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.

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

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.

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**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.

Other useful information:

**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:**
- You 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 246
  - 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.
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 at the end of the discipline information, click on this link if you are interested Allied Health Teams at Wodonga.

Please click on the relevant discipline placement below, when you are finished you will need to return to the generic package in survey monkey to complete the orientation package.

Allied health Assistant placements (Wodonga Campus)
Dietetics and Nutrition placements (Wodonga Campus)
Exercise Physiology placements (Wodonga Campus)
Occupational Therapy Placements (Wodonga Campus)
Physiotherapy placements (Wodonga campus)
Podiatry Placements (Wodonga Campus)
Speech Pathology placements (Wodonga Campus)
Social Work placements (Wodonga Campus)
Allied Health Assistant placements (Wodonga Campus)

During your placement you will have an AHA supervisor but you will also be given the opportunity to work with all members of the AHA team. Currently there are 8 AHAs at Wodonga, all are very experienced and have worked in multiple areas and teams.

This will expose you to patients/clients with a range of conditions and abilities and enable you to learn from people with differing teaching styles. As well as working with AHAs occasions may arise where you will work directly with an Allied Health Professional.

At the commencement of placement you will be provided with a roster of work areas for the first 2 weeks. During the third week the roster is flexible to allow students to choose areas or activities of particular interest. Should you have a preferred area you wish to participate in please advise your supervisor early in the placement. This will allow him/her to arrange the roster to facilitate optimum learning outcomes.

We have Allied Health Assistants (AHA) working in most areas of the Health Service. AHAs work within multidisciplinary teams in Acute, AGEM, Inpatient Rehabilitation, Transitional Care, Community Rehabilitation, Rural Allied Health, and Community Health.

Please return to the generic orientation package in survey monkey to complete the final step of the orientation package
Dietetics and Nutrition placements (Wodonga Campus)

**Albury Wodonga Health – Dietetic Student Placements**

Students are expected to contact placement supervisor/s at least two weeks prior to the placement to discuss expectations. The Dietetics Departments can be contacted on:

(02) 60517 400 (Wodonga Campus)

(02) 60584 582 (Albury Campus)

(02) 60581 811 (Albury Community Health)

*After reading the relevant section don’t forget to please return to the generic orientation package in survey monkey to complete the final step of the orientation package*

**Community Public Health Nutrition Placement – Wodonga Campus or Albury Community Health:**

This placement focuses on students working on a nutrition project and undertaking small group education. The project involves the process of planning, conducting and evaluating a community nutrition program. The topic for the community nutrition program is set by the program supervisor/s and is based on client and service needs.

Students will be expected to research relevant topics related to the project prior to commencement of the placement in accordance with the University requirements for Community Public Health Nutrition placement.
Food Service Placement - Albury or Wodonga Campus

The primary objective of Clinical Services in the Nutrition Department is to provide and promote a high level of nutritional care for inpatients. We anticipate the food services projects enhance this care.

During your placement here, you will investigate and develop your Food Services Project and present your findings to both the Dietitians and Food Services.

Your project will have been developed in collaboration with Food Service and your University to ensure it will be able to meet your competency standards. Food Service and Dietetics are available for guidance with your work.

Clinical Placements at Albury Wodonga Health

In the clinical placement you will provided the opportunity to see patients in the acute, subacute and outpatient setting. You will work as part of a multidisciplinary team including physiotherapy, occupational therapy, social work, speech pathology and an allied health assistant. They also work closely with medical and nursing staff.

The caseload will consist mostly of adult patients of varying ages and with a wide variety of medical conditions, often with complex socioeconomic backgrounds.

All referrals to dietitian must be prioritised – referrals may include nutritional assessment for enteral and parenteral nutrition, diabetes, stroke, malnutrition, chronic lung or heart disease and post-surgical patients.

Essential equipment includes:

- Griffith handbook or equivalent
- Calculator
- Any books, textbooks, ready reckoners etc. which you feel will be helpful

Please research the following to prepare for your placement:

1. Research the common conditions we see on the acute wards – Diabetes, Stroke, COPD, CCF, NSTEMI, Malnutrition, Nutritional Supplements for Malnutrition, Refeeding Syndrome.

