

AMPUTEE REHABILITATION

## Audit & Implementation Guide

Evidence Based Clinical Guidelines for the Physiotherapy  
Management of Adults with Lower Limb Prostheses

**CSP CLINICAL GUIDELINE 03**

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# Evidence Based Clinical Guidelines for the Physiotherapy Management of Adults with Lower Limb Prostheses

**About this document:** This document summarises the audit tools developed to monitor the compliance of services and individual practitioners to the Evidence Based Clinical Guidelines for the Physiotherapy Management of Adults with Lower Limb Prostheses as described in the literature and expert opinion.

Please refer to the guideline document for full details of all methodology and processes undertaken in the development of these recommendations.

**Citing the full guideline document:** Broomhead P, Clark K, Dawes D, Hale C, Lambert A, Quinlivan D, Randell T, Shepherd R, Withpetersen J. (2012) Evidence Based Clinical Guidelines for the Managements of Adults with Lower Limb Prostheses, 2nd Edition. Chartered Society of Physiotherapy: London.

**About BACPAR:** The British Association of Chartered Physiotherapists in Amputee Rehabilitation (BACPAR) is a professional network recognised by the Chartered Society of Physiotherapy (CSP). BACPAR aims to promote best practice in the field of amputee and prosthetic rehabilitation, through evidence and education, for the benefit of patients and the profession.

## Comments on these guidelines should be sent to:

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## Introduction

The first edition of this guideline was published in 2003. This second edition seeks to integrate new scientific evidence and current best practice into the original recommendations and create additional recommendations where new evidence has emerged. This audit & implementation guide has been developed to assist clinicians and stakeholders in implementing the recommendations into their clinical environment and clinical practice.

### ■ The need to audit:

It is recognised by validated guideline appraisal tools that a Guideline should present key review criteria for monitoring and audit. The previously developed audit tool was reviewed as part of the updating process; comments were sought via the consensus panel and users of iCSP website.

### ■ Using the audit tools:

The revised audit tool has been split into 3 parts, giving three distinct tools:

- Service led recommendations
- Personal achievement of Good Practice Point's (GPP's)
- Patient notes audit form

It is hoped that these stand alone audit tools will decrease some of the time burden on the auditor as they can be completed at separate times and could be utilised as evidence of continued professional development (CPD).

**Example:** *The completion of audit tool 2: Personal achievements of GPP's – may provide evidence for the NHS Knowledge and Skills Framework Core Dimensions 1,2,3, 4 & 5 and promote discussion/ assist in the identification of personal learning needs during any personal appraisal process undertaken.*

An action plan proforma has also been provided as 'Audit tool 4' for use where no workplace specific forms are available.

### ■ Application of the audit tools:

Locally agreed standards need to be set regarding:

- The timings of audits/re audits using these audit tools.
- The compliance targets.

It is BACPAR's belief that it is reasonable to expect that any clinician providing physiotherapy treatment to adults using a prosthesis should adhere to 100% of the GPP's presented in this document as a minimum for safe practice.

These guidelines are not mandatory and BACPAR recognise that local resources, clinician enthusiasm and effort, support from higher management, as well as the rehabilitation environment in which the practitioner works, will influence the ability to implement recommendations into clinical practice.

## Audit Tool 1: Service Evaluation

Date Audit data collected		Name of Auditor			Comments/Evidence	Actions
Recommendation		Yes	No	n/a		
2.1-2.5	There is documented evidence of on-going formal and informal training and CPD in prosthetics and prosthetic rehabilitation and reflective practise by the physiotherapist.	<input type="checkbox"/>	<input type="checkbox"/>			
2.7, 2.8	There is a protocol for checking the prosthesis and residual limb before, during and after treatment.	<input type="checkbox"/>	<input type="checkbox"/>			
2.10	There is a local procedure in place which allows the physiotherapist to contribute to the decision making process regarding prosthetic prescription.	<input type="checkbox"/>	<input type="checkbox"/>			
3.1-3.4	A locally agreed physiotherapy assessment form is in clinical use.	<input type="checkbox"/>	<input type="checkbox"/>			
3.5	Locally agreed, amputee specific Outcome measures are utilised, within agreed timeframes, by the Physiotherapy team	<input type="checkbox"/>	<input type="checkbox"/>			
4.1-4.15	Local protocols and competencies exist to cover specific treatment modalities and ensure that the physiotherapy team are working within appropriate scope of practice	<input type="checkbox"/>	<input type="checkbox"/>			
5.6.5	Information is available on the following: National and local amputee support and user groups Health promotion Sporting and leisure activities Driving after amputation Employment/training Benefits Social Services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
5.6	Information is available for patients about the appointment system at the Prosthetic Centre & how to access it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3-6.5	There are local protocols for: • The review of patients after discharge from regular physiotherapy • The patient to self-refer to physiotherapy after initial rehabilitation • Accessing rehabilitation if an individuals circumstances change	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

