CORE STANDARDS FOR PHYSIOTHERAPISTS WHO SUPPORT PEOPLE WITH DISABILITY

PROMOTING RESPIRATORY HEALTH APPRAISAL

This appraisal supports physiotherapists to translate their knowledge regarding promoting respiratory health for people with disability into their everyday practice.

DEFINITIONS:

Work Practice Support Person (WPSP): this person supports the physiotherapist and is generally their professional physiotherapy supervisor with appropriate skills and experience. An alternative WPSP may be identified if there is no appropriate professional supervisor, or if the current supervisor believes another person may be better suited to appraising the physiotherapist’s knowledge.

GUIDELINES:

Before undertaking the Promoting Respiratory Health appraisal physiotherapists should have read and understood the Promoting Respiratory Health practice guide. It is important that the person wanting to be appraised arranges a time with the WPSP and use this as part of their professional supervision sessions.

This appraisal consists of three sections – theory (question / answers), discussion regarding application of the principles to work practice, and direct observation of the skills. There is not a scoring system in this appraisal. All questions are to be answered to a satisfactory level, and there must be satisfactory demonstration of application to the practitioners work in the areas outlined.

Question / answer
- The information under each question is intended to provide the key points each physiotherapist should address. Physiotherapists can provide more than is itemised. The WPSP will sign off each question when they are satisfied the required information has been presented.
- Questions may be answered verbally or in writing.
- Questions may be answered in the context of a group discussion as long as the WPSP is present and satisfied with the physiotherapist’s response.

Application to work practice
- Case discussion / examples must have been completed within the previous 12 months.
- Case discussion / examples are acceptable if completed in collaboration with another practitioner as long as the WPSP can identify the physiotherapist’s level of contribution and is satisfied that the requirements are met.
**Observation:** With the consent of the person with disability and / or their person responsible, the WPSP must observe the physiotherapist demonstrating the requirements.

**PHYSIOTHERAPIST’S NAME:**  
Date Core Standard commenced:  
POSITION:

**WORK PRACTICE SUPPORT PERSON NAME:**  
Date Core Standard commenced:  
POSITION:

<table>
<thead>
<tr>
<th>Question</th>
<th>Comments</th>
<th>Meets requirements (WPSP)</th>
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<tbody>
<tr>
<td>1. People with disability can be predisposed to respiratory problems.</td>
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<tr>
<td>a) Name the respiratory problems:</td>
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<td>• aspiration pneumonia</td>
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<td>• pneumonia</td>
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<tr>
<td>• chronic lower respiratory diseases (for example chronic obstructive pulmonary disease, emphysema and asthma)</td>
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<td>(Ombudsman NSW, 2013)</td>
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<td>b) What factors can place people with disability at risk of respiratory problems?</td>
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<td>• feeding and swallowing problems including dependence on others for feeding, the person having difficulty sitting up or holding their head up, swallowing difficulties, eating problems and a history of choking</td>
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<td>• limited mobility</td>
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<td>• gastrointestinal problems including gastro-oesophagel reflux disease and repeated vomiting and regurgitation</td>
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<td>• recurrent respiratory infections</td>
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<td>• neurological and neuromuscular conditions such as cerebral palsy and epilepsy</td>
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<td>• drowsiness and reduced alertness</td>
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<td>• poor oral hygiene, including gum disease</td>
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<td>• medications such as antipsychotics, anticonvulsants, sedatives and muscle relaxants</td>
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<td>• the very young, people aged 65 years or older, those with chronic health problems and people who have weak immune systems</td>
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<tr>
<td>Question</td>
<td>Comments</td>
<td>Meets requirements (WPSP)</td>
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| • smoking  
• crowded living conditions  
• hospitalisation  
• alcohol and drug abuse  
• intellectual disability  
• history of aspiration and/or previous episodes of pneumonia  
• receiving enteral nutrition  
• reliance on others for dental hygiene, dental problems or gum disease  |
| (Ombudsman NSW, 2013) |

2) **a) How would you assess the respiratory function of a person with disability?**
First, set respiratory health goals with the person (and/or their person responsible). Then work through Physiotherapy Chest Care Assessment. This looks at:
• history of chest issues  
• subjective assessment  
• objective assessment  
• assessment implications

**b) What else needs to be considered?**
• how the person communicates  
• who will be implementing the chest care program

3) **Who could you consult with (with the person’s consent) to find out information about the chest health of a person with disability?**
• the person  
• the person responsible, family  
• carers e.g. respite and group home staff  
• general practitioner  
• specialists (e.g. respiratory specialist)  
• speech pathologist  
• occupational therapist  
• dietician  
• clinical nurse consultant  
• respiratory clinics  
• acute care centres

**Where else may you find relevant information**
• persons clinical notes
4) If a person with disability is found to have a lower respiratory tract infection, what support options could be considered by the physiotherapist?

Active chest physiotherapy such as:
- modified postural drainage
- percussion, vibration and active cycle of breathing techniques
- other airways clearance techniques e.g. pep
cough and / or suction

Other tools to maintain respiratory health such as:
- encouraging activity
- 24 hour positioning
- educate and act on respiratory risk factors

5) Why would you provide respiratory support for a person with disability, if that person does not have a lower respiratory tract infection? What type of support would you provide?

