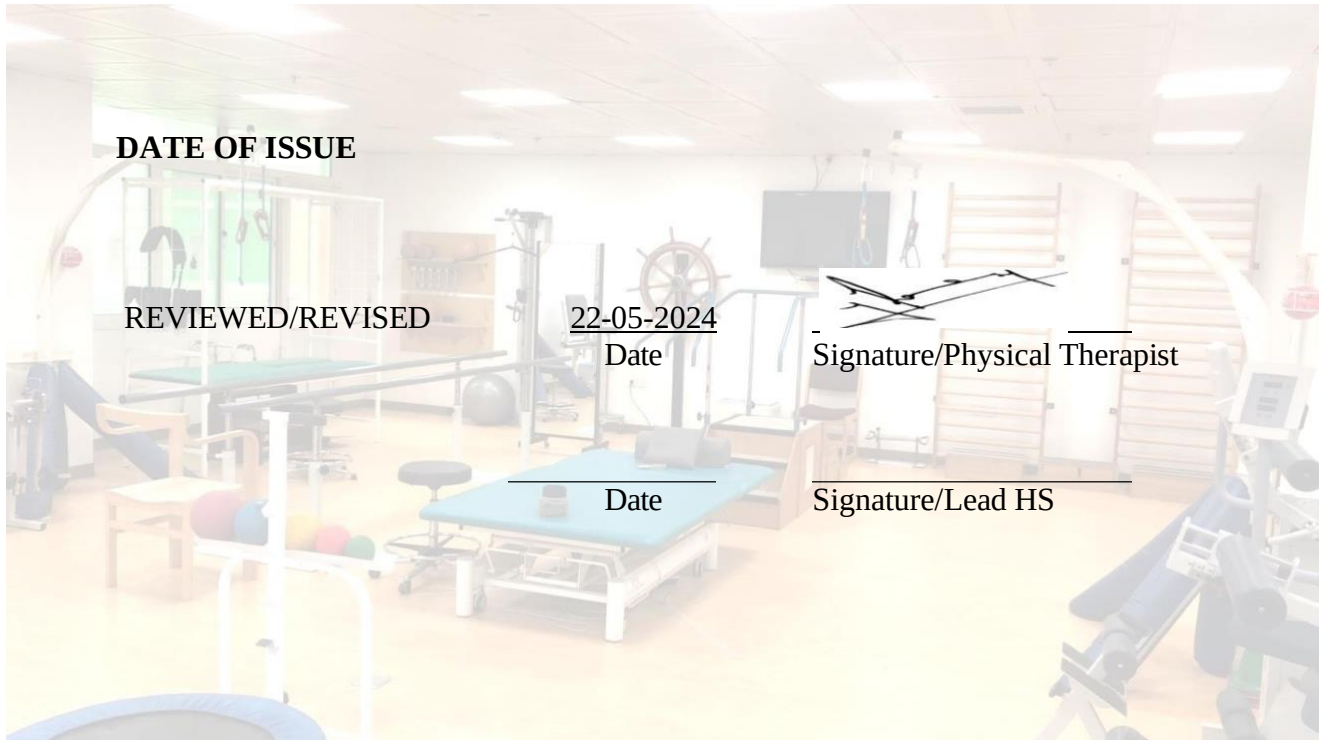




**King Khalid University
College of Applied Medical Sciences
Department of Medical Rehabilitation
Program of Physical Therapy**