### ■ CPD activities:

Examples of CPD activities and evidence can be found at Health Professions Council (2010) Continuing Professional

Development & your registration. [www.hpc-uk.org/assets/documents/10001314CPD\\_and\\_your\\_registration.pdf](http://www.hpc-uk.org/assets/documents/10001314CPD_and_your_registration.pdf)

# Evidence Based Clinical Guidelines for the Physiotherapy Management of Adults with

Audit Tool 2: Achievement of Good Practice Points (GPP's)					
Name:	Date completed:				
Details of the GPP	Yes	No	n/a	Supporting Evidence	Actions
<b>GPP I:</b> The Physiotherapist(s) should contribute to MDT audit, research and education					
<b>GPP II:</b> The Physiotherapist should understand the different methods of donning and doffing prostheses.					
<b>GPP III:</b> The Prosthetic centre should be contacted if there is a malfunction of any componentry					
<b>GPP IV:</b> The Prosthetic centre should be contacted if the socket requires adjustment in order to achieve a correct and comfortable fit.					
<b>GPP V:</b> The Physiotherapist should record the prosthetic componentry, type of socket and method of suspension			*		
<b>GPP VI:</b> Where a prosthesis is provided for transfers, instruction and advice on its safe use should be given.			**		
<b>GPP VII:</b> Physiotherapists should establish links with their local podiatry services					
<b>GPP VIII:</b> Patient information should be available in a format suitable to that individual.					
<b>GPP IX:</b> All advice/information given to the patient should be recorded.					
<b>GPP X:</b> A summary of the patient's function and mobility at transfer or discharge from active rehabilitation should be documented in treatment notes.					
<b>GPP XI:</b> The prosthetic user should be provided with the necessary contact details to seek help and advice where required.					
<b>GPP XII:</b> If prosthetic use is discontinued during the rehabilitation programme the reasons for abandoning should be documented.					

Completion of this audit of personal / MDT practice may provide evidence for the NHS Knowledge and Skills Framework(37) Core Dimensions 1,2,3, 4 & 5.

It is anticipated that most GPP's should be achieved regardless of the clinical setting that the physiotherapist works within.

The exceptions to this are:

\* GPP V – Where Integrated Care pathways are in use it may not be necessary for the Physiotherapist to duplicate this information.

\*\* GPP VI – Outside of the Prosthetic Centre setting there may be limited scope for physiotherapists to come into contact with patients who have been provided with a prosthetic limb for transfer use only.

## Audit Tool 3: Audit of Patient Notes

There should be documentation found within the patient notes to support the recommendations. Where this information is found a tick (✓) should be inserted; where the information is absent a cross (x) should be inserted

Date:	Recommendation	Name of Auditor:					Action
		Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	
3.1-3.3	<ul style="list-style-type: none"> <li>• A physical examination and assessment of previous and present function.</li> <li>• The patients social situation</li> <li>• Psychological status</li> <li>• Patient Goals and expectations</li> <li>• Relevant pathology including diabetic status</li> <li>• Present and past Prosthetic componentry, type of socket and method of suspension</li> </ul>						
3.4	A problem list, treatment plan and goals have been formulated in partnership with the patient.						
4.4	There is evidence of a personalised exercise programme being devised for the patient.						
4.7	Prosthetic physiotherapy began within a maximum of 5 working days after receipt of the prosthesis						
4.10	Gait re-education was commenced within the parallel bars (if not then a reason for the variance should be documented)						
4.12	Walking aids are provided to ensure, where possible, that prosthetic users progress to being fully weight bearing through their prosthesis.						
4.7-4.17	<p>There is written evidence of prosthetic rehabilitation based on the treatment plan that includes:</p> <ul style="list-style-type: none"> <li>• Increasing time of prosthetic use</li> <li>• Functional tasks relevant to the goals set with the patient</li> <li>• Progression from walking within the hospital environment to walking within the home environment</li> <li>• Hobbies</li> <li>• Sport</li> <li>• Social activities</li> <li>• Driving</li> </ul>						