People with disability can have risk factors that predispose them to respiratory problems. If these are present then tools to maintain respiratory health are indicated. These include:
- encouraging activity
- 24 hour positioning
- educate and act on respiratory risk factors
6) **What is the difference between postural drainage and modified postural drainage? Why is modified postural drainage more commonly used for people with disability?**

Modified postural drainage (MPD) involves no head down tip. The MPD positions are:
- supine 30 degrees head up
- prone horizontal
- left and right horizontal sidelying
- upright sitting

(Fitzgerald, Follett, & Van Asperen, 2009)

**Head down tip:**
- increases gastro oesophageal reflux (GOR) (Button, Heine, Catto-Smith, & Phelan, 1998; Button, Heine, Catto-Smith, Phelan, & Olinsky, 1997; Vandenplas, Diericx, Blecker, Lanciers, & Deneyer, 1991)
- increases shortness of breath (Cecins, Jenkins, Pengelly, & Ryan, 1999)
- increases oxyhaemoglobin desaturation (McDonnell, McNicholas, & FitzGerald, 1986)
- places the diaphragm at a mechanical disadvantage (Button et al., 1997)

As a result modified postural drainage is more commonly used.

7) **What are the contraindications and precautions to chest percussion and vibrations?**

Contraindications to percussion and vibrations are haemoptysis, flail chest, severe osteoporosis, fragile ribs, low platelet count (<25), cardiac arrhythmias and over a burn (Gallon, 1992; Pryor & Prasad, 2008) and acute wounds and new grafts. Care should also be taken with people who have osteopenia and those with a platelet count<50 (Gallon, 1992).

8) **What are the options if a person is not coughing effectively to clear their own secretions?**

- verbally prompting the person to cough and encouraging them to swallow the secretions if they have a safe swallow
- stimulating a cough using a catheter
- external tracheal stimulation
- suction

(Fitzgerald et al., 2009)
- encourage the person to move
- insufflator / exsufflator
9) **What other professional disciplines may be involved in the management and promotion of respiratory health for people with disability?**

**What support might they provide in their role?**

- **speech pathologist:** assessment and management of: airway safety in all phases of swallowing; mealtime planning and implementation; communication.
- **occupational therapist:** support with 24 hour positioning, airway safety, support to participate in functional activities
- **GP:** immunisations, management of acute chest infections, oversight of total respiratory management
- **respiratory specialist:** specialist oversight of total respiratory management
- **sleep specialist:** management of sleep apnoea, night time ventilation
- **dietician:** mealtime management, nutrition
- **nurse:** day to day chest care/monitoring, support with 24 hour positioning, airway safety, 24 hour mechanical ventilation management and care, management of sleep apnoea, oral care and hygiene, saliva management and mealtime management
- **dentist:** oral care and hygiene

10) **Who should be involved when decisions are made about a change to a person’s chest care program?**

- the person
- the person responsible, parents, carers where appropriate
- with consent all others involved in the person’s care (for example medical practitioners, respiratory or other specialists, speech pathologists, occupational therapists, dieticians, nurses etc.)
11) How can the role of a community physiotherapist differ from, and support that of a hospital physiotherapist when promoting respiratory health for people with disability?

The community physiotherapist:
- does not always provide active chest physiotherapy
- may monitor chest care programs established by the hospital physiotherapist and encourage the person to seek reviews when appropriate
- may be involved in supporting the person to incorporate a 24 hour positioning program into their daily routine
- may be involved in supporting the person to incorporate a movement / activity program into their daily routine
- may educate the person on, and support the person to act on a broad range of respiratory risk factors

2. Work practice sample
- Case discussion / examples must have been completed within the previous 12 months.

<table>
<thead>
<tr>
<th>Work Practice Sample Required</th>
<th>Comments</th>
<th>Meets requirements (WPSP)</th>
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<tbody>
<tr>
<td>Discuss a case where a Physiotherapy chest care assessment was conducted (match to the physiotherapist’s notes).</td>
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<tr>
<td>Discuss a case where a person had a lower respiratory tract infection and support was provided to promote respiratory health (match to the physiotherapist’s notes).</td>
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<tr>
<td>Discuss a case where a person did not have a lower respiratory tract infection and support was provided to promote respiratory health (match to the physiotherapist’s notes).</td>
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</table>
3. Observation

*Observations must have been conducted within the previous 12 months.*

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<tr>
<th>Observation description</th>
<th>Comments</th>
<th>Meets requirements (WPSP)</th>
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<tbody>
<tr>
<td>Observe an interaction where the physiotherapist is implementing a program designed to support respiratory health:</td>
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<tr>
<td>• does the program contain elements that are appropriate to the findings of the chest care assessment?</td>
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<td>• does the physiotherapist explain why interventions have been selected?</td>
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<td>• did the physiotherapists ensure that the person who will carry out the chest care interventions understand what they have to do, and ensure that they knew how to do it?</td>
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<td>• did the physiotherapist provide information regarding ongoing intervention and review?</td>
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I confirm that all requirements have been met for this core standard (WPSP).

Signed:
Name:
Position:
Date:
REFERENCES


DISCLAIMER

This appraisal was developed by the Clinical Innovation and Governance unit within the Department of Family and Community Services, New South Wales, Australia (FACS).

This appraisal has been developed to indicate whether a physiotherapist has increased their knowledge through the completion of the core standard. It has been designed to promote consistent and efficient best practice. It forms part of the supporting resource material for the Core Standards Program developed by FACS.

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1 The term practitioner as used here includes dieticians, speech pathologists, occupational therapists, physiotherapists, psychologists, behaviour support practitioners and nurses.