



Aquatic Therapy Association of Chartered Physiotherapists



THE CHARTERED SOCIETY OF PHYSIOTHERAPY

Participants Guide to The Foundation Programme Assessment Process.(A supplementary part to the Foundation Course itself)

To attain a CSP/ATACP endorsed certificate in aquatic physiotherapy participants would be expected to:

- Produce a case study (30% of total marks)
- Undertake an unseen written examination (20% of Total Marks)
- Undertake a practical assessment of skills (50% of total marks)
- All sections have to be passed to obtain an overall pass

MENTORING

Participants will be allocated a mentor. The mentor should be contacted on commencement of the assessment phase of the programme. Participants would normally be entitled to up to 2 hours of mentor time. This could be through visiting them, asking them to view video of treatment programmes, or commenting on the case study as it progresses. We advise that if possible the mentor time should include time in the water to ensure techniques are being used correctly. This mentor will not be your assessor.

THE ASSESSMENT PROCESS.

THE CASE STUDY

- To be submitted for marking 6 weeks prior to the assessment.
- To be 1500 words plus or minus 10%, typed and double-spaced in 12 font as hard copy.
- Two copies are to be submitted to the mentor to allow double marking.
- To be linked to the evidence found during database searches thus demonstrating clinical effectiveness

Guidance for completion of case study

- The use of bullet points is encouraged where appropriate
- Consider a patient you have treated with aquatic physiotherapy, demonstrating clinical reasoning and an evidence based approach. Please choose a patient who has only one problem (e.g one fracture with the stiffness and weakness ensuing) rather than multiple problems.
- Introduction – Give the patient a fictitious name (to maintain confidentiality) and the reason for referral, i.e. diagnosis or problem.
- Patient Data – Include concise personal details, relevant past medical history, history of the current episode identifying what precipitated the referral. Current medications and results of any investigations should be included and show evidence of their relevance to this patient.
- Diagnosis – Referral information – give the details as received on the referral and identify if the referral included a request for aquatic physiotherapy.
- Main Physiotherapy Assessment Findings – When undertaking the assessment include outcome measures and be sure to identify objective markers or measurements in the baseline data. Assessment must include land based data and also the assessment findings in water.
- Risk/Benefit Analyses – This is a critical element of your case study. Briefly identify all issues relating to the overall safety of this particular patient receiving aquatic physiotherapy. Consider the

environmental factors both within the pool itself and the immediate pool area. Show the physiological effects of immersion and implications (if any) they may have for this patient have been considered. Identify the screening procedures undertaken and any specific instructions that may need to be conveyed to assistant staff and other pool users.

- **Problems/Goals** – Write a problem list which may be land or water orientated depending on the patient's condition and ensure the goals match the problems. Place time frames on the goal setting to assist in evaluating patient progress. Document the agreed goals with the patient if it is felt clinically appropriate.
- *It is important to look at the weighting of marks for the above sections (20% of total or around 300 words), and be concise, as this is a key element in the development of the written communication skills.*
- *All evidence/literature used must be referenced*
- **Treatment profile** (this totals 50% of marks when combined with outcome)– Following the treatment plan include the treatment regime. Show the therapeutic skills and progressions used to indicate a clear understanding of the hydrodynamic principles. Justify the choice of each intervention linked to the physical properties of water and the problems/goals. EXERCISES SHOULD BE WRITTEN TO INCLUDE START POSITION, MOVEMENT ETC (e.g for buoyancy resisted knee extension “patient standing facing wall with float around ankle and knee flexed. For concentric strengthening straighten the knee to push the float down into the water, for eccentric let the knee flex more slowly than the float wants to take the knee back into flexion”)
- **Outcome** – This is what is expected to be achieved with aquatic physiotherapy **or** the actual outcome should they have completed treatment at the time of writing (to include reflection on the treatments or any changes made/could have been made).
- **Critical Evaluation on using Aquatic Therapy and use of references** – Include a brief argument for using aquatic physiotherapy as your treatment of choice. Show understanding of the benefits of treatment in water. Ensure adequate references relative to the particular condition treated to indicate evidence. Evidence may also be in the form of patient and professional observed benefit.
- Show critical evaluation of the literature relevant to aquatic physiotherapy, in author date reference style.
- **Presentation**- (This totals 5%) and includes spelling, grammar and general layout.