2. How to calculate nutritional requirements for all age groups including enteral and parenteral nutrition.

3. Consider what educational material might be appropriate for patients to receive for each condition.

Please return to the generic orientation package in survey monkey to complete the final step of the orientation package.
Exercise Physiology placements (Wodonga Campus)

The Exercise Physiologists work in the CRC (Community Rehabilitation Program) & HARP (Hospital Admission Risk Program). Here the Exercise Physiologists work comprises of individual exercise assessments, cardiac assessments following surgery, home based exercise programs and assessments, facilitates continuation of exercise programs in a community setting (e.g.- gym or community exercise group) and runs a general exercise rehabilitation group. The Exercise Physiologist assists with the cardiac rehabilitation program and pulmonary rehabilitation program.

The type of patients the exercise physiologist will assist with include-

- overcome persisting pain caused by injury or overuse
- rehabilitate following a cardiac event
- control your diabetes
- prevent pre-diabetes from progressing to full diabetes
- improve your recovery following cancer treatment
- Improve your general health and wellbeing.
- Assist those who are deconditioned following a hospital admission

Research prior to attending your placement:

   a. have a look at the position statements on this website as it provides a number of exercise recommendations for specific chronic conditions.
2. Cardiac Procedures- what's involved in Coronary Artery Bypass Graft (CABG) and Stents, look into limitations and recommendations following procedures.
3. Pulmonary Rehabilitation- what is Chronic Obstructive Pulmonary Disease (COPD)/Emphysema, Bronchiectasis, Pulmonary Fibrosis.

Please return to the generic orientation package in survey monkey to complete the final step of the orientation package
After reading the relevant section don’t forget to please return to the generic orientation package in survey monkey to complete the final step of the orientation package

Acute placement

You will be completing your placement on the acute unit. The OTs on the acute unit work as part of a multidisciplinary team including physiotherapy, social work, dietetics, speech pathology and an allied health assistant. They also work closely with medical and nursing staff.

The caseload is adult patients of varying ages and with a wide variety of medical conditions, often with complex socioeconomic backgrounds.

Referrals to OT are usually made for one of the following reasons:

- Decline in ability to perform ADL’s / 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
- Recent changes in cognitive state impacting on function
- Risk of developing pressure areas

All referrals to OT must be prioritised - high priorities include new stroke patients, patients at high risk of developing pressure areas, and patients for discharge that day who require OT input to facilitate safe discharge home.

The role of OT is to complete assessments to determine the impact of a patient’s condition on their occupational performance. Assessments commonly completed include initial assessments, functional assessments, cognitive assessments, neurological assessments and home assessments.
Relevant intervention, including equipment provision, ADL retraining, upper limb therapy, and education, is then completed to facilitate safe discharge home if appropriate. OTs working in an acute setting will often refer patients to other services for ongoing management, for example, in-patient rehabilitation, community rehabilitation, transition care program, or the rural allied health team.

**AGEM (Acute Geriatric Management) Placement**

GEM provides interdisciplinary rehabilitation to appropriate patients at the Wodonga Hospital, it is generally referred to as “Slow stream” rehabilitation. There is also a rehabilitation ward at Albury Campus. Our team includes rehabilitation consultant, rehabilitation register, dietetics, occupational therapists, physiotherapists, social work, speech pathology, nursing and allied health assistants.

We see people of all ages, mainly 65 and over, for assessment and goal based therapy. We assist with or run group programs, such as Breakfast Group, Upper Limb Group (depending on the patient population). Our aim is to assist people in achieving their maximum level of occupational function to ensure a safe discharge from hospital.

The Occupational Therapists in GEM complete assessment, treatment and intervention to facilitate participation in their daily occupations. This may include: personal care, meal preparation, upper limb therapy, cognitive therapy, basic home modifications, mobility aids such as wheelchairs or scooters, and strategies to manage on discharge in relation to their occupational.

If you are looking for areas to research prior to placement, some general reading about equipment and / or stroke may be a good start.

The following are some good websites

Community Rehabilitation (CRC) placement

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 physiotherapists, 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 CRC or in their own home, for assessment and goal based therapy. We assist with or run group programs, such as Cardiac Rehabilitation, Falls and Balance Group, and a Community Access Group. Our aim to assist people in achieving their maximum level of reintegration into their community and meaningful activities.

The Occupational Therapists in CRC complete assessment, treatment and intervention to facilitate participation in activities of daily living. This may include upper limb therapy, mobility aids such as wheelchairs or scooters, basic home modifications, cognitive therapy, and strategies to reduce the impact of pain or anxiety.

If you are looking for areas to research prior to placement, some general reading about equipment and / or stroke may be a good start.

