# **Participants Guide to Accreditation The Foundation Programme Assessment Process**

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 must 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 ±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 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 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 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%)  
  includes spelling, grammar and general layout.

## Guide to Mark Allocation – The Case Study

|  |  |
| --- | --- |
| Patient data, diagnosis and assessment Risk Benefit Analysis  Problem list/ goals of treatment | 20% |
| 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. For strengthening none or minimal additional floatation required. Appropriate for grade 1 muscle strength.

### Buoyancy Counterbalanced

The body part is moved parallel to the water surface slow enough not to produce turbulent water otherwise this would be drag resisted.

### Buoyancy Resisted Concentric

The body part is moved downwards against the up-thrust effect of buoyancy i.e. away from the water surface towards the pool floor. A floatation aid may be required with a dense limb or when progressing the exercise. An example to strengthen the left shoulder adductors would be a float held in the left hand. The patient stands with their 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 / decelerates the rate of a movement towards the water surface slower than the buoyancy rate wants to take it. An example for eccentric quadriceps strengthening would be with the patient standing with a float around their ankle. The ankle is allowed to be moved towards the water surface, flexing the knee, with the patient controlling the speed of movement slowing it down so that it doesn’t become just passive knee flexion.

#### To progress a buoyancy resisted exercise:

* Increase the size of the floatation aid
* Slower movement
* Longer lever if possible
* Starting position

## Utilising turbulence

### Applied Turbulence Resisted

The therapist creates an area of fast-moving water to create turbulent water. This turbulent water has a negative pressure which the patient has to resist the movement towards. The muscle contraction can be isometric or isotonic. An example for the elbow flexors would be the therapist creates turbulence over the posterior forearm aspect, so the patient has to activate elbow flexors to prevent the arm being drawn into extension. If the patient holds the position of the forearm it is an isometric contraction however if the patient flexes the elbow with the turbulent water created behind it is an isotonic concentric muscle action.

**Drag Resisted**

Either the patient moves a body part through the water, or the therapist moves the patient to create an area of negative pressure behind the moving part. The muscle contraction can be isometric or isotonic. An example for the shoulder abductors would be the patient moves their arm out to the side faster than the rate of buoyancy progressing by increasing the speed of movement and/or un-streamlining such as with a hand bat. An isometric technique would be the patient is moved through the water while they hold a position against the drag of the water. For the shoulder abductors the patient would be supine, and the therapist would move the patient forward (or turn the patient) whilst the arm is held out to the side.

#### To progress a drag resisted exercise:

* Increase the speed of movement
* Increase the surface area (streamlined to unstreamlined e.g. use of a fin or bat)
* Longer lever if possible

## Utilising the Metacentric Effect

The patient holds a position against the rotational forces created when the centre of buoyancy and gravity are not in alignment. For example, a 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

## Rhythmic Stabilisations and Reversal techniques

Rhythmic Stabilisations are isometric, while Reversals are isotonic. Both techniques rely on the therapist being stable in the water – normally no deeper than T11 water level. The techniques rely on the patient moving through the water thus utilising drag resistance, apart from therapist resisted stabilisations where the resistance is purely created by the therapist.

#### Rhythmic Stabilisations

Agonist and antagonist muscle groups worked isometrically to create a joint stabilisation exercise.

#### Therapist resisted:

The therapist applies suitable graded pressure against the appropriate body part surface which the patient can resist on the instruction to ‘hold’. The therapist changes handling between the agonist and antagonist surfaces to create the isometric muscle action. The exercise is made more difficult by increasing the speed of change between the surfaces and/or by increasing lever length. An example for the shoulder would be with the patient supine and the therapist applies alternating pressure against the adductor and abductor surfaces of the upper limb whilst the patient maintains the upper limb in the designated degree of abduction. An example for the trunk would be with the patient in supine the therapist resists either flexor/extensor surfaces from either the proximal lower limbs or from the upper trunk, or rotators from either the pelvis or upper trunk.