Labs and Clinics Manual





LABS AND CLINICS MANUAL

TABLE OF CONTENTS

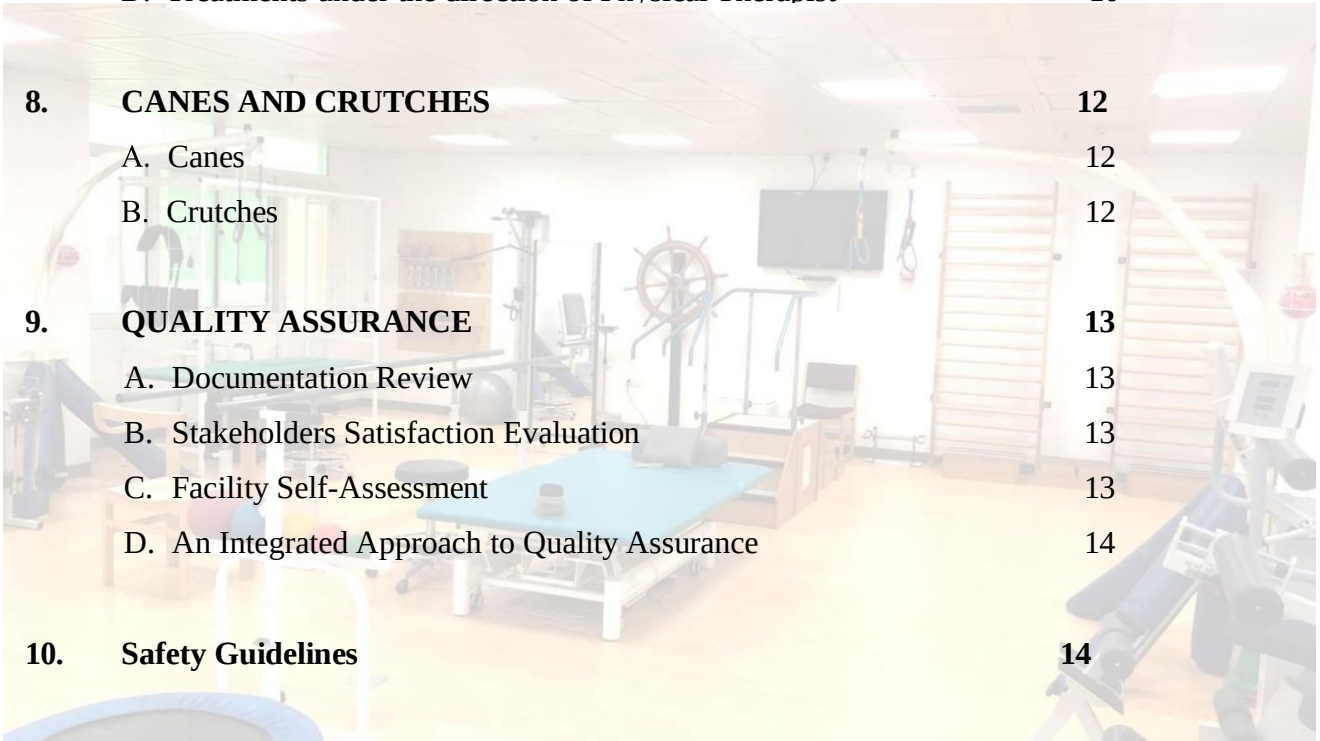
**CHAPTER
PAGE**

1.	INTRODUCTION	4
	A. Description of Responsibilities for Physical Therapy	4
	B. Physical Therapy Clinic Responsibilities	4
2.	PERSONNEL RESPONSIBILITIES	4
	A. The role of Head of Labs and clinics committee:	4
	B. The role of physical therapy staffs posted in labs and	5
	C. The role of Physical therapy assistants/ teaching Assistants	5
	D. Personnel Undergoing Orientation	5
3.	CLINICS AND LABS HOURS	6
	A. Normal Hours of service	6
	B. After Hours Operations	6
4.	PHYSICAL THERAPY TREATMENT ORDERING POLICIES	6
	A. Health Care Providers authorized to refer to Physical Therapy	6
	B. Therapy Request Information	7
	C. Civilian Requests	7
5.	OPERATING PROCEDURES	7
	A. Daily Preparation	7
	B. Processing New Patients	8
	C. Chart Preparation	8



