Welcome to the Wodonga campus of Albury Wodonga Health, it is also referred to as the Wodonga Hospital. It’s a great place to work so we hope you enjoy your placement with us!

The Allied Health department of Wodonga Hospital is located in Vermont St.

Allied Health Reception: (02) 60517400 Allied Health Fax Number: 60 517 430

**Free parking** is available at the football ground at the bottom of Vermont St.

On your first day report to the Allied Health front desk (just inside the door of the building below). Please introduce yourself and let the receptionist know who you are meeting so they can be informed. The front door is swipe card access only until 8.30am so if you come a little early you will need to wait for someone to swipe you in.

**Click here for maps of the AWH Albury and Wodonga campuses**

This physiotherapy annexe is lengthy. Please ensure you complete the 3 steps below

1. Read the relevant placement information
2. Read the generic placement information
3. Complete Step 3 of the orientation package (the rest of the survey).

Reading this annexe was Step 2 in a 3 step orientation package

Once you have finished please return to the generic orientation package in Survey Monkey which you should still have open on your computer.

This is the final step of the orientation package.
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Wodonga Allied Health
Wodonga Allied Health works in multi-disciplinary programs or teams.

Although you will be here on placement related to your discipline, you will be working within a team (e.g. Physiotherapist in the Community Rehabilitation Team). There is more information about the teams in Wodonga on page 15 if you are interested.

Please read the information below and then return to the generic package in survey monkey to complete the orientation package.

Physiotherapy team
Click on the link to see about the Wodonga Physiotherapy Team
1st year placement
During this placement you will be spending the morning on the acute wards at Wodonga Hospital and the afternoon in the Community Rehabilitation Centre (also known as CRC) working with the grade 1 (junior) and grade 2 physiotherapists.

While on the acute ward, you will likely see patients that have been admitted to hospital with chronic lung and heart disease, functional decline, stroke and post-surgical patients. Physiotherapy on the acute ward involves assisting patients with airway clearance and building up their strength and endurance in order for them to return home.

CRC provides interdisciplinary rehabilitation to clients living at home in the Wodonga area. Our team includes physiotherapy, speech pathology, dietetics, social work, exercise physiology, nursing and an allied health assistant. CRC often sees patients that have been discharged from hospital who need ongoing therapy.

Please research the following to prepare for your placement
1. Research the common conditions we see on the acute wards – COPD, CCF, NSTEMI, CVA, pneumonia
2. Refresh your subjective assessment skills. What information is important to ask a patient you are assessing them for the first time?
3. Review gait and balance assessment
4. Consider what exercises might be appropriate for patients on the ward to prevent functional decline.

2nd and 3rd year placements
The second year physiotherapy placements can be in a number of areas including the ward, AGEM and CRC. Please confirm the area of your placement and read the explanations as per 4th year.

Notes are written in the SOAP format so please revise this format before you arrive.
4th year placements
Fourth year placement can be MS (see below) or mixed or elective or capstone in a specified area. Please confirm the area of your placement with your university and supervisor.

4th year Community Rehabilitation (CRC) placements
You will be completing your placement in the Community Rehabilitation Team (also known as CRC – Community Rehabilitation Centre). CRC provides interdisciplinary rehabilitation to clients living at home in the Wodonga area. Our team includes Physiotherapy, Occupational Therapy, Speech Pathology, Dietetics, Social Work, Exercise Physiology, Nursing and an Allied Health Assistant.

Click here to see the CRC brochure

We see people of all ages at the centre or in their own home for assessment and goal based therapy. We assist with and run group programs such as Cardiac Rehabilitation, Pulmonary Rehabilitation, Falls and Balance Group, and Exercise Rehabilitation Group.

Clients attending the CRC program are generally complex in nature and require a multidisciplinary approach to care. There are several streams of care including General Rehabilitation, Neurological, Cardiac, Pulmonary, Lymphoedema, Upper Limb and Falls Prevention.

After a referral is received each client has a needs/goals based multidisciplinary assessment using the attached forms. Please look at them before you come.

Care Plan

Comprehensive Assessment

FROP com Assessment Form for Falls and Balance Clients

You are likely to be involved in the General Rehabilitation, Neurological, Pulmonary and Falls Prevention streams. This will include undertaking initial needs assessment, initial physiotherapy assessment/treatment and contributing to case reviews and goal setting for each client. Physiotherapy intervention can be either delivered in people’s homes or through the centre.

