Medical Wards Acute placement

The OTs on the Medical Ward work as part of a multidisciplinary team including physiotherapy, social work, dietetics, speech pathology, discharge planner, medical and nursing staff, in particular the Nurse Unit Manager (NUM). The caseload is adult patients of varying ages, with a wide variety of medical conditions. An Occupational Therapist may see a patient due to the following;

- Decline in ability to perform ADLs / difficulty coping at home
- Decline in ability to mobilise or transfer / change of mobility aid impacting on ability to safely manage in home environment
- Upper limb condition leading to functional impairment
- Risk of falls
- Acute neurological event e.g. Stroke, TIA, Guillen Barre
- Recent and / or long term changes in cognitive state impacting on function
- Risk of developing pressure areas

The role of an OT is to complete assessments to determine the impact of a patient’s condition on their occupational performance, as well as assessment of ADLs and performance areas and components (as per the OPMA).

Relevant intervention, including equipment provision, ADL retraining, upper limb therapy, cognition and falls prevention management, and education; is then completed to facilitate recovery and safe discharge home if appropriate. The OT working on medical ward will recommend referral of patients to other services for ongoing management, for example, in-patient rehabilitation, community rehabilitation, transition care program, or the rural allied health team. The OT will also liaise closely with the NUM, flow nurse and discharge planner regarding services required on discharge to assist with ADLs including personal care, showering assistance, meals on wheels, home help for cleaning and gardening, transport, and shopping assistance.
Surgical Wards Acute placement
The OT on the Surgical Ward works as part of a multidisciplinary team including physiotherapy, social work, dietetics, speech pathology, discharge planner, nursing, and medical staff.

The caseload is adult patients following general and orthopaedic surgery.

Patients typically are referred to occupational therapy for;

- Change in ability to perform ADLs
- Change in ability to mobilise or transfer / change of mobility aid impacting on ability to safely manage in home environment
- Risk of falls
- Recent and / or long term changes in cognitive state impacting on function
- Risk of developing pressure areas
- Head injury

The role of an OT is to assess the impact of a patient’s condition on their occupational performance and provide subsequent recommendations regarding intervention, therapy and/or changes to their home environment. The OT is involved in determining readiness for discharge and making recommendations regarding need for supports, equipment provision or services in the community and/or the need for in-patient or community rehabilitation. The OT will also liaise closely with the NUM, flow nurse and discharge planner in relation to service provision on discharge to assist with ADLs including personal care, showering assistance, meals on wheels, home help for cleaning and gardening, transport, and shopping assistance.
**Emergency Department and Intensive Care Unit (ICU)**

The OT on the emergency department and ICU works on a referral only basis and usually in liaison with a multidisciplinary team including physiotherapy, social work, dietetics, speech pathology, discharge planner, nursing and medical staff.

**Emergency ward** - Primarily screening and assessment for mild traumatic brain injury (mTBI), falls risk, acute neurological (eg. Stroke, TIA) assessment and ADL assessment to determine patient’s safety for discharge home or need for admission.

ICU – Primarily pressure care assessment and intervention, acute neurological (eg. Stroke, TIA) assessment and commencement of therapy, falls prevention, equipment provision and setup.

There is generally not a placement offered in these areas, however exposure is likely during an acute medical or surgical placement.

**Paediatric Ward**

Patients aged 16 years and younger. Primarily screening and assessment for mild traumatic brain injury (mTBI) as well as education and equipment prescription following surgery.

There is generally not a placement offered in these areas, however exposure is likely during an acute medical or surgical placement.

**Community Rehabilitation Team (CRC Team)**

The CRC team is a multidisciplinary team who work with clients who are disabled, frail, chronically ill or recovering from traumatic injury. Clients with more complex needs and who require more than one discipline are seen by this team.

The team work together with the client and family/community members to achieve and retain optimal functional independence. It is a goal directed service. People identify personal goals to work on while linked into the service.

Disciplines within the team include: Speech Pathology, Physiotherapy, Occupational Therapy, Dietetics, Community Nursing, Exercise Physiology and Allied Health Assistant.

CRC includes

- General rehabilitation
- Cardiac rehabilitation and pulmonary rehabilitation
- Upper limb/hand therapy clinic
- Falls and balance program
- Lymphoedema

[Click here to see the CRC brochure](#)
Hand Therapy Placement

Hand therapy aims to provide an individualised service for all hand, wrist and arm needs, including assessment and treatment of injuries and conditions or post-operative care.

Some of the common diagnoses seen in this program include:

- Hand and finger injuries, tendon/ligament injuries, nerve injuries and conditions, fractures and dislocations, amputations, post-operative care, arthritis, burns, pain, scar tissue, wounds and oedema. These conditions could be from an accident, sporting incident, surgery, or just a recurring pain that is starting to impact quality of life.

A placement in hand therapy would include seeing outpatient clients in fracture clinic as well as through the community rehabilitation program at the hospital setting.

The Occupational Therapists in hand therapy complete assessment, treatment and intervention to improve or maintain hand and upper limb function. This may include splinting, scar and oedema management, pain management, exercises to increase movement and strength and sensory re-education.

Prior to attending placement in hand therapy it would be beneficial to review hand and upper limb anatomy as well as ROM assessment methods (goniometry).

The following is a good website for information on hand therapy