D. General Regulations	9
E. End of Workday	9

6.	EMERGENCIES	9
	A. Management of Medical Emergencies	9
	B. Fire	9
7.	TREATMENTS	9
	A. Basic Modalities that can be delivered	9
	B. Cryotherapy	9
	C. Moist Heat packs	10
	D. Treatments under the direction of Physical Therapist	10
8.	CANES AND CRUTCHES	12
	A. Canes	12
	B. Crutches	12
9.	QUALITY ASSURANCE	13
	A. Documentation Review	13
	B. Stakeholders Satisfaction Evaluation	13
	C. Facility Self-Assessment	13
	D. An Integrated Approach to Quality Assurance	14
10.	Safety Guidelines	14





CHAPTER 1: INTRODUCTION

A. Description of Responsibility for Physical Therapy

This manual is to be used for training personnel in physical therapy standard operations and as a source of information when the assigned physical therapy staff is not available. Direct questions regarding this manual or physical therapy policy to HEAD OF THE DEPARTMENT AT 0503748747. The alternate information source is PROGRAM COORDINATOR at 0538901083.

B. Physical Therapy Clinic Responsibilities

The physical therapy clinic is responsible for:

1. Proper ordering, maintenance, and storage of all physical therapy equipment and supplies in the clinic.
2. All record keeping associated with patient care.
3. Inspection of all equipment for safety and cleanliness.
4. Performance of daily start-up and shut-down of automated physical therapy equipment.
5. Training of clinic staff in physical therapy procedures.
6. Review and update of physical therapy Policy and Procedures Manual annually.
7. Quality control, quality assurance, and risk management as they relate to physical therapy functions.

CHAPTER 2: PHYSICAL THERAPY PERSONNEL RESPONSIBILITIES

A. The role of Head of Labs and clinics committee:

1. Develop written administrative and patient care policies and procedures.
2. Provide direct patient care including evaluation and treatment using therapeutic exercise, massage, mechanical devices and therapeutic agents.
3. Delegate duties to other staff consistent with their education and experience.
4. Maintain appropriate patient and administrative records.



5. Report and interpret results of treatment.
6. Perform administrative, supervisory, in-service education and instructional duties.

B. The role of physical therapy staffs posted in labs and clinics

1. Perform physical therapy plan of care after the patient has been evaluated by the physical therapist.
2. Perform his/her duties under the direction and supervision of the physical therapist.
3. Perform administrative functions within the department including patient appointments, proper preparation and disposition of patient records, etc.
4. Maintain physical therapy department cleanliness (clean all necessary equipment and counter spaces with appropriate germicidal disinfectant).
5. Perform daily warm-up and shut down of all automated equipment in the physical therapy department.
6. Act as a liaison with other physical therapy facilities used by the clinic.
7. Prepare a weekly order for replenishing supplies.

C. The role of Physical therapy assistants/ teaching Assistants:

1. Perform his/her duties under the direction and supervision of the physical therapist.
2. Perform administrative functions within the department including patient appointments, proper preparation and disposition of patient records, etc.
3. Maintain physical therapy department cleanliness (clean all necessary equipment and counter spaces with appropriate germicidal disinfectant).
4. Perform daily warm-up and shut down of all automated equipment in the physical therapy department.
5. Prepare a weekly order for replenishing supplies.

D. Personnel undergoing orientation are responsible for:

1. Reviewing and understanding the contents of this manual and the detailed policies and procedures manual (if applicable).
2. Ask questions of physical therapy personnel as needed, so that the orientation period is a beneficial learning experience.



