

Specialist Community Children's Services

Referral Guidelines for the Children's Physiotherapy Service

INTRODUCTION

The Specialist Children's Physiotherapy service provides assessment and a range of therapeutic interventions for children who are significantly delayed in their motor development. This may be due to a condition that is affecting their ability to achieve their potential in terms of mobility and functional ability.

AGE RANGE AND ACCESS

1. Children aged 0-18 years **with consent from the person with parental responsibility** (Children between 13 years and 16 years (if Gillick competent) can give their own consent but should be accompanied by a caregiver to the first appointment)
2. Children up to the age of 19 in special circumstances (ADHD, ASD, Complex disability, Special Educational Needs)
3. Children registered with a North Somerset GP
4. Children who attend a Special School in North Somerset
5. Children 'Looked After' by N. Somerset Council, where practically possible
6. Children 'Looked After' by other Local Authorities but placed in North Somerset, where medical follow up by local Physiotherapists is impractical. Information about the Local Authority who has responsibility for the child will need to be included in the referral, otherwise it will not be accepted. An extra-contractual referral agreement may be required.

TYPE OF PROBLEM

Children and young people who are significantly delayed in their physical / motor development.

This may include the following conditions:-

- Neurological e.g. Cerebral Palsy.
- Neuromuscular e.g. Muscular Dystrophy, Spinal Muscular Atrophy.
- Significant Motor developmental delay.
- Torticollis- please see the APCP leaflet on head turning preference.
- Positional Talipes.
- Discharge following Orthopaedic surgery, if open or previously known to Specialist Community Children's Physiotherapy Service.
- Toe walkers if the child is unable to squat or stand with their heels on the floor or the toe walking is asymmetrical.
- Hypermobility- please see APCP leaflet on symptomatic hypermobility. We offer a one off assessment & advice.

STATUTORY WORK

This includes medical advice for Educational Health Care Plans (EHCP).

HOW TO REFER

Complete the Single Point of Entry form and send to the address on the form and attach any supporting information which would be of help.

There is always someone available for advice if you are not sure what is appropriate.

CONSENT

It is always expected that consent has been obtained from someone with legal parental responsibility for the child before a referral is made.

Young people aged 16 and above are able to consent to a referral in their own right. Some young people under the age of 16 who have the capacity to consent to a referral can also do so although it is essential that a person with legal parental responsibility accompanies the young person at least to the first assessment appointment so that a detailed childhood history can be taken. Rarely, a young person may want to attend an appointment with a physiotherapist on her or his own. These cases would need to be discussed first with the Physiotherapist. Although it is always usual to attempt to gain parental consent for a referral, we will see such young people on their own as appropriate. In such cases, the referrer should give careful consideration to any risks involved to the young person and assess the capacity of the young person to consent to the referral.

WHO CAN REFER?

Any health professional, e.g. Paediatricians, GP, Health Visitor, School Nurses, OT, SLT, other Physiotherapists.

HOW TO DECIDE WHO IS AN APPROPRIATE REFERRAL

Any of the above conditions constitute an appropriate referral.

If the child has previously been referred, please refer to the discharge letter from the Physiotherapist to ensure that this is a new problem.

HOW TO DECIDE WHO IS NOT APPROPRIATE TO REFER

- Normal variance of childhood postures-
 - Flat feet- Please see APCP leaflets on flat feet.
 - Intoeing- Please see APCP leaflet on Intoeing.
 - Curly or crossed toes that present with pain or rubbing should be referred to an Orthopaedic consultant.
 - Knock knees – if gap is greater than 7cm or associated with pain, please refer to Orthopaedic Consultant.
 - Bow legs –if concerned speak to GP.
- Respiratory Conditions – please go back to the Consultant.
- Acute Orthopaedic conditions eg bone fracture- To remain under the acute team until they decide the next pathway.
- Musculoskeletal problems– To refer to the local outpatient physio team ie Weston General Hospital or Clevedon Hospital.
- Any child for whom a contribution to their Educational Health Care Plan is sought as the only basis of referral.

- If you are unsure of whether to refer or not, please contact the local team for advice as to whether a referral to physiotherapy may be the most appropriate course of action.

WHAT INFORMATION IS NEEDED WHEN YOU MAKE A REFERRAL?

For all North Somerset requests for WAHT service, referrers will need to complete a **Single Point of Entry Referral form** and attach any supporting information which they feel would be of help.

ETHNICITY MONITORING

Please note that we have a legal requirement to monitor ethnicity as defined by the child or young person themselves or by a parent with legal parental responsibility in the case of a young child. This means that the ethnicity section on the referral form must be completed please.

WHAT WILL HAPPEN NEXT?

- All referrals will be acknowledged to the referrer/parents/carers/GP within 7 working days
- Referrals will be reviewed by the relevant team in Physiotherapy Service who will contact the referrer if further information is required or if the referral does not fulfil the referral criteria.
- Parents/carers/young people will receive a letter giving them information on how to book an initial appointment.