



Physiotherapy and Occupational Therapy Team

Therapy joint working

Physiotherapy and Occupational Therapy cover a wide variety of specialities including neurology, respiratory, haematology, oncology, bone marrow transplant, cardiac and neurosurgery.

If children have a need for both Occupational Therapy and Physiotherapy involvement then a joint assessment will be completed. Joint working may include developmental assessments, practicing moving from place to place such as bed to chair, and more independence in daily activities including washing and dressing. Following the joint assessment a child specific joint therapy programme will be provided. The therapy programme could be developmental or exercise based.

In general children will be seen weekly by a therapist. If there is a sudden change in your child's abilities they may receive more regular input initially which will be reviewed after 6 weeks of their in-patient stay.

Occupational Therapy and Physiotherapy meet weekly to set joint goals for your child.

These goals are regularly reviewed. The therapists will talk to you to find out which goals you feel are important for your child. The joint goals are provided on a therapy goal setting sheet (see picture). This goal sheet is put in your room and a copy will be in the medical notes.

If a child has on-going Occupational Therapy and Physiotherapy needs post discharge a report will be written for onward referral to be seen as an out-patient.



Physiotherapy

Physiotherapy aims to help treat children and young people with physical difficulties as well as providing support for families and carers.

There are two dedicated physiotherapists who work across the IPP wards (Butterfly, Bumblebee and Hedgehog). Physiotherapy is divided into two main areas respiratory physiotherapy and rehabilitation. Physiotherapy treats children with short and long-term conditions which impact on their physical development, activity and ability to participate in play, learning and socialising.

Following a physiotherapy assessment if the child or young person has ongoing therapy needs a personalised treatment program will be put together. For younger children this will be focused on key positions to aid development of skills such as rolling, sitting, standing and walking. For older children the rehabilitation may be focused more on strengthening, balance, and activity participation. Some children require assessment and issue of specialist physiotherapy equipment such as standing frames, walkers or orthotics. This will be assessed and requested. Parents will also be taught how to practice positions and exercises with their children, and a paper program may be provided.

If children require respiratory physiotherapy this may involve different techniques and airway clearance devices which help the lungs remain clear of secretions. This will be assessed by the physiotherapist on an individual basis.

The physiotherapy sessions may happen on the ward in patient's rooms, in the play room on the ward, in the physiotherapy gym, hydrotherapy pool or outdoors in the park depending on the needs of the child or young person.



Occupational Therapy

There are 2 Occupational Therapists (OT) dedicated to the IPP wards. The OT team provides an in-patient and out-patient service.

The OT's assess your child's developmental and rehabilitation needs including attention, cognition, fine motor, play and daily life skills. Daily life skills can include assessment of washing, dressing and toileting. Standardised developmental assessments will be used if appropriate. The Occupational Therapists provide assessment of the hand and upper limb where there is movement, strength or functional difficulties. They may assess your child's equipment needs including positioning for seating / wheelchairs, pressure relieving cushions, bath seats, shower chairs, splinting, hoist and slings and sleep equipment.

Intervention may include developmental/ rehabilitation input. Therapy equipment may be loaned, including seating / wheelchair, pressure relieving cushions, bath seats and shower chairs.

Hand splinting, stretches, exercises and functional activities to treat/prevent contractures, improve strength and develop functional use will be provided if needed. Home access visits can be made if the accommodation is local and advice will be provided accordingly. Where needed, letters are written to the Embassy to request funding for therapy equipment.

Advice will be given verbally and in report format. Interpreters will jointly attend the appointments, if required and translated advice sheets will be provided as required.

If a child has on-going Occupational Therapy needs post discharge a report will be written to your Embassy or funding body or local therapists to advise them of this. Referrals will be made to the necessary private therapists or NHS therapists.

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