Guide to Mark Allocation – The Case Study

- | | |
|---|-----------------|
| • Patient data, diagnosis and assessment |) |
| • Risk Benefit Analysis |) 20% of total. |
| • Problem list/ goals of treatment |) |
| • Treatment profile & outcome | 50% |
| • Critical Evaluation on use of aquatic physiotherapy | 25% |
| • Presentation | 5% |

Marking Schedule – Case Study Mark Banding

70 – 100 (Distinction) –

- Critical insight into awareness of implications for aquatic physiotherapy practice.
- Evidence of highly developed analysis and argument
- Clear focused presentation of case
- Evidence of wide reading/use of varied & pertinent treatment techniques

60 - 69 (High Pass)

- Very good awareness of implications for aquatic physiotherapy practice.
- Logical development of analysis and argument
- Easy ordered flow of ideas
- Good understanding of topic/ Good use of evidence / use of sound treatment techniques

50 – 59 (Pass)

- Satisfactory understanding of implications for aquatic physiotherapy practice
- Lack of depth in the analytical process
- Adequate understanding of practical application of theoretical principles
- Over emphasis on programme material/Limited use of evidence or treatment techniques

0 – 49 (Fail)

- Superficial understanding of the implications for clinical practice
- Lack of development for analysis & argument
- Patchy and disorganised approach to topic
- No evidence of wide reading/ use of evidence/use of poor or inappropriate treatment techniques.

THE PRACTICAL ASSESSMENT (20 MINUTES)

- The candidate must normally have passed the case study prior to sitting the practical assessment.
- Candidates will demonstrate on a model who is normally a programme participant
- Candidates will be given a specific problem (e.g. limited knee flexion and weakness in the Biceps) and have 10 minutes preparation time prior to going into the pool.
- Candidates will be asked to demonstrate suitable techniques to: -
- Mobilise a joint / area (upper or lower limb or trunk) through range. The candidate would be expected to demonstrate the use of buoyancy assistance with & without the addition of Hold / Relax techniques, buoyancy assistance with added therapist created turbulence, slow movements with buoyancy counterbalanced, and turbulence using the drag effect.
- Strengthen a muscle (opposite limb area or trunk). The candidate would be expected to demonstrate the use of buoyancy assistance, buoyancy counterbalanced & buoyancy resistance plus, patient generated turbulence (speed), drag, reversals/stabilisations, and the metacentre (where appropriate e.g. when working on the trunk). The use of changing starting positions, lever length, or speed to create exercise progressions should be shown as well as ways of enabling both isotonic and isometric muscle work.
- Candidates will be expected to demonstrate safe and effective handling of the patient throughout including attention to float use and patient support.
- The use of voice, quality of instructions, and demonstration of exercises where appropriate will be assessed during this time.

Examples of Strengthening Techniques

Buoyancy Assisted

The body part is moved towards the water surface using the assistance from a float (usually a very small one) The speed must be slightly greater than that created by upthrust alone.

Buoyancy Counterbalanced

The body part is moved parallel to the water surface.

Buoyancy Resisted Concentric

The body part is moved down away from the water surface— limbs will generally need a flotation aid due to their higher relative density. e.g. to strengthen the left shoulder adductors a float is held in the left hand. The patient stands, leaning over to their left side with the shoulder immersed. The left arm is pulled down from the surface through the water to come to the patients' side.

Buoyancy Resisted Eccentric

The patient controls the rate of a movement towards the surface of the water slower than the water wants to take it. E.g. The patient stands at the pool side with a float attached around an ankle and the ankle is allowed to be taken towards the surface, passively flexing the knee. The patient controls the rate of movement of the ankle, so that it rises to the surface at a slower rate than the float is trying to take it. (i.e. an eccentric quadriceps exercise).

Utilising turbulence

Therapist Created

Normally an isometric contraction where the therapist creates an area of fast moving water to create drag on a body part. The patient resists movement towards this area of low pressure e.g. to create resistance for the biceps brachii the patients arm is supported on a float at water surface. The therapist then creates

turbulence over the posterior forearm so the patient has to activate Biceps to prevent the arm being drawn outwards.

Patient Created

The patient moves a body part through the water, thus creating an area of low pressure behind the moving part e.g. to create a strengthening exercise for the shoulder flexors the patient moves their arm briskly forwards through the water (often known as Speed resisted – progression is enabled by increasing the speed of movement, or adding a paddle.)

Via the “Drag” Effect

An isometric technique. The patient is moved through the water while they hold a position against the drag of the water. e.g. to strengthen the trunk side flexors the patient is supported supine on floats. The therapist holds the patient either at the lower or upper trunk and swings them sideways through the water while the patient tries to prevent side flexion.

Utilising the metacentric effect (For Trunk)

The patient holds a position against the turning forces created by the imbalance of the forces of buoyancy and gravity e.g.

Patient in supine lying works against the following movements to prevent the tendency for the body to rotate along its longitudinal axis (strengthening the trunk rotators).

- Turning the head
- Taking an arm or leg out to the side
- Lifting an arm out of the water

Patient in standing or in the “box position” (squatting in the water as if sitting on a chair). They work against the following movements to prevent the tendency for the body to rotate around its transverse axis (strengthening the trunk flexors or extensors).

