name: Helen Marston  
Role: Therapy Assistant  
Date written: February 2016  
Review date: March 2019  
Version: 1.0  
Code: P11384

# *In-Patient Guide to Therapy Services* (page 1 of 4)

**Salisbury Spinal Treatment Centre**

## Information for patients

Our therapy service provides a programme of exercise and activity to help you to reach your full potential following your spinal cord injury. The multiprofessional therapy team includes physiotherapists (physio), occupational therapists (OTs), therapy assistants and a rehabilitation (rehab) engineer. On admission you will be allocated a physio and an OT who will work with you and be responsible for your therapy programme. Therapy staff will explain the risks, benefits and alternatives of any treatment, where relevant, before they ask for your consent.

If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask for more information.

To get the most out of the programme you will need to be fully committed to working with us and be actively involved at all stages of the treatment.

Throughout your stay you will be encouraged to participate in planning and reviewing your goals. Your number of therapy sessions per week will vary depending on your phase of rehabilitation. Sessions will be a combination of group work, 1 to 1 sessions, as well as independent exercise programmes. Please be aware that individual therapy sessions may be undertaken by different members of the team or within a group session.

Therapy in the Spinal Injuries Unit is divided into 4 phases and depends on your stage of rehabilitation.

### **PHASE 1: after admission and pre-mobilisation**

During this phase you will be confined to your bed to enable your injury to stabilise. Everyone's time in this phase will vary and depends on assessments carried out by your consultant. Each week your therapy team will give you a timetable for your rehabilitation programme. Your programme will change from week to week. During this phase your treatment will include:

#### **Physiotherapy**

- an initial physiotherapy assessment including breathing functions, range of movement and strength
- treatment of any ongoing breathing difficulties including those patients needing ventilator support
- monitoring the range of movement in your joints and muscles

- strengthening muscles using a range of exercises (where able)
- supporting your learning about spinal cord injury.

## Occupational Therapy

- if your hands or arms have been affected you will be assessed for upper limb and hand management such as splinting and management of swelling
- if required we will assess you for aids to assist with everyday tasks (such as using a computer or feeding) and practise these with you
- we will discuss your housing situation with you and, if required, make a referral to your local social services (with your consent). They will allocate you a community OT (COT) who will assess your home environment and establish if you will need any extra equipment at home.

## PHASE 2: Mobilisation to sitting-out for 4 hours a day

Once the Consultants are happy for you to get out of bed and into a wheelchair, your primary physio and OT will work with the rehab engineer and the Pressure Clinic to provide the right wheelchair and cushion for you. This may take a few days. Getting out of bed is a significant milestone but can often be quite emotionally and physically challenging. We are all here to support you with this. You will need to build up your time in your wheelchair gradually in order to protect your skin. Therapy sessions will continue as you build up time in your wheelchair and will include helping you to become familiar with your wheelchair and showing you how you can help yourself or direct others to help you.

### Rehab Engineer

Starting in this phase the Rehab Engineer runs an 8-week rolling education programme on wheelchairs, wheelchair options and their maintenance. Some of these are relevant to all patients but other talks will be more specific. Please check the therapy whiteboard to find out which talk is taking place and when.

## PHASE 3: Sitting-out for 4 hours to up to 2 weeks before discharge

Once you are comfortably mobilising for 4 hours at a time, we will work with you to continue to develop an individual therapy programme that is tailored to your needs. We will provide the opportunity to take escorted trips into Salisbury so you can use your new skills outside the hospital environment.

### Physiotherapy

You are encouraged to use the gym equipment to work on your individual goals, such as improving upper body strength. You will have time-tabled sessions with your physio and in addition you will be encouraged to attend gym sessions with supervision only. The gym is open in the morning and afternoon, as detailed on the whiteboard.

Wheelchair skills are a key part of your rehabilitation; this is primarily taught in a group setting. We also timetable activities such as archery, table tennis and swimming for many patients.

These contribute to the development of balance, co-ordination, fitness and strength. You will be able to attend these as guided by your doctor.

## Occupational Therapy

This involves activities with the aim of getting you as independent as possible with everyday tasks such as: showering, dressing, eating, cooking, using a computer, getting in and out of bed, returning to driving and returning to employment. Your programme will include sessions in the occupational therapy department. This could include hand and upper limb groups and activity sessions. There will also be opportunities to work in the hospital workshop, computer suite and the garden.

Regular liaison will continue between your OT and COT in order to assess for potential housing modifications, equipment needs and to plan your discharge. There is an activities of daily living (ADL) flat available on the unit for you and your family or carers to use in preparation for your discharge. You will also have the opportunity to attend a vocational clinic to discuss issues relating to work, training and education.

## Wheelchair provision

Your therapists will work with the rehab engineer to assess your needs and order your own wheelchair and cushion from your local wheelchair service.

Wheelchairs are not provided by the Spinal Unit but we have a number of different wheelchairs (powered, active etc.) which are only for trial purposes whilst you remain an in-patient.

Unfortunately we are unable to loan wheelchairs and cushions on discharge. If your wheelchair service has not provided you with equipment for discharge alternative arrangements will need to be explored.

A spinal cord injury charity called Back Up comes to the centre 3-4 times a year to run additional wheelchair skills sessions.

## PHASE 4: 2 weeks before discharge

During this phase your therapy sessions aim to replicate what you can expect to receive in the community, and are likely to become less frequent. However, you will be expected to continue with your independent exercise programmes. During this time your therapy team will be working on tasks related to discharge planning such as community physio and occupational therapy referrals (if applicable), discharge report writing and organising equipment for discharge.

## Frequently asked questions

### Q. What therapy service is available at the weekend?

A. We provide a priority-led therapy service on a Saturday. The service is staffed by an OT or therapy assistant and a physio. The service provided can vary each weekend depending on our patients and their needs. New and acute patients requiring chest physiotherapy, passive movements and upper limb management will be seen as a priority. The upstairs gym will be open on Saturday afternoons for independent use. Patients need to be able to make their own way to and from the gym and be able to work independently with supervision. Patients requiring high priority physiotherapy on Sundays will be seen by a spinal unit physiotherapist.

**Q. What happens if I cannot attend a therapy session?**

**A.** We appreciate there may be times when you are unable to attend therapy, such as due to illness or medical investigations. However, it is your responsibility to inform the therapists of this. If you do not attend your therapy sessions on a regular basis without a good reason we will need to reallocate your therapy sessions to another patient and discuss your absences with your care team.

**Q. What happens when I have achieved all my goals?**

**A.** If you have achieved all your identified goals but your social needs have not yet been met, for example, if you are waiting for care facilities or services, your therapy sessions will continue at a reduced level until discharge. Your therapist will continue to monitor your needs.

**Q. What happens after discharge?**

**A.** Follow-up physiotherapy and occupational therapy will be organised if you have achievable ongoing goals. This will be discussed with your therapy team. You will remain under the care of the Spinal Injuries Unit. If you discover any new therapy needs then you can contact the Outpatient therapy team on the Spinal Unit.