CHAPTER 3: CLINICS AND LABS HOURS

A. Hours of Service

1. The physical therapy services are provided during the following hours:

Monday thru Friday: 8 am – 4 pm

2. The physical therapy clinic will be closed:
 - a. On governmental holidays
 - b. Weekends as specified by the university (Friday-Saturday)
 - c. University Holidays in the schedule

B. After Hours Service. NONE

CHAPTER 4: PHYSICAL THERAPY ACCESS POLICY

The qualified Physical Therapist, must evaluate, assess and establish appropriate treatment plan for clinical conditions. Physical therapy will be provided only upon referral from a licensed health care provider. The patient must be referred back to the appropriate medical provider if no improvement is noted within two weeks of starting physical therapy. Upon appropriate evaluation and establishment of a physical therapy treatment plan by a physical therapist, a physical therapy assistant may carry out the plan of care.

The physical therapy assistant report any changes (adverse or beneficial) to the physical therapist. The PT must perform a follow up evaluation every two weeks or ten treatments, whichever comes first. Physical therapist will notify the referring provider if there is no improvement noted within two weeks of beginning the physical therapy program.

- #### **A. Providers authorized to refer to Physical Therapy:** The following health care providers are authorized to refer eligible beneficiaries to physical therapy:



1. Licensed health care provider within the KKU Medical city
2. Licensed health care provider from outside



B. Physical Therapy Consult Information. Referrals to the Physical Therapy for evaluation/treatment shall be submitted

The request will contain the following information:

1. Patient's name (last, first, middle initial).
2. Civilian ID, College ID.
3. Patient's date of birth.
4. Occupational Details, Contact Information
5. Complaints, medical findings, and reason for referral
6. Pertinent medical history
7. Date of referral
8. Referring Provider's legible signature along with typed, stamped or printed name.

NOTE: It is the responsibility of the referring provider to advise the Physical Therapy Department of all conditions that might affect the treatment.

C. Civilian Requests. Request by non-medical or non-dental providers for eligible beneficiaries to receive physical therapy services will normally be honored if:

1. The treatment is available or offered by this clinic.
2. There are no budgetary constraints which make it necessary to suspend or limit this service.

CHAPTER 5: STANDARD OPERATING PROCEDURES

A. Daily Preparation.

1. Turn on and check all necessary physical therapy equipment.
 - a. Hydro-collator (hot), check water level and temperature.
 - b. Hydro-collator (cold), check temperature.
 - c. Cryo-cuff, fill with water and ice.



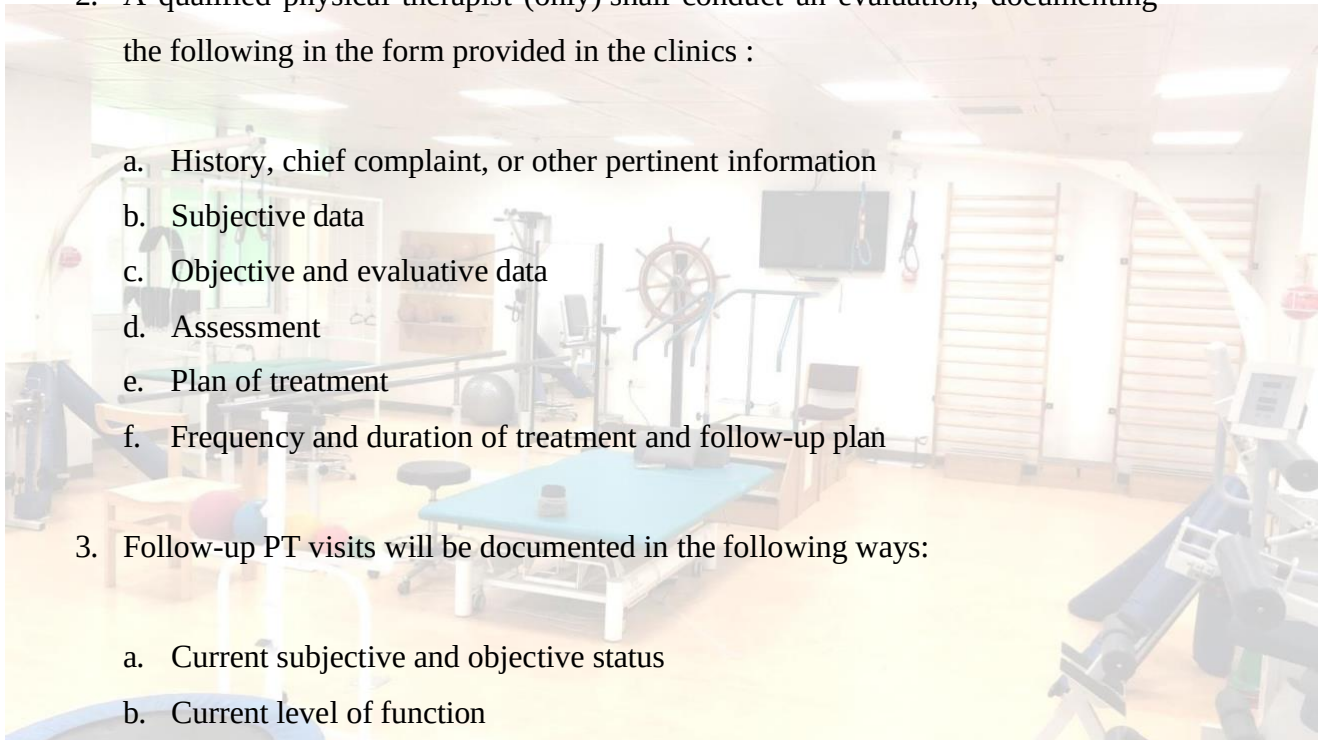
- d. Equipment daily checking for faulty or short circuit wires
- e. Safety check for the electrotherapy equipment's
- f. Hydrotherapy water levels and water pump checking

