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**Child Physiotherapy**

A guide for parents and teachers



What is Physiotherapy?

Physiotherapy is an allied health care profession which promotes the health and wellbeing of all. Physiotherapists are autonomous practitioners, responsible for the assessment and interpretation of investigations to provide expert, holistic physical rehabilitation to those who require intervention because of accident, illness or other disability. Physiotherapists are registered with the Health and Care Professions Council (HCPC), must abide and adhere to the rules and standards of physiotherapy practice as set by the Chartered Society of Physiotherapy, and when working with children, have enhanced Disclosure and Barring Service (DBS) clearance.

Physiotherapy for children and young people

* Ensures that children receive appropriate high quality individualised intervention and support to help them achieve improved outcomes.
* Children and their families are provided with timely information and advice
* Children and young people have access to professional practice which based on assessed need and underpinned by robust clinical governance.

The physiotherapist will ensure that the following criteria take place for each treatment:

**Chaperoning and Consent for treatment**

Children aged 16 years or older can consent to their own treatment and so DO NOT require a chaperone to attend. If a child aged 16-18 years’ requests or requires a chaperone, then one should be provided as in the case of provision of adult services. This will need to prearranged before the appointment date.

Similarity children under 16 years of age do not necessarily require a chaperone, but the younger the child, the greater the need to have someone else present; a parent, or person with parental responsibility. This is to provide both consent for treatment and chaperoning for the child.

If a child under 16 years of age attends for treatment unaccompanied, which may be commonplace in a school environment), they must be able to consent their own treatment. The competency of the child to consent for the proposed intervention means the child’s ability to understand their problem and process the information provided about treatment in order to make an informed decision. This will be unique to the individual, the time and the specific treatment intervention. Should there be any doubt to this, we will request a parent or chaperone to attend the appointment.

**Sharing of confidential information**

Respecting patients’ personal information is central to our service. Physiotherapists will have up-to-date data sharing and a data security policy in place, that is understood and consistently applied by staff. Consent from parents will be required for the sharing of personal information to the school.

Sharing of information in 16-18yrs olds, to their parents or others requires specific permission to do so, or if legally obliged to do so.

**Treatment environment**

A child must be treated in an environment that is safe for the child. Adequate space should be available to ensure treatment can be carried out effectively, with privacy of the patient being paramount to ensure that patient dignity is maintained at all times is vital. We will be flexible enough to incorporate ongoing treatment into school and home life to maintain a sense of normality appropriate to the age of the child.

**Therapeutic handling**

This may include touching and holding over joints or parts of the body to ensure stabilisation of a joint or body part to facilitate or inhibit movement as well as to isolate muscles that need to be strengthened. Before any examination and treatment is carried out, a clear explanation of what to expect and reasons for this will be undertaken.

**Childs Clothing**

The child’s clothing should allow for the child to have full movement. Ideally, shorts and a T-shirt should be worn so that movement can be seen clearly, however there may be times when school uniform may suffice. There may also be times whereby the treatment or assessment requires a level of undress and T-shirts may be removed for short periods, e.g. to assess the trunk and spine. The child must be informed and give verbal consent for this, (see above under consent of treatment).

**Safeguarding**

Physiotherapists have a duty of care to work collaboratively with other services to safeguard children. This may involve sharing information and liaising with other agencies about concerns in accordance with local policies and procedures and national guidelines as recommended in the *Laming report.*

**References and additional information**

Guidance to CSP Members on Chaperoning and Related issues – CSP (2013)

Working with Children- Guidance on Good Practice – APCP (2016)

Reference guide to consent for examination or treatment (2nd ed) – Department of Health

Association of Pediatric Chartered Physiotherapist - www.apcp.csp.org.uk

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