

## OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT GUIDELINE FOR PATIENTS WITH LOWER LIMB FRACTURES

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### INTRODUCTION

This Occupational Therapy (OT) guideline has been agreed with the OT Manager for the acute hospitals NHS trust in Worcestershire and is to be used with patients with lower limb fractures.

### THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

All Occupational Therapy staff working in trauma and orthopaedics

#### Lead Clinician(s)

Beverley Phillips	Occupational Therapy Clinical Lead, WRH
Karen Grinsted	Occupational Therapy Clinical Specialist, ALEX
Rachel Chapman	Occupational Therapy Clinical Specialist,-WRH

Approved by:

Trauma and Orthopaedic OT Clinical Governance  
Group on:

9<sup>th</sup> September 2018

Therapies Clinical Governance Group on:

28<sup>th</sup> November 2018

OT Clinical Governance Group on:

3<sup>rd</sup> October 2018

Review Date:

This is the most current document and should be  
used until a revised version is in place

28<sup>th</sup> November 2020

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
2 <sup>nd</sup> June 2013	Unilateral fracture-Day 2 and onwards now added if mobility is severely reduced or unable to NWB consider criteria for hospital loan wheelchair	OT Trauma and Orthopaedic Clinical Governance group.
2 <sup>nd</sup> June 2013	Bilateral fractures day 2 move assess and issue wheelchair with elevated leg rests to day 1	OT Trauma and Orthopaedic Clinical Governance group.
10 <sup>th</sup> June 2015	For patients who should be non-weight bearing following unilateral or bilateral fractures, if unable to non-weight bear, consider referral for POP bed. Refer to patient flow centre if extra help required at home.	OT Trauma and Orthopaedic Clinical Governance group.
August 2017	Document extended for 6 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
August 2018	Document extended for 6 months as per email from Julie Elliott while new manager is in place and new key documents page approved	Julie Elliott
August 2018	Re formatted protocol and added in discharge options	OT trauma and orthopaedic clinical group and OT clinical governance group Therapy management clinical governance group

## OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT GUIDELINE FOR PATIENTS WITH LOWER LIMB FRACTURES

### INTRODUCTION

All qualified OT staff working in an Orthopaedic area should be aware of the existence of the guideline and the location of where a copy of the guideline is kept.

### DETAILS OF GUIDELINE

Common lower limb fractures impacting on occupational performance that may need to be seen by an Occupational Therapist include:

- Ankle
- Tibia
- Fibula
- Patella
- Tibial plateau
- Femur (for fractured neck of femur – see separate guideline)

### Unilateral Fractures

#### Day 1 onwards

(Day 1 = the first day after the operation, or the first day after admission if no surgery carried out)

- Generate Occupational Therapy Referral following discussion with nursing and physio staff.
- Check consultants post operative management plan and weight bearing status.
- Screening assessment of patients occupational performance and environment. if the patient consents to intervention or contact next of kin if patient lacks mental capacity.
- Establish Occupational Therapy intervention plan to facilitate discharge if not already completed..
- Issue height measurement sheet (HMS) if required.
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan and weight bearing status/precautions
- If mobility is severely reduced or unable to comply with weight bearing status eg NWB consider issuing advice on wheelchair loan options or assess using criteria for hospital loan wheelchair
- If unable to non-weight bear or manage wheelchair transfers at an appropriate level, consider referral to patient flow for interim bed whilst unable to weight bear with patients consent
- Consider the provision of short term loan equipment for discharge to the home environment to facilitate independence.
- In consultation with patient, MDT and family refer on to PW1(or equivalent out of area) for assistance with ongoing rehab/package of care at home if required or PW2 for ongoing in patient rehabilitation.

**Bilateral Fractures****Day 1 onwards**

(Day 1 = the first day after the operation, or the first day after admission if no surgery carried out)

- Generate Occupational Therapy Referral following discussion with nursing and physio staff.
- Check consultants post operative management plan and weight bearing status.
- Screening assessment of patients occupational performance and environment. if the patient consents to intervention or contact next of kin if patient lacks capacity.
- Establish Occupational Therapy intervention plan to facilitate discharge if not already completed..
- Issue height measurement sheet (HMS) if required.
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan and weight bearing status/precautions
  
- Assess wheelchair, bed, chair, toilet/commode transfers if appropriate
- If able to manage transfers between wheelchair, bed and commode, arrange access visit to establish wheelchair accessibility and identify equipment provision for downstairs living
- If unable to manage transfers between wheelchair, bed, and commode whilst maintaining bilateral non-weight bearing status, consider referral to patient flow for interim bed whilst unable to weight bear with patients consent.
  
- With consent arrange and complete access visit without patient to establish wheelchair accessibility and identify equipment provision for downstairs living
- Ensure there is adequate support at home and refer to patient flow centre if ongoing support at home or rehabilitation required with consent.

**Discharge Criteria for Unilateral and Bilateral Fractures**

- To be discharged from occupational therapy once the occupational therapy intervention plan is complete or appropriate interim bed/PW2 is available.

**MONITORING TOOL**

How will monitoring be carried out?  
*Audit of OT notes*

Who will monitor compliance with the guideline?  
*8a/7 occupational therapists*

STANDARDS	%	CLINICAL EXCEPTIONS
patients will be screened within 2 working days of referral date	95%	Weekends Patient medically not well enough for assessment.

**REFERENCES**

- In-patient Occupational Therapy Assessment and Treatment Procedure-WAHNHST

**CONTRIBUTION LIST**

**Key individuals involved in developing the document**

Name	Designation
Beverley Phillips	Occupational Therapy Clinical lead, WRH
Karen Grinsted	Occupational Therapy Clinical Specialist, Alex

**Circulated to the following individuals for comments**

Name	Designation
Helen Savory	Band6
Laurence Ely	Band6
Sarah Williams	Band6
Jeanette Mulkerins	Band6
Claire Moore	Band6
Rachel Chapman	Band7

**Circulated to the following CD's/Heads of dept for comments from their directorates / departments**

Name	Directorate / Department
Julie Elliott	OT Manager
Charles Docker	Clinical Lead Consultant T&O

**Circulated to the following committee's / groups for comments**

Committee / Group
Occupational Therapy Clinical Governance Group
Therapies Clinical Governance Group
Occupational Therapy Trauma & Orthopaedic Clinical Governance Group