B. Processing New Patients.

1. Greet the patient and receive the physical therapy request form. Ensure that ID information on chit is complete.
2. The patient is being scheduled for evaluation by physical therapist as soon as possible.
3. After evaluation the therapist must explain the plan of treatment to the patient.

C. Chart Preparation.

1. Review medical record and ensure the information on the Physiotherapy(PT) file is complete
2. A qualified physical therapist (only) shall conduct an evaluation, documenting the following in the form provided in the clinics :



- a. History, chief complaint, or other pertinent information
 - b. Subjective data
 - c. Objective and evaluative data
 - d. Assessment
 - e. Plan of treatment
 - f. Frequency and duration of treatment and follow-up plan
3. Follow-up PT visits will be documented in the following ways:
 - a. Current subjective and objective status
 - b. Current level of function
 - c. Change in patient's symptoms
 - d. Changes in treatment plan
 - e. Further follow-up visits required
 4. When indicated, communication with the referring provider shall be made by the physical therapy staff and documented in the file

D. General Regulations.

1. All personnel working in the physical therapy department will wear protective garment (Lab coat for therapists and scrubs for technicians). The protective garment must be removed when leaving the clinic. Gloves will be worn when performing any wound care.
2. Wash hands before and after each patient.
3. Physical therapy counters and equipment shall be decontaminated with an approved germicidal surface disinfectant after each patient.
4. All contaminated material, including gauze, will be placed in a biohazard waste container and disposed in accordance university safety guidelines.
5. Avoid dispute with patients at all times. Refer dissatisfied patients to the clinic supervisor.

E. End of Workday

1. Secure all necessary equipment.
2. Ensure all areas are cleaned and disinfected.
3. Complete filing and ensure all patient records have been completed and secured.
4. Ensure duty section is aware of any problems in the physical therapy clinic spaces.

CHAPTER 6: EMERGENCIES

A. Management of medical emergencies:

1. Provide first AID
2. Activate the emergency helplines 997.

B. Fire:

1. Evacuate patients from the physical therapy department to the designated safe area outside the clinic following the safety exits as designated in clinics.
2. Follow clinic fire and safety procedures.
3. Activate the emergency helplines 998.