Within the general and neurological streams you will be responsible for providing individual based therapy programs. Consider the following to prepare for the placement.

- Familiarise yourself with common neurological conditions such as stroke, Parkinson’s Disease, brain injury, multiple sclerosis
- Consider what types of client you may see within the general rehabilitation stream
- What outcome measures would you use to assess the neurological client vs the general rehabilitation client?
- How would you structure a functional assessment of the neurological or general rehabilitation client?
Within the falls prevention stream you are likely to be involved in the Falls and Balance Group. Consider the following questions to prepare for the placement:

- Who would be the target audience for a falls prevention group?
- Are there any exclusions when considering clients for the program?
- What is the usual structure of falls prevention programs?
- What outcomes measures would be useful to assess clients?
- What general exercises could you include in a program?

Click here to see the Falls Prevention service brochure

Within the Pulmonary stream you are likely to be involved in the Pulmonary Rehabilitation Group. Consider the following to prepare prior to your placement

- Familiarise yourself with COPD, Asthma and Bronchiectasis as these are the main conditions seen in the group
- What is the usual structure of a Pulmonary Rehabilitation Group?
- What outcome measures are useful in assessing these types of clients?
- Familiarise yourself with the BORG scale and Six Minute walk test
- Browse the Lung Foundation Website and review topics that are currently included in Pulmonary Rehabilitation Programs
- Research the basics of adult learning and consider how this may be used when running a group such as this.

Click here to see the Pulmonary Rehabilitation brochure
4th year Musculoskeletal (MS) placements

The MS placement is based in our community health outpatient facility. Your supervisor will be Narelle Trotter who is the grade 2 physiotherapist in charge of the service. There is also a grade 2 physiotherapist who sees paediatric clients on Wednesdays and a rotating grade 1 physiotherapist who works half time in outpatients.

The outpatients service is a really popular service with a long waiting list so it will be great to have you here to help us see extra clients. The service also includes a weekly hydrotherapy session and Fit for Birth class. Fit for Birth runs from 5.30 – 6.30 on Tuesday nights, therefore you will be required to finish work at 7pm on Tuesday nights. Please discuss with your supervisor if you would like to start late on Tuesday or finish at 3pm on another day.

Prior to commencing your placement, it is very important that you review all of your musculoskeletal lecture notes and practice all practical assessments. If you are unfamiliar with common presentations of MS conditions, you will have difficulty generating diagnostic hypotheses based on the information you obtain from your patients during the subjective assessment. It will also make it challenging to know which objective assessments are required to help you prove and disprove your hypothesis to come to a diagnosis.

Please ensure that you are competent with all basic physical assessments.

Inaccurate physical assessments will make it very difficult to accurately diagnose patients. Please note this will be checked by Narelle on your first day of placement to assist in enhancing your learning in the workplace.

This is a very busy workplace and we see a large variety of conditions therefore it is essential that you are well prepared before commencing this placement.

Please see below a list of common presentations that we see in our community health department. This is not an exhaustive list therefore please do not limit your study to these conditions.
- All joint assessments
- Post surgery – rotator cuff repairs, ACL, TKR, THR
- Post fracture
- Arthritis
- Shoulder pain
- Back pain
- Paediatric assessment particularly of development
- Review the hydrotherapy information from university
- Learn and be able to apply the physiological effects of immersion
- Be prepared to apply clinical reasoning skills to all clients including in the aquatic setting

In community health we do not see clients with hand injuries as our community rehabilitation team runs a hand/upper limb clinic. We do still see clients with elbow and shoulder issues.

Please review and be familiar with the below forms and brochures prior to placement

Aquatic Physiotherapy Assessment Form

Physiotherapy General Assessment Form

Physiotherapy Spinal Assessment Form

Fit for Birth brochure
Acute Geriatric Evaluation Management (AGEM) placement

AGEM may be included in a third or fourth year placement.

There are 10 AGEM beds at Wodonga Hospital and is considered slow-stream rehabilitation for clients >65 years old who need further multidisciplinary therapy prior to discharge to the appropriate destination.

Typical patient populations for AGEM include those with deconditioning post acute or long hospital stay, chronic/multiple health conditions (such as COPD, CCF), cognitive impairment, post orthopaedic surgery and falls.