The following are some good websites

- Statewide Equipment Program (SWEP) re funding options for Victorian clients

Please return to the generic orientation package in survey monkey to complete the final step of the orientation package
TCP (Transitional Care Program) placement

The Transition Care Program (TCP) provides care and restorative services for a short period (up to 12 weeks) for older people who are ready for discharge from hospital.

The aim is to assist older people who are at risk of unnecessary long hospital stays or premature admission to a residential facility to optimise their functional capacity in a non-hospital environment. The Transition Care Team can also assist clients in finalising long-term care arrangements.

TCP services can be provided either in the client’s own home or in a community bed-based service.

Click here to see the TCP brochure

The Occupational Therapist works within an interdisciplinary team which includes care coordinators, physiotherapist, speech therapist, dietitian, social worker and allied health assistants. We see clients who are generally over the age of 65 years who meet the above criteria. Occupational Therapy intervention can include, but is not limited to the following areas:

1. Initial OT assessment to determine client goals during the TCP episode.
2. Personal ADLs – assessment/retraining
3. Domestic ADLs – assessment/retraining
4. Community ADLs – assessment/retraining
5. Home assessment – home modifications and equipment
6. Alternative driving options – scooter training and education
7. Cognitive assessment and retraining
8. Personal alarm assessment
9. Education regarding future planning/considerations
10. Pressure care management

If you are looking for areas to research prior to placement, some general reading about frailty and cognitive decline including the different types of dementia would be a good start. Familiarising yourself with different types of cognitive assessment (functional and standardised) is also suggested.

The Department of Health website has some further information regarding the Transition Care Program and links to other relevant programs / information: http://www.health.vic.gov.au/transitioncare/
**RAHT (Rural Allied Health Team) placement**

You will be completing your placement in the Rural Allied Health Team (also known as HACC – Home and Community Care). The RAHT team travel out into the community visiting client’s in their own home. The client group is ‘frail aged – 65 or over and/or people with a permanent disability’ who live within the City of Wodonga, Alpine (East), Indigo and Towong Shires. There is an orientation folder for when you start that covers eligibility criteria in more detail.

Click here to see the RAHT brochure

The Occupational Therapists in RAHT complete assessment, treatment and intervention to facilitate safety and independence in activities of daily living. This includes basic and complex home modification recommendations, equipment prescription (from shower stools and over toilet frames to complex pressure care and wheelchairs) and liaison with service providers/community resources.

If you are looking for areas to look up prior to placement home modifications and aids/equipment would be a good start.

The following are some good websites

- Independent Living Centre websites
- Statewide Equipment Program (SWEP) re funding options for Victorian clients

Please return to the generic orientation package in survey monkey to complete the final step of the orientation package
Physiotherapy placements (Wodonga campus)


After reading the relevant section don’t forget to please return to the generic orientation package in survey monkey to complete the final step of the orientation package

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 physiotherapists, speech pathology, dietetics, social work, exercise physiology, nursing and an allied health assistant. CRC often sees patients that have been discharged from hospital that 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 year placement

The second year physiotherapy placements can be in a number of areas including the ward and CRC (see explanation below).

Notes are written in the SOAP format so please revise this format before you arrive.

3rd year placement

Third year placement can also be in a number of areas including wards, CRC and AGEM (see below).

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.

CRC (Community Rehabilitation) 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.


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 questions 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 questions 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.
MS placements – Physiotherapist – Narelle Trotter

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, Mikaeli Weddell and a rotating grade 1 physiotherapist who works half time in outpatients.

It 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 you 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 assists 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


Click here to see the Fit for Birth brochure

Please return to the generic orientation package in survey monkey to complete the final step of the orientation package

AGEM (Acute Geriatric Evaluation Management) 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

Forth 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 three residential cognitive behavioral modification and physical reactivation program. The program includes daily exercise, exercise groups and hydrotherapy.

RAHT (Rural Allied Health Team) placement – Physiotherapist Jana Porch

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 council 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. Includes cultural /linguistic diversity, Aboriginal/ Tore strait Islanders, Financially disadvantaged, living in remote and isolated areas and dementia.

It is not: direct treatment for an acute illness, for 4 weeks post discharge from hospital, for residents of aged care facilities, TAC (transport accident), compensable or 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, Tawong 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.

Type of client is very broad, very similar to Inpatient Rehab. Neurological; MND (Motor Neuron Disease), Muscular dystrophy, Quadriplegic, incomplete paraplegics, adult Cerebral Palsy, Parkinson’s disease, Multiple Sclerosis, Stroke after rehab or later.