CHAPTER 7: TREATMENTS

A. Basic Modalities that can be delivered:



B. Cryotherapy

Indications:

- Traumatic injuries (acute and chronic)

- Insect bites
- Headache
- Acute/Chronic Muscle spasm

Objectives:

- To improve blood flow
- Reduce edema
- Decrease pain
- Reduce muscle spasm

Basic Technique:

- The pack is never applied directly on the skin. Place the pack in a pillowcase.
- The area to be treated is left free of clothing, but the remainder of the patient should be covered to prevent chilling.
- The Cold Pac may be secured with an ace wrap.
- Usually, the treatment will last 20 minutes but no more than 30 minutes.

Precautions:

Patients with acute heart conditions e.g. acute angina, MI and/or arterial fibrillation.

C. Moist Heat Packs

Indications:

- Inflammatory conditions (arthritis, bursitis)
- Neuromuscular conditions

Objectives:

- To increase blood flow
- To relieve muscle tightness/pain

Basic Technique:



- Remove clothing from area being treated.
- Lift packs from unit, place into hydro-collator wrap, and cover with towels. A minimum of four layers of towels must be between the pack and the skin.

- Apply to area, check skin periodically and adjust layers to the packs as needed to prevent burning or to increase heat if sufficient warmth is not noted by the patient.
- Cover with a towel to retain heat.
- Usually, the treatment will last 20-30 minutes.

Contraindications or Precautions:

- On extremities with arterial insufficiency as it may cause burns.
- On open wounds to prevent contamination.
- Acute sprains/strains/muscle spasms

D. The following treatments may be performed by the PT and under the direction of qualified physical therapist:

Traction

Ultrasound

Phonophoresis

Microwave

diathermy

(MWD),

Shortwave

diathermy

(SWD)