You will see a range of clients however there is a strong emphasis on geriatric management and assessment. It is suggested you revise the following before you come

- Neurological conditions – e.g. stroke, Parkinsons, MS
- Geriatric management
- Falls and balance assessment and treatment
- Standardized outcome measurements (e.g.: TUG, 10MWT, Step Test, CTSIB, FRT)

Pain Management Program placement

Fourth year electives are occasionally offered by the physiotherapist in the pain management team. This would involve working with the pain management team to assess clients with chronic pain and assist with the residential cognitive behavioral modification and physical reactivation program. The program includes daily exercise, exercise groups and hydrotherapy.
**Rural Allied Health Team (RAHT) placement**

As a third or fourth year student you may spend time with the physiotherapist in the RAHT service. We are part of HACC services along with local councils that have Planned Activity Groups (PAG), Assessment teams, home care, personal care, shopping and mowing assistance.

The service is for Victorian frail, aged or disabled (moderate, severe and profound disability) and their carers including cultural /linguistic diversity, Aboriginal/ Tore strait Islanders, Financially disadvantaged, living in remote and isolated areas and dementia.

Clients who are not eligible for this service include those requiring direct treatment for an acute illness, patients 4 weeks post discharge from hospital, residents of aged care facilities, clients covered by TAC (transport accident) or clients on an EACH package.

**Click here to see the RAHT brochure**

Our Priority is greatest need and/or greatest capacity to benefit, vulnerability of individual to deterioration, effect of delivery on carer, capacity to attain goals and decrease risk of admission. We work on an Active Service Model

Area covered Wodonga, Towong shire (as far as Corryong, Dartmouth) Indigo (Chiltern, Beechworth, Stanley, Rutherglen), Kiewa and part of Alpine (Mt Beauty). This means clients have longer intervals between home visits.

The types of clients seen by the RAHT team is very broad and conditions can be similar to those seen in Inpatient Rehabilitation: Neurological; MND (Motor Neuron Disease), Muscular dystrophy, Quadriplegic, incomplete paraplegics, adult Cerebral Palsy, Parkinson’s disease, Multiple Sclerosis, Stroke after rehab or later on.

RAHT clients may also require treatment for other conditions or areas such as post fracture, joint replacements, neck or back pain, falls prevention, gait aid trial and prescription.
**Women’s Health placement**

This elective placement will include time with the three distinct services offering support to women who are going through particular types of conditions. Students will have regular time in each of these areas to provide a very comprehensive learning experience in these unique physiotherapy areas. There is potential capacity to bias towards one area if the student desires (but this must be discussed well in advance to the commencement of placement). Please note that this placement does involve Tuesday evening work also.

For all contact regarding this multi-area placement please call (02) 6058 7400 and speak with Kate or Elise.

**Continence Clinic: Anne Patterson (Wed/Thurs)**

Patients are referred from many areas (inpatient/post-op, LMO, urologists, gynaecologists) that require specialist assessment of their continence and pelvic floor. This includes a comprehensive subjective assessment and history taking, possibly bladder and bowel diaries, toileting assessments, real-time ultrasound, and digital palpation (internal assessment). Anne will encourage the student to participate in the subjective components of these assessments, and some areas of the objective assessment. *Note: students will not be taught nor undertake digital palpation of the pelvic floor on this placement.*

**Typical conditions seen on placement:**
- Bladder incontinence: SUI, Urge, Overflow
- Bowel/faecal incontinence: including urgency
- Vaginal prolapse
- Following 3rd and 4th degree perineal tears (following childbirth)
- Post radical prostatectomy

**Useful resources:**
- National Continence Helpline **1800 330 066** - 8am-8pm 7 days a week
- [www.pelvicfloorfirst.org.au](http://www.pelvicfloorfirst.org.au)

**Lymphoedema Service: Kate Dahl (Tues/Thurs)**

Lymphoedema therapy involves the management and prevention of lymphoedema in a wide range of conditions. Frequently wound assessment and close liaison with district nursing is involved for these patients. Students will be involved in all areas of this therapy including subjective assessment, objective assessment including limb measuring and bioimpedance testing, garment prescription and fitting, lymphatic drainage and massage.
Typical conditions seen on a lymphoedema placement:

Whilst many conditions are seen in this service, during the fourth year student placement the student will primarily see post-breast surgery patients.

