What do Paediatric Physiotherapists do?
Paediatric Physiotherapists treat children and young people who have physical conditions which affect normal childhood development. Paediatric Physiotherapists use techniques which contribute towards the overall development of children with physical conditions/development needs in order that they can become as independent as possible in childhood and onwards to adulthood.

There are six key tasks that physiotherapists undertake:
- Assessment & care planning- physiotherapists assess children and young people’s motor ability, joint movements and postural ability.
- Therapy
- Training, education and supervision of other staff groups- physiotherapists work closely with other agencies for example schools, nurseries and other professionals to give training and advice to assist these agencies in promoting physical development in children and young people.
- Assessment and recommendation for equipment provision- i.e. walking frames, standing frames, specialist seating
- Support for families
- Onward referrals and joint working with other professionals

The main aims of the Paediatric Physiotherapy Service are:
- Enable children and young people to reach their optimum physical potential
- Maximise function and independence
- Promote normal movement
- Reduce the risk of developing contractures and deformity
- Improve quality of life.
| Can your child receive support from the service? | The Paediatric Physiotherapy Service will see children who have physical difficulties with gross motor skills and the child/young person falls into one of the following categories:  
- Children aged between 0-16 years who have a Solihull GP.  
- Children up to 19 years of age if they are in full-time education within a Solihull Special School  
- Children who do not have a Solihull GP but are aged between 4-16 years and attend a Solihull mainstream school if they have complex physical difficulties requiring school based equipment.  
- The paediatric physiotherapy service also accept children aged between 0-6 years who have a Solihull GP and have musculo-skeletal conditions such as torticollis, erbs palsy, perthes disease, gait abnormalities and pain. |
| How is a child referred? | Solihull Paediatric Physiotherapy Service accepts referrals from parents, teachers, GPs and other professionals. We have a standard referral form which enables you to provide us with the information we need to decide how best to help the young person. This is available [here](#). |
| How are Referrals Dealt With | Once a referral is received by the department a Physiotherapist will read the referral and if required request further information from the referrer. Once the physiotherapist has sufficient information the referral will either be accepted or not accepted. If a referral is accepted it is prioritised dependent upon the condition. All accepted referrals are placed upon a waiting list in order of their prioritisation. The referrer and parents/carers will receive a letter to acknowledge the referral and state whether it has been accepted or not. |
| Time and location of appointments | Children and young people are seen in a range of community based settings. Most appointments are offered at a locally based clinic setting unless there is a reason why the child is unable to attend a clinic. For example- the child/young person has manual handling considerations, significant infection risks, oxygen dependent, safe guarding considerations, has equipment needs or complex medical conditions. For these children/young people appointments would be offered in the family home, nursery setting or in the child’s/young person school. The Paediatric Physiotherapy service offer appointments on a Monday-Friday between 9-4pm. |
| How to complain about anything related to the service you receive | The Paediatric Physiotherapy Service welcomes feedback about your views and experience of the service. Any concerns should be raised directly with the Physiotherapist, or with the Head of Service. Parents/carers are invited to provide additional feedback using the Satisfaction Survey. Heart of England NHS Foundation Trust has a formal complaints procedure – information about this can be found [here](#). |
| **Universal**  
*This is the support from the service that is available to ALL children in Solihull* | **Targeted**  
*This is the assessment and advice offered to children referred to the Paediatric Physiotherapy Service.* | **Specialist**  
*This is additional specialist interventions which occur in addition to the targeted provision. It is provided to children who have complex physical needs.* |
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| **Assessment**  
There is no universal support available to all children offered by this service.  
Paediatric Physiotherapy is a targeted and specialist service for children with specific physical needs. The service will provide assessments and interventions to children whom have been referred to the service. | All children/young people referred to the service will receive an assessment with a physiotherapist at the first point of contact. This assessment includes gathering past medical history and developmental history from the child/young person and parents/carers. As well as any other relevant agencies (with parental consent). Then the child/young person has a physical assessment of their motor abilities and difficulties. This will normally occur in a locally based clinic setting. | Joint assessments with other health professionals, educational teachers or social care workers. These may include assessments in various locations to include a clinic setting, the family home or within the school/nursery setting. |
| **Therapy**  
Following the assessment the physiotherapist will discuss with the parents/carers and child/young person the findings of the assessment and set a care plan. The care plan will include, the following which will be agreed with child/young person and parents/carers:  
- Main problems  
- The interventions to address these problems  
- Goals to achieve with a timeline for achievement | This can include a range of interventions with the aim of:  
- Enabling children and young people to reach their full potential  
- Maximise function and independence  
- Promote optimal movement  
- Reduce risk of developing contractures and deformity  
- Improve quality of life.  
This can include a wide range of techniques for example- exercise programmes, casting and facilitation of movement patterns. |
| Advice, training, education and supervision of other staff groups | Physiotherapist’s will provide specific advice or training to adults involved in the child’s/young person’s care whom the physiotherapist deems requires specific training and update this as required. This will enable the child/young person to fully participate in their physiotherapy programme. This can include training to-  
- Parents/Carers  
- Education Staff  
- Other health/social care professionals  
This allows the advice and interventions recommended by the physiotherapist to be incorporated the child’s daily routine as physiotherapy is a 24 hour model of care. It is important parents/carers and if appropriate education settings carry on the physiotherapy advice recommended. | The physiotherapy service can provide training and advice to schools, nurseries and other professional groups. This will be provided when the child has complex physical needs.  
Training is also provided to Solihull Special Schools who work with a large number of children with complex physical needs.  
Other agencies who have specific training needs can discuss this with the Paediatric Physiotherapy Manager. |
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| Assessment and recommendation for equipment provision | Assessment and provision of equipment is a specialist service for children with complex physical needs. | Children who have significant limitations in their physical skills. These children are unable to stand, walk or sit without support and therefore require this equipment. This can include-  
- Standing frames  
- Walking aids  
- Specialist seating to improve posture  
- Postural support equipment  
The physiotherapist will assess and identify appropriate equipment. Then they will liaise with the appropriate agencies for supply and funding of the equipment. |
Once the equipment is provided the physiotherapist will provide training on the use of the equipment and advice on the recommended use of it. The physiotherapist will also monitor the equipment as the child/young person grows.

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<th>Support for families</th>
<th>Paediatric Physiotherapists are available to provide information and support by telephone from Monday to Friday 8:30-4:00pm. We can signpost families to appropriate local and national support groups and other community based services.</th>
<th>Physiotherapist will if appropriate attend relevant meetings around the child/young person’s care. This can include Team Around the Family meetings and Common Assessment Framework meetings as an example. When required the Paediatric Physiotherapy Service will provide information for reports (for example to inform the Education and Healthcare Plan).</th>
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<td>Onward Referral to other services</td>
<td>The service works very closely with various other agencies these include- • Acute Hospital Services. • Community Services (Paediatricians, nursing, therapies) • The Meadow Centre (Multidisciplinary Assessment Service) • Orthotics Services • Foot Health • Wheelchair Services • Specialist Inclusion Support Service • Equipment Loans Physiotherapists may identify a need for an onward referral to additional services and will complete this referral with parental consent.</td>
<td>The paediatric physiotherapy service complete joint on-going working with different professional groups if it is required. The physiotherapy service provides a foot health clinic in which a physiotherapists and podiatrist complete joint assessments.</td>
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Assessments will always be carried out by a Qualified Physiotherapist. Any therapies, training, education or support will be carried out by a Qualified Physiotherapist or if appropriate a Paediatric Physiotherapy Technical Instructor. All of the team have vast experience working with children and families.