- Taking the head forward or backward
- Taking the arms forward or backward

Stabilisations and Reversal techniques

Stabilisations are isometric, while Reversals are isotonic. Both techniques rely on the therapist being stable in the water – normally no deeper than T11. For the limbs they normally rely on the patient moving through the water thus creating turbulence. For trunk stabilisations buoyancy can also be used as the resistive medium.

Stabilisations – eg for the shoulder ab/adductors the patient would be supported in supine on floats. The therapist holds the upper arm on the adductor aspect and pulls the patient towards them while the patient prevents the arm being pulled into abduction, the therapist then transfers their hold to the abductor aspect and pushes the patient away from them while the patient prevents the arm moving into adduction. The exercise can be made more difficult by increasing the speed either of the movement or the movement from the adductor to the abductor aspect, or by increasing the length of the lever arm. For the trunk flexors the patient would be in supine and the therapist would push down on either the shoulders or pelvis while the patient prevents trunk extension by activating the trunk flexors.

Reversals – eg for the shoulder ab/adductors the therapist would be in same position and use the same hold as in stabilisations. The difference is that the patient would actively ab/adduct their arm to create movement of their body through the water.

Improving range of movement (All should be shown throughout the whole range of movement)

Utilising buoyancy

Buoyancy assisted

The body part is moved towards the water surface, assisted by a float. This can be done as a hold/relax technique at end of range or as a prolonged stretch as described in “Hydrotherapy – Stretching Techniques For Groups” presented by Jane Barefoot MCSP Dip Phys Ed, at “Konferens I Hydroterapi” 1992.

Therapist created turbulence can be added to assist the effect.

Buoyancy Counterbalanced: mobilising work

The body part is moved parallel to the water surface, this is done slowly in order to avoid the build up of turbulent (low pressure) water behind the moving part.

Stretches using drag

Some muscle groups can also be stretched using the principles of drag. In most instances the patient needs to be supported on floats and the body moved through the water in a direction which provides drag on the soft tissues or joint to be stretched e.g. to stretch the right side flexors the patient lies supine supported by floats, while the therapist grasps either the upper trunk or pelvis and moves the patient in an arc to the right.

Stretch can be increased by increasing the speed of movement and/or by increasing the length of the moving lever.

For these stretches to be effective the patient must be able to relax whilst lying on floats.

Marking Schedule - Practical Assessment

70 – 100 (Distinction)

- Demonstrates an innovative approach to a programme of techniques
- Shows flexibility, excellent observation skills, and effective modification of techniques where indicated.
- Demonstrates a high level of competence in all techniques
- Fully cognisant of the links between theory and practice.

60 – 69 (High Pass)

- Demonstrates a very effective technique programme that is safe in all areas
- Shows good observational skills and modifies techniques where appropriate
- Demonstrates a confident and competent approach to techniques
- Demonstrates sound links between theory and practice

50 – 59 (Pass)

- Safe in all aspects of techniques and effective in most areas
- Observant at most times, and presents an effective but limited range of techniques
- Shows limited confidence in some aspects of techniques and handling
- Demonstrates a clear understanding of the link between theory and practice

0 – 49 (Fail)

- Is unsafe in the application of techniques on the patient
- Fails to observe and modify techniques Uses techniques inappropriate to condition/Demonstrates poor patient handling techniques.
- Demonstrates poor understanding of the links between theory and practice.

UNSEEN THEORETICAL PAPER (30 MINUTES)

- 5 questions in total (short answers)
- Questions regarding the physical properties of water/physiological effects of immersion
- Questions regarding contraindications & precautions
- Questions regarding aquatic physiotherapy pool management

Marking Schedule - Theoretical Paper

70 – 100 (Distinction) –

- Demonstrates excellent knowledge and understanding of aquatic physiotherapy practice.
- Evidence of analysis and synthesis
- Clear focused presentation
- Evidence of wide reading

60 - 69 (High Pass)

- Demonstrates very good knowledge and understanding of aquatic physiotherapy practice..
- Logical development of case
- Easy ordered flow of ideas
- Good understanding of topic

50 – 59 (Pass)

- Demonstrates satisfactory knowledge and understanding of aquatic physiotherapy practice.

- Basic presentation of ideas
- Over emphasis on programme material
- Basic understanding of topic

0 – 49 (Fail)

- Demonstrates poor knowledge and understanding of aquatic physiotherapy .
- Poor presentation of ideas
- No evidence of wide reading
- Patchy and disorganised approach to topic

PORTFOLIO GUIDANCE

Note that the portfolio will play an important role during the entire programme and is an important part of your own consolidation of skills, and reflection on your learning. Although it will not be marked, the mentor and assessor may ask to see it. An example of the types of evidence that may be collected is.