Orthopedic (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 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 are requiring 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 through 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
- 3/4th degree perineal tears: IP education only
- PRPGP: pregnancy related pelvic girdle pain
- Continence
- Pelvic floor and core/TX 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

Please return to the generic orientation package in survey monkey to complete the final step of the orientation package
Podiatry Placements  (Wodonga Campus)

Podiatry at Albury Wodonga Health is funded through Community Health and the Rural Allied Health Team (HACC) with a total of 1.2 EFT (Wodonga campus only). Clinics are held in the Community Rehabilitation Centre on the Wodonga campus, Upper Murray Health & Community Services (Corryong), Tallangatta Health Service and Walwa Bush Nursing Centre.

To be able to access the outpatient service the client must meet the following eligibility criteria:

<table>
<thead>
<tr>
<th>Podiatry Eligibility Criteria</th>
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<tbody>
<tr>
<td><strong>Eligible</strong></td>
</tr>
<tr>
<td>• High risk foot</td>
</tr>
<tr>
<td>• Intermediate risk:</td>
</tr>
<tr>
<td>- Not eligible for *GPMP/TCA and have a health care card</td>
</tr>
<tr>
<td></td>
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</tbody>
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*GPMP - GP Management Plan Medicare Item 721 and TCA - Team Care Arrangements Medicare Item 723

**Low risk** – people with no risk factors and no previous history of foot ulcer/amputation.

**Intermediate risk** – people with one risk factor (neuropathy, peripheral arterial disease or foot deformity) and no previous history of foot ulcer/amputation.

**High risk** – people with an active wound or, two or more risk factor (neuropathy, peripheral arterial disease or foot deformity) and/or a previous history of foot ulcer/amputation.


Risk factors are defined as:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous history of foot ulcer/amputation</td>
<td></td>
</tr>
<tr>
<td>Neuropathy</td>
<td>10 g monofilament</td>
</tr>
<tr>
<td></td>
<td>- Testing of 4 sites on each foot (plantar aspect of great toe and plantar aspect of 1st, 3rd and 5th metatarsal head). <strong>Loss of protective sensation</strong> = absent of sensation at one of more sites on retesting.</td>
</tr>
<tr>
<td>Peripheral arterial disease</td>
<td>Palpation of peripheral pulses</td>
</tr>
<tr>
<td></td>
<td>- Absent foot pulses = neither dorsalis pedis or posterior tibial artery can be palpated in a single foot.</td>
</tr>
<tr>
<td></td>
<td>Ankle-brachial pressure index (ABPI)</td>
</tr>
<tr>
<td></td>
<td>- &lt;0.9 = suggests PAD</td>
</tr>
<tr>
<td></td>
<td>- 1.3 &gt; = calcification, warrants further investigation</td>
</tr>
<tr>
<td>Absolute Toe pressure</td>
<td>Toe brachial index</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>- &lt;55mmHg = suggests PAD</td>
<td>- &lt;0.7 = suggests PAD</td>
</tr>
</tbody>
</table>

### Foot deformity

<table>
<thead>
<tr>
<th>Foot deformity score</th>
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</thead>
<tbody>
<tr>
<td>6 point scale (1 point for each characteristic)</td>
</tr>
<tr>
<td>- Small muscle wasting</td>
</tr>
<tr>
<td>- Charcot foot deformity</td>
</tr>
<tr>
<td>- Bony prominence</td>
</tr>
<tr>
<td>- Prominent metatarsal heads</td>
</tr>
<tr>
<td>- Hammer or claw toes</td>
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<tr>
<td>- Limited joint mobility</td>
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</tbody>
</table>

Score of 3 or above indicates foot deformity

The podiatrists work closely with the diabetes educators, dietitain, district nurses, occupational therapists and other health professionals. Podiatry students are encouraged to spend time with other disciplines to gain a multidisciplinary approach to their clinical practice.

**Assessments:**

A 4th year podiatry student should be competent in the following assessments prior to their placement:

- Neurological
- Vascular
- Dermatological
- Biomechanical
- Gait
- Footwear

Please return to the generic orientation package in survey monkey to complete the final step of the orientation package.
We look forward to welcoming you to our Speech Pathology team.

Below is generic information regarding speech placements then specific details for adult and paediatric placements.