There should be documentation found within the patient notes to support the recommendations. Where this information is found a tick (✓) should be inserted; where the information is absent a cross (x) should be inserted									
Date:	Recommendation	Name of Auditor:							
		Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Action		
4.18	There is evidence of the patient's progress being measured throughout their prosthetic rehabilitation programme with validated amputee/prosthetic specific outcome measure(s).								
4.19-4.22	There is written evidence of the contribution of the physiotherapist to: <ul style="list-style-type: none"> <li>• Care of wounds</li> <li>• The treatment of scars</li> <li>• The management of residual limb pain</li> <li>• The management of phantom limb sensation/pain</li> </ul>								
5.1.2-5.1.8	There is written evidence of information being given to the patient/carer in regard to: <ul style="list-style-type: none"> <li>• Care of the prosthesis &amp; suspension</li> <li>• Achieving correct socket fit/ use of prosthetic socks &amp; liners</li> <li>• Management of volume fluctuations of the residual limb</li> <li>• The length of time the prosthesis should be worn and how this should be increased.</li> <li>• Changing footwear and alignment</li> <li>• Use and care of prosthetic socks &amp; liners</li> <li>• Correct use and care of suspension</li> </ul>								
5.2.1-5.2.5	There is written evidence of information being given to the patient/carer with regard to the following: <ul style="list-style-type: none"> <li>• Techniques for the self-management of phantom pain/sensation</li> <li>• Factors influencing wound healing</li> <li>• Methods to prevent and treat adhesion of scars</li> <li>• Residual limb skin care</li> <li>• The potential for skin problems caused by incorrect socket fit</li> </ul>								
5.3.1	There is evidence that the patient/carer is taught to monitor the condition of the remaining limb								

There should be documentation found within the patient notes to support the recommendations. Where this information is found a tick (✓) should be inserted; where the information is absent a cross (x) should be inserted							
Date:	Recommendation	Name of Auditor:					
		Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Action
5.4.1-5.4.4	<p>There is written evidence of information being given to the patient/carer with regard to:</p> <ul style="list-style-type: none"> <li>• The effect of concurrent pathologies and previous mobility on realistic goal setting and final outcome of rehabilitation</li> <li>• Expected levels of function and mobility in relation to different levels of amputation</li> <li>• The reduction in levels of function compared to bipedal subjects</li> <li>• The energy cost of prosthetic walking in relation to different levels of amputation</li> </ul>						
5.5.2-5.5.6	<p>There is evidence of falls coping strategies being discussed/taught.</p> <ul style="list-style-type: none"> <li>• Advice given in the event the patient is unable to rise from the floor</li> </ul>						
5.6.1-5.6.2	<p>There is written evidence of advice to the patient/carer on:</p> <ul style="list-style-type: none"> <li>• How and where to seek psychological advice and support</li> <li>• Prevention of secondary disabilities that may occur as a result of prosthetic use</li> </ul>						
6.1	A summary of patient function & mobility at transfer or discharge is documented in the treatment notes.						
6.1-6.4	There should be evidence of the patient being reviewed after discharge from regular physiotherapy intervention.						

Audit tool 4: Audit action plan			
Name of Auditor:		Date completed:	
Name of person completing audit action plan:		Signature:	
<b>Analysis/summary of Audit findings</b>			
<b>Action plan</b>			
<b>Action required</b>	<b>By whom</b>	<b>Timescale for work</b>	
<b>Planned re-audit date</b>	<b>Led by whom</b>		



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