Electrical Stimulation,

Laser,

Shock wave therapy

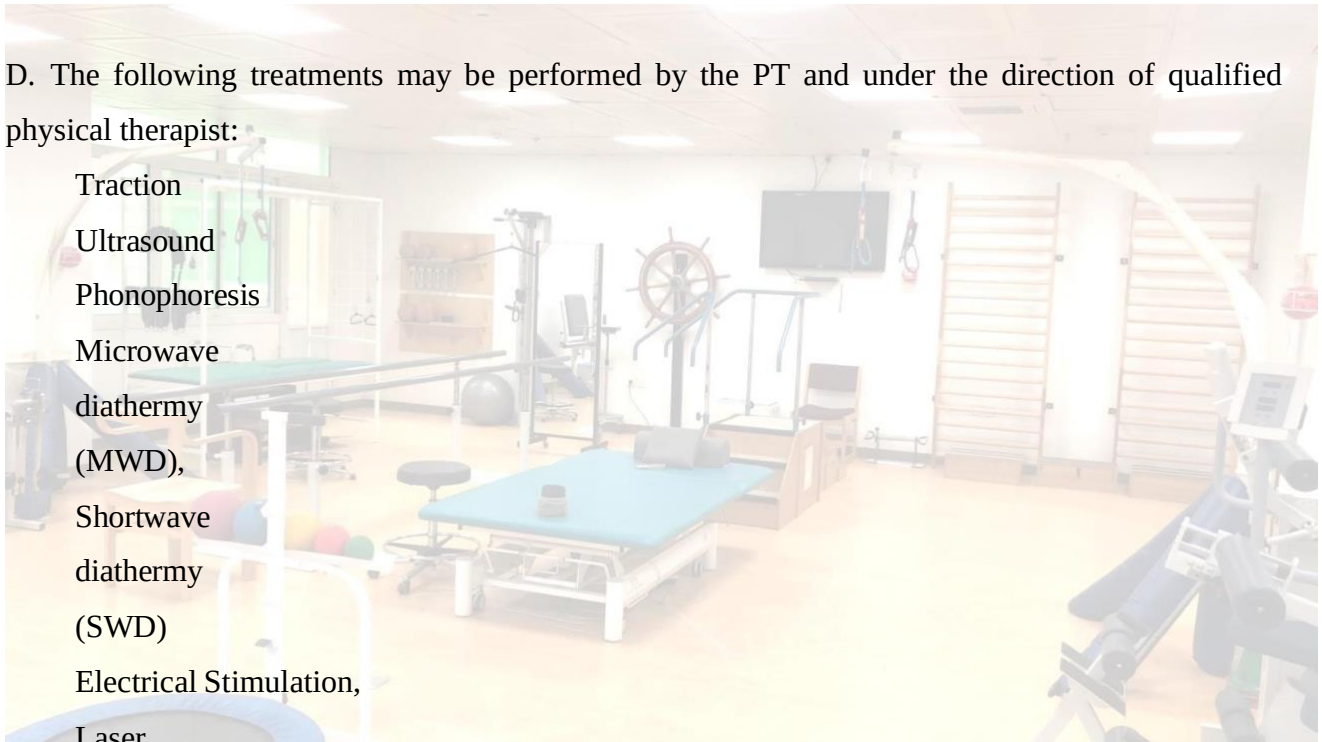
Iontophoresis

Therapeutic Exercise

Transcutaneous Electrical Nerve Stimulation

Interferential currents

Galvanic bath





Hydrotherapy

Moist heat

Bobath beds

Tilt tables, rowers, treadmills

Myofascial Release

Soft Tissue Mobilization

Peripheral or Spinal Joint Mobilization

Neuro-rehab

Pediatric rehab and others as determined by the qualified physical therapist

CHAPTER 8: CANES AND CRUTCHES

A. The Fitting and Proper Use of a Cane

1. Proper cane length is measured by placing the cane next to the individual being fitted. The person should be standing with their hands at their sides. The cane should come to the Ulnar styloid of the patient's wrist, with elbow flexed at 30 degrees.
2. Normally, the cane is carried in the hand opposite the affected side. As the patient steps out with the affected leg, the hand holding the cane should swing forward naturally and allow for increased balance.
3. To climb stairs, the patient should be instructed to step up with the unaffected leg followed by the affected leg and cane together. To descend, step down with the affected leg and cane followed by the unaffected leg.

B. The Fitting and Proper Use of Crutches

1. To measure a patient, have them stand and place one crutch under the arm with the tip six inches forward and six inches away from the patient's foot. The axillary pad should come to within 3-4 inches of the patient's axilla. If the crutch is too long or short, remove the screws in the crutch leg and adjust. The hand grips must also be adjusted so that the elbows are flexed at 30 degrees in a resting position.
2. The patient should be instructed to keep the affected leg moving with the crutches at all times. As the crutches are move forward the patient steps out with the affected leg. The unaffected leg is then swung forward past the crutches in as normal a step as possible.

NOTE: Non-weight bearing patients must be instructed not to place any weight on the



affected leg. Partial weight bearing patients are instructed to place as much weight as they can without discomfort.

3. Full weight bearing patients can bear all their body weight on the affected leg while



ambulating. The crutches are to be used for balance. To climb stairs, the patient should be instructed to step up with the unaffected leg and to bring the affected leg and crutches up at the same time. To descend stairs, step down with affected leg and crutches first, followed with the unaffected leg.

CHAPTER 9: QUALITY IMPROVEMENT FOR LABS AND CLINICS

Quality Assurance Process

Quality Assurance encompasses any activity that is concerned with assessing and improving the merit or the worth of an intervention or its compliance with given standards. It is a systematic process for checking that services developed and delivered meet or exceed expectations. A successful quality assurance program will result in increased customer confidence and company credibility, improved processes and efficiency and a strong competitive advantage. Quality assurance allows for identifying areas of need and applying focused action by all team members for positive change.