- Axillary dissection and clearance (removal of lymph nodes)
- Mastectomy
- Some lower limb conditions may also be seen

Click here to read the Lymphoedema Service brochure

Maternity Services: Elise Newton (Mon-Fri)

This involves both inpatient and outpatient physiotherapy for women during the childbearing year (ante- and post-natally). Students will undertake at least one morning each week with a Grade 1 physiotherapist to service the maternity ward including post-operative gynaecology patients. The rest of their time will be in outpatients in a musculoskeletal-based setting which integrates many areas including continence, lymphoedema, wound management and lifestyle advice/modification. The primary musculoskeletal bias is on lumbo-pelvic assessment and treatment. Please note that outpatients will be at both Albury and Wodonga Hospitals.

Education is a significant component to this service both as an inpatient and outpatient service, and the student will also undertake various staff and patient education sessions throughout their placement.

All notes are to be completed in the SOAP format.

Typical conditions seen on placement:

- DRAM; diastasis rectus abdominis muscle
- Hysterectomy: TAH, Vag Hysterectomy
- Vaginal repair: AP, urethral slings
- 3rd/4th degree perineal tears: IP education only
- PRPGP: pregnancy related pelvic girdle pain
- Continence
- Pelvic floor and core/TA Ax/Rx
- Thoracic/costovertebral pain/dysfunction

Fit For Birth: Narelle Trotter (Tues evening)

This is an ante-natal exercise and education class for women birthing at Wodonga Hospital. Students will be expected to run this class during their placement including setting up an appropriate exercise circuit, monitoring and modifying for each individual during the session, and providing the education component also. Students are able to negotiate time in lieu for this longer day, and this will be done well in advance of commencement of their placement.

Click here to see the Fit for Birth brochure
Generic information

Supervisors

For each placement you will be allocated a primary supervisor, who will be co-located with you at your placement site. This is the person who coordinates your placement and is responsible for your mid placement and final evaluation. During your placement you are likely to work with a range of other health professionals both within and outside your discipline, with a range of professional experiences.

It is important to remember that your supervisor(s) continue to carry a full workload during your placement, and you will need to be sensitive to his/her other responsibilities. This will also mean that you may be required to work more autonomously and independently during your placement.

Throughout your placement you will receive a mix of direct and indirect supervision. A range of facts such as the complexity of the activity/roles you are undertaking and your level of skills and knowledge determine the degree of supervision. Discuss with your supervisor early the types of supervision that will be provided, considering both the capacity of your supervisor and your own supervision requirements.

Weekly student sessions (IPL)

Each week a student interprofessional learning (IPL) session is offered at each campus. These are offered to allied health and nursing students and it is strongly suggested you attend. The sessions range from simulation to case studies to topics of interest designed to help you get to know the other students and their disciplines. The sessions are great fun and hope you can come along!

Please let Anna Sullivan (Allied Health Student Coordinator) know if you are not able to attend.

Wodonga IPL – Thursday 1-2pm in Vermont Court Room 7.

Computer access:

Generic access to the intranet will be provided for access to your discipline drive, student drive and other useful applications. Internet access is restricted to certain members of staff. If you require the internet for patient care purposes ask your supervisor to log you on. For personal use out of hours or at lunch time, computer with unrestricted internet can be found in the CRC tea room and the main hospital cafeteria.

Swipe Card:

Your will be provided with a temporary swipe card to access parts of the hospital for Staff only. This should be worn at all times. Please return to front desk on your last day.

Lockers:

There are 4 student lockers available in the staff room, please ask during orientation. As you may need to share a locker please leave the key in the key box at reception.
**Photocopying:**

The photocopier is located outside reception in the alcove near the pigeon holes. Your supervisor will provide you with a code (codes also on green card above photocopier).

**Meal breaks**

Most people don’t take a morning tea/afternoon tea break however Friday morning tea is the highlight of the week, 10.30am in the staff room – come along!

Lunch is usually 12.30-1pm. Join us for lunch – either in the staff room, CRC courtyard or the grass area near dialysis.

**Questions/ queries:**

If you have any concerns or questions during your placement please do not hesitate to ask one of us (if we don’t know, we can’t help!).