Case Summaries and Case Studies

Patients Record

- Patient number – (your number) e.g. neuro patient 1
- Age Gender Occupation Lifestyle
- Medical diagnosis
- Physiotherapy diagnosis
- Problem list; short and long term goals
- Skills applied
- Number of treatment sessions
- Outcome
- Reflection

Lectures attended

- Date & Topic
- Length of lecture
- Name of Lecturer
- Location
- Main points you learned

Presentations

If you present any patients at 'student sessions', keep a copy of the points you presented.

Visits

If you visit/observe at a hydrotherapy pool, note the main points which you learned - this may be good or bad e.g. short staff, budgets limited - patients needs not met - or brilliant practice!

Other

At the beginning of the programme document your goals, expectations and learning outcomes. At the end, compare what you have achieved with your goals.

Remember, critical incidents, reflection on your practice etc are all valuable learning tools.

Notes

This is obviously tailored to individual needs and experiences. At the end it is to help you show how you have developed, however long or short your time on clinical education. At the same time it is **not** a thesis so keep it in perspective. Videos of your patient sessions (with consents included) can be a very useful way of demonstrating your skills.

RESITS

If a candidate fails any part of the assessment, they can have one re-sit of that section without extra payment. If they wish to take advantage of extra mentoring (particularly useful if the failure has been with the practical assessment) then they would be expected to pay for the mentoring at a rate of £40 per hour (£20 per hour for purely theory sessions) plus travel for the mentor at .40p per mile or a second class rail fare if the mentor is travelling to see the participant.

In the event of a second failure they can re-sit after one year to allow them to consolidate their practice at additional cost.

ENROLMENT FORM - FOUNDATION STAGE AQUATIC PHYSIOTHERAPY

(SPECIALIST TRAINING FOR AQUATIC PHYSIOTHERAPISTS)

Course Location	
Course Code and Start Date	

Candidate's Personal Details - Please complete all relevant question boxes			
Surname		Title Mr / Mrs / Ms etc.	
Forenames		Gender M / F	
Contact/Home Address		Date of Birth <i>DD:MM:YY</i>	
Street		Previous surname	
City / Town		Country of residence	
Postcode			
Home Tel. No.	Alternative Contact details		
Work Tel. No.	Alt. Contact name		
Mobile Tel. No.	Alt. Contact Tel. No.		
Home email			
Or Work email			

Candidate's Current Occupation and Related Qualifications – Please X all applicable Boxes					
Current Occupation		Current Work Setting		Current related Qualifications	
Chartered Physiotherapist	<input type="checkbox"/>	Acute Hospital NHS Trust	<input type="checkbox"/>	Taster Aquatic Physiotherapy	<input type="checkbox"/>
Clinical	<input type="checkbox"/>	Residential Care Home	<input type="checkbox"/>	ATACP Study Day	<input type="checkbox"/>
Educational	<input type="checkbox"/>	Leisure Setting	<input type="checkbox"/>	In-service training	<input type="checkbox"/>
Research	<input type="checkbox"/>	GP Practice	<input type="checkbox"/>	ATACP Foundation course	<input type="checkbox"/>
Retired	<input type="checkbox"/>	Private Practitioner	<input type="checkbox"/>	Copy of Certificate of attendance enclosed	<input type="checkbox"/>
Other (Give detail in box below)		Other (Give detail in box below)		Other (Give detail in box below)	
CSP No.		HCPC No.		ATACP No.	

Please give further details including dates and tutors of previous teaching/training in Aquatic Physiotherapy.

Candidate's Medical Statement & Special Needs - (This statement must be signed)

Any special needs must be notified and discussed between the Candidate & ATACP prior to the commencement of course

Candidate's Medical Statement:

I confirm that, to my knowledge, I have no medical condition or physical disability that precludes my taking part in the practical aspects of this course for basic competency in Aquatic physiotherapy

Signed

Date

Course Fees**£250**

All Payments to : Alison Skinner – Treasurer ATACP
31 Syon Park Gardens, Osterley
Middlesex, TW7 5NE

Email: alison.skinner@hotmail.co.uk
Home: 020 8560 2034
Mobile: 077 2760 5625

Please make cheques payable to ATACP

Booking Type - Please X the appropriate box

Self-Paid Booking

Funded Booking (state name and address of organisation funding you in the box below)

Data Protection

Apart from extracted statistical data, the information on this form will not be passed to person or organisation without the Candidate's permission.

The information that I have provided is, to my knowledge, correct and I have read and understood the above section related to "Data Protection".

Signed

Date

Terms and Conditions & Eligibility

The information that I have provided is, to my knowledge, correct and I have read and accept the Terms and Conditions. I also confirm I fulfil the eligibility criteria for this course of study.

Signed

Date

For office use only:

Certificate Seen		Course Start date	
Payment received		Pre course Information sent	
Invoice sent - date:		Tutor Initials	
Receipt sent – date:		Certificate sent on completion	