Some of the activities and processes underway at departmental clinic which includes:

- A. **Documentation Review** – A team of Quality Assurance member will complete a standardized preset checklist for each facility per semester. Physical therapist and assistants will provide follow up action planning as needed to ensure ongoing improved results. The intent of this process is to measure, educate for improvement and manage for the benefit of our stakeholders.
- B. **Stakeholders Satisfaction Evaluation** – By providing our therapy patients with the opportunity to report their satisfaction with our performance, we are able to obtain firsthand information about our patients' experiences. A short evaluation is provided at the time of discharge from skilled therapy services, consisting of statements directly related to the patient's therapy and student's experience. In addition to obtaining specific facility responses, our data is collected and reported in a format that compares individual facilities to others within college,



therefore being of greater value to our stakeholders.

- C. **Facility Self-Assessment** – HOD and Program coordinators and committee heads are provided a self-assessment tool that allows them to monitor and check



their compliance with key variables for maintaining quality and meeting regulatory guidelines. Each month they complete a different checklist of rehab related criteria which is then submitted to the QA Department. This ensures survey readiness and efficient and effective rehab department organizational management.

D. An Integrated Approach to Quality Assurance is of utmost importance for all of us at Medical Rehabilitation Sciences. All processes and systems implemented, measured and monitored by our QA Department include the involvement and expertise of all individuals and departments. QA team members ensure that all levels of management are properly educated and trained on the quality measures being implemented. The reporting of results to operators and clinical educators ensures the most timely and effective follow up to our findings. The QA Department at Medical Rehabilitation Sciences is committed to supporting our facility rehab departments and our customers through ongoing implementation of innovative quality measures.

CHAPTER 10: Physical Therapy Lab Safety Guidelines:

1. Personal Protective Equipment (PPE):

- Wear appropriate PPE, including lab coats, gloves, goggles, and closed-toe shoes.
- Ensure PPE is in good condition and fits properly.

2. Emergency Preparedness:

- Familiarize yourself with the location and proper use of emergency equipment, such as fire extinguishers, eye wash stations, and first aid kits.
- Know the evacuation procedures and emergency contact numbers.

3. Chemical Safety:

- Store chemicals in designated areas and ensure proper labeling.



- Use chemicals in a well-ventilated area and avoid inhalation or skin contact.
- Follow instructions for proper handling, storage, and disposal of chemicals.



4. Equipment Safety:

- Regularly inspect and maintain equipment to ensure proper functioning.
- Follow manufacturer's guidelines for operating equipment.
- Do not attempt to repair or modify equipment without proper authorization.

5. Electrical Safety:

- Avoid overloading electrical outlets and use surge protectors when necessary.
- Keep cords and cables away from walkways to prevent tripping hazards.
- Report any damaged electrical equipment or cords to the appropriate personnel.

6. Fire Safety:

- Know the location of fire exits and evacuation routes.
- Keep flammable materials away from heat sources.
- Do not block fire extinguishers or emergency exits.

7. Ergonomics:

- Maintain proper body mechanics and posture when lifting or moving patients or heavy objects.
- Adjust workstations and equipment to ensure proper alignment and minimize strain.
- Take regular breaks and stretch to prevent repetitive strain injuries.

8. Infection Control:

- Follow proper hand hygiene protocols, including washing hands with soap and water or using hand sanitizer.
- Dispose of biohazardous waste in designated containers.
- Adhere to infection control protocols when handling bodily fluids or contaminated materials.

9. Personal Safety:

- Be aware of your surroundings and report any unsafe conditions to supervisors.



- Use caution when working with patients who may have physical or cognitive impairments.
- Avoid engaging in activities that may compromise your safety or the safety of others.

10. Training and Education:

- Complete safety training programs and stay updated on safety protocols.
- Attend regular safety meetings and participate in drills or simulations.
- Seek guidance from supervisors or safety officers when unsure about safety procedures.

