

# Foundations of Practice and Beyond

## Monday

### Stream B

Session 1 1130

Session 3 1615



## Penny Townsend

### Meeting Complex Needs in Paediatrics – A practical approach. Using key points of control to aid safer handling

#### Biography

I have been qualified as a physiotherapist for 20 years and have 17 years experience as a paediatric physiotherapist working in the area of neurodisability in the NHS and now I practice privately. For the last four years I have been working as a paediatric manual handling adviser to the local authority where I have set up manual handling policy, guidance and training relating to children with disabilities. I have recently achieved registered membership status through the APLE

#### Abstract

Many manual handling advisors are requested to provide advice on moving and handling children, often without prior knowledge or experience of childhood disability and motor development and this can be a quite a daunting prospect. Manual handling core principles are the same across all specialisms and age ranges, however with a basic knowledge of childhood disability this can aid you in the manual handling assessment. Children can often assist in the manual handling process in some way if given the correct physical prompts and time to complete an activity, but the advisor would need to have an understanding of the types of cerebral palsy, postural tone and movement patterns to help make this assessment. The manual handling process does not always need to be a passive one just because they have cerebral palsy. For example, a child may be hoisted onto a changing bed for intimate care and then rolled by the care staff, but if the child is facilitated correctly they may be able to roll independently, therefore they have an active part in the activity.

Although many children with profound complex disabilities will be hoisted, there are many children who do not require hoisting but need to be allowed to move as independently as possible to allow them to develop to their fullest potential, so the manual handling process can ultimately help their motor development, whilst still allowing the care staff to work as safely as is reasonably practicable.

Hopefully from this session manual handling advisors will go away with an improved knowledge base of cerebral palsy, normal postural tone, movement patterns and key points of control to assist sequences of movement and may not be so daunted by the prospect of assessing children in relation to manual handling.