**Paging:**

Some acute staff wear a pager with the following numbers:

- Acute Dietician 406
- Acute OT 412
- Acute Speech 431
- Acute B/AGEM Physio 420
- Acute A/HDU/ED Physio 402
- Social Work 426
- Obstetric Social work 242

To page dial 88, enter the pager number (eg 406 for Dietician), wait for the voice prompt “Enter Message”, enter the extension you are calling from (usually located on the last button on the right hand side) followed by ##, wait for confirmation message “message sent”, then hang up.

**Completing the orientation package**

Reading this annexe was Step 2 in a 3 step orientation package. Please now return to the generic orientation package in Survey Monkey which you should still have open on your computer. This is the final step of the orientation package.
Allied Health Teams at Wodonga Campus

Acute Team

- Acute Unit (Wards A and B) have 28 beds encompassing general medical and some surgical patients. Surgical patients are mostly urology, gynaecology, ENT and some basic general surgery.
- 6 HDU beds
- The Obstetric Unit is one of the largest units in rural Victoria catering for an estimated 1600 births each year.

Community Health Team

- Multidisciplinary team providing outpatient services to enable Victorian residents suffering from a range of conditions to achieve and maintain optimal functional independence.
- Involved in the delivery of a variety of health promotion activities including Diabetes Education, Aquatic Physiotherapy, New Parents Group and Chronic Disease Self-Management

Community Rehabilitation Team (CRC team)

- Multidisciplinary team which aims to enable clients who are disabled, frail, chronically ill or recovering from traumatic injury to achieve and retain optimal functional independence. Clients with more complex needs and who require more than one discipline are seen by this team.
- General rehabilitation, cardiac rehabilitation and pulmonary rehabilitation
- Upper limb/hand therapy clinic
- Falls and balance program
- Lymphoedema
- Phone: 7411

Acute Geriatric Evaluation Management (AGEM)

- AGEM is a multidisciplinary slow-stream rehab service specialising in the care of patients over the age of 65 years who require further multidisciplinary therapy once medically well, to facilitate discharge to an appropriate destination. This program has 10 beds is located on Acute B ward in Wodonga.
- This is a goal based program with the aim to achieve optimal independence and quality of life.
- Phone: 7429

Pain Management Program

- Provides timely and efficient intervention to individuals, which meets best practice and uses a multi-disciplinary and consumer focused approach.
- Three week residential cognitive behavioral modification and physical reactivation program based on the biopsychosocial model of chronic pain and conducted by an interdisciplinary team.
- Phone: 7417
Rural and Allied Health Team (RAHT)

- The Rural Allied Health Team (RAHT) provides a range of home and clinic based professional services. We assist people to stay at home independently, including the frail, aged and younger people with disabilities, and their carers.
- They support and work with clients, carers and community service providers. The service will be designed to meet individual needs.
- Phone 7440

Transition Care Program (TCP)

- This program commenced in 2009 and is a slow-stream inter-disciplinary rehabilitation program based in clients home or extended care facilities.
- This program is for older clients (>65 years).
- It is for clients who have rehabilitation needs after an acute admission and live in the Albury district, as well as Wodonga, Indigo, and Towong shires.
- TCP currently has 16 beds – 8 community and 8 facility based beds.
- Phone : 7672

Hospital Admission Risk Program (HARP)

- HARP aims to prevent unplanned hospital admissions by helping people manage their health.
- HARP care co-ordinators work with people who have chronic health conditions and complex medical and psychosocial issues.
- People who are eligible for program have had admission to hospital for their chronic health condition, or are at risk of readmission or who are frequently presenting to the emergency department.
- The focus is on self-management and care co-ordination.
- The area is Upper Hume (Chiltern, Beechworth, Yackandandah, Corryong, Mt Beauty, Tallangatta, and Wodonga) and Albury to Tharagoona.
- Service is provided at the client’s home, community or in centre.
- Phone: 7615

Post Acute Care (P.A.C)

- Short term program that provides care co-ordination for people post discharge from hospital.
- Services can include home cleaning, personal care, shopping, meal preparation, nursing support and gap fill allied health.
- The services are purchased by the PAC program and can run for up to 4 weeks at no charge to the client.
- Phone: 7449

Inpatient Rehabilitation (temporarily at Albury Campus, moving to Wodonga mid 2015)

- Offers an integrated care program including allied health, medical and nursing care
- Aims to assist clients to achieve optimum independence and quality of life