You need to complete the immunisation form and send back with proof of immunisation at least 4 weeks prior to placement. Also there are a couple of documents to print, read and bring in on day 1 (confidentiality and emergency contacts forms). At the end of the placement there is a survey for you to complete, this will be sent through later.

Anna Sullivan is our Allied Health Undergraduate Co-ordinator at AWH (Ph 0428 907 612, Work days – Tuesday, Thurday and Friday morning). She organises weekly student inter-professional learning (IPL) tutorials on Tuesdays, 1-2pm. All students are encouraged to attend.

Please wear your uniform and name badge and bring your signed documentation (emergency contact details, confidentiality agreement). Please come to the Community Rehab Building (Allied Health Offices) on Vermont St, see map in orientation package, at 8.30am.

**Adult Speech Pathology placement**

**Community Rehabilitation program (CRC) (Tues & Wed)**

CRC is a multidisciplinary team program for goal directed, community rehabilitation for adult clients (only very rare cases of paediatrics).

[Click here to see the CRC brochure]

We work closely with other disciplines towards supporting the client in achieving their goals.

Caseload: CVA, progressive neurological disorders (eg Parkinson's disease & MS), ABI and voice disorders. Casework may include dysphagia, dysarthria, aphasia, dyspraxia, fluency, voice disorders and/or AAC.
Setting: we see people in the clinic or in their homes locally.

Approach: We work predominately 1:1 with clients on impairment based and functional goals. Occasional group work and community education is provided.

**Rural Allied Health Team. (RAHT)**

RAHT is a HACC funded service, incorporating a multidisciplinary approach for clients who are aged or with a disability to support them to be as independent in their homes and community as possible.

[Click here to see the RAHT brochure](#)

Caseload: CVA, progressive neurological disorders (eg Parkinson's disease, MS, dementia), ABI, intellectual disability and voice disorders. Casework may include dysphagia, dysarthria, aphasia, dyspraxia, fluency, voice disorders and/or AAC.

Setting: people in the community throughout the region (so some travel will be involved). Home visits and community group work.

Approach: Work 1:1 and in group settings. Impairment based and functional approaches as appropriate. Community education is an important aspect of this role.

**Suggested reading prior to placement**

Assessment and management of dysarthria, aphasia, dyspraxia and cognitive impairment. Have an understanding of a cranial nerve assessment/oromotor assessment. Reading up on supported communication and cueing for clients with aphasia / dysarthria would be beneficial.
Paediatric Speech Pathology placement

Community Health Speech Pathology is a service for children from zero to school entry and anyone can refer into the program. All areas of Speech Pathology are encountered including, assessment and management of speech, language, fluency, voice, paediatric feeding, pre-literacy skills and social language difficulties. Collaboration with, and referral between services in the community is also a common occurrence within this program.

Service delivery occurs largely within the clinic setting, both one-on-one and in small groups. Home visits for feeding assessments also occasionally occur. Additionally, outreach services to some local preschools and partnership programs with other community services also occur.

Suggested reading prior to placement

Prior to placement students are encouraged to:

- Have a detailed knowledge of norms for speech and language development
- Research target selection for speech sound therapy
- Have a basic understanding of lessons plans and progress note writing
Social Work placements (Wodonga Campus)

The Social Work team at Wodonga offers a variety of placement opportunities for students undertaking their 4th year placement.

All placements are 70 days in length. There are currently 9 Social Workers employed in a variety of programs in the Wodonga hospital. These programs include:

- Obstetrics
- Transition Care
- Palliative Care
- Acute Wards
- Emergency
- Community Rehabilitation
- Inpatient Rehabilitation
- Geriatric Evaluation and Management.

Social Work responsibilities may include care coordination, group work, crisis intervention, counselling, assessment, intervention planning, review, evaluation and quality assurance projects.

All Social Workers are part of a multidisciplinary team and work very closely with other allied health professionals. Placements may be across one or two programs depending on the availability of a Field Educator and a student’s area of interest. All students requesting a placement will undertake an interview with members of the Social Work team to ensure that the students learning needs match the learning opportunities offered by the placement.

Please return to the generic orientation package in survey monkey to complete the final step of the orientation package.
Allied Health Teams (AWH-WC)

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. An Additional 10 beds will open in 2014
- 6 HDU beds
- 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 (C.R.C. 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 (R.A.H.T.)

- 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 (T.C.P.)

- 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 Towonga 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 Thurooana.
- 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)

- Offers an integrated care program including Allied Health, Medical and Nursing care
- Aims to assist clients to achieve optimum independence and quality of life

Back to placement information