#### Drag resisted/stabilising against drag:

The therapist moves the patient in the water in opposing directions asking the patient to ‘hold’ their position against the drag effect created for agonist and antagonist muscle groups. For example, for trunk side flexors the patient is supine whilst the therapist holds them from the upper trunk or through hand behind head position shoulder girdle. The therapist will move the patient from side to side asking them to keep their body straight. Another example for the shoulder would be with the patient supine with their arms abducted to the desired range then asked to ‘hold’ in the position whilst being moved forwards and back to activate isometrically the shoulder abductors and adductors.

#### Reversals:

These are isotonic muscle actions therefore have an intent to move versus just hold. They still work both the agonist and antagonist muscles around a joint. An example would be for the shoulder the therapist stands in one position applying resistance to the abductor muscle group surface i.e. over the dorsum of the hand or posterior forearm for the patient to be able to push against, once full range has been achieved the therapist changes their hand hold to the adductor surface i.e. palmer aspect of hand and anterior forearm for the patient to pull in against. The patient’s body will move through the water whilst the therapist remains fixed in one position.

## Improving Range of Movement (Joint and Muscle)

#### Buoyancy assisted

The body part is moved towards the water surface, assisted by a floatation aid. 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 and illustrated in handbook.

Buoyancy Counterbalanced  
The body part is moved parallel to the water surface, this is done slowly in order to avoid turbulence behind the moving part. Whereas buoyancy assisted exercises will increase passive range buoyancy counterbalanced will work on improving active range of movement.

#### Turbulence assisted

Fast moving water is created by the therapist in front of the moving body part so the negative pressure assists the movement.

#### Drag assisted

The patient is moved by the therapist so that their limb is dragged into the desired movement to mobilise the joint or muscle. An example would be for shoulder abduction the patient lies supine and is instructed to take their arms out to the side to their available range then relax, the therapist pulls the patient from their feet towards them, so the arms are dragged out into abduction (this can be done unilaterally by spinning the patient on the spot). An example for a hip flexor muscle stretch would be with the patient supported by the therapist in side lying, the therapist holds one leg in hip flexion whilst spinning around so the other leg is dragged into extension.

The intensity of the drag assisted mobilisation is increased by increasing the speed of movement and/or un-streamlining the body part and/or increasing the lever length.

## 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
* Questions regarding the 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 will ask to see it**.

Examples of the types of evidence that may be collected are.

### 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, resits will be charged as following:

* Practical assessment £80
* Written examination £40
* Case study £80

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.

Enrolment Form  
Assessment Process of the ATACP/CSP Accredited Foundation in Aquatic Physiotherapy  
Specialist Aquatic Training for Physiotherapists

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Foundation Course Location ( taught element) | | | | |  | | | | | | | | | |
| Foundation Course dates (taught element) | | | | |  | | | | | | | | | |
| 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 DD:MM:YY | | |  | |  |  | |
| 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 | | |  | Acute Hospital NHS Trust | | | |  | Taster Aquatic Physiotherapy | | | | |  |
| Clinical | | |  | Residential Care Home | | | |  | ATACP Study Day | | | | |  |
| Educational | | |  | Leisure Setting | | | |  | In-service training | | | | |  |
| Research | | |  | GP Practice | | | |  | ATACP Foundation course | | | | |  |
| Retired | | |  | Private Practitioner | | | |  | Copy of Certificate of attendance enclosed | | | | |  |
| 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 the 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 | | | | | | | |
| Assessment Process Fees | | | | £300 | | | |
| **All Payments to** Alison Skinner – Treasurer ATACP  31 Syon Park Gardens, Osterley  Middlesex, TW7 5NE  Please make cheques payable to ATACP | | | Email: atacpaccreditation@gmail.com  Home: 020 8560 2034  Mobile: 077 2760 5625  (Recommended to call for information) | | | | |
| 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 | | | | |  |