

NBE National Conference 2021 – ‘Back Together’

Concurrent Session 5

C24: Musculoskeletal Health and Wellbeing in Schools (Educators and Children)

Lorna Taylor, Physiotherapist and Founder, Jolly Back

Learning Objectives:

- To increase knowledge and awareness of ergonomic factors related to the education sector.
- To be aware of latest interventions supporting MSK health promotion for teachers and children.
- To know where to go for further information to support your practice.
- To be able to share practical “MSK wellbeing tips” to improve working and learning in schools.
- To have an overview of future developments for MSK Health in Education.
- Active discussion encouraged.

Abstract:

As evidence grows about the benefits of ergonomics and musculoskeletal wellbeing within the education sector for teachers and our future generation of workers, hear first-hand about latest research, interventions and signposting to support your practice and be able to share with others. This session will support the launch of the new NBE book covering moving and handling of children and include practical elements of low level working and learning.

Biography:

Lorna Taylor is a Chartered Physiotherapist working within early years and primary education settings. Lorna is an active campaigner for improved musculoskeletal health and wellbeing in the education sector. She created Jolly Back in 2009 to provide resources and products to support low height working for adults working with young children. Lorna is also the UK ambassador for ENETOSH (European Network for Education in Occupational Safety and Health) and has

written Early Years Workforce Guidance with the HSE.

C25: Patient Experience of Moving and Handling in Adult General Hospitals

Marlene Murty, Faculty of Health Sciences and Sport, University of Stirling

Learning Objectives:

Participants will gain fresh understanding of why:

- the manner of care delivery is as important as the mechanics of transfers
- patients need to be involved in transfers
- it is important to incorporate caring in training delivery

Abstract:

Aim: The aim of the session is to explore factors that influence patient experience of being moved and handled.

Outcomes:

Participants will gain fresh understanding of why:

- the manner of care delivery is as important as the mechanics of transfers
- patients need to be involved in transfers
- it is important to incorporate caring in training delivery

Background: The implementation of manual handling policy has been studied in terms of nurse safety but there is little knowledge of the in-patient experience. A study sought to discover the patient perspective on this aspect of care in hospitals. Sharing initial findings with Manual Handling Practitioners provided feedback that the in-patient experience was mirrored by that of their clients in the community.

Findings: Research participants did not distinguish moving and handling as a discreet element of care, but rather perceived it as an integral part of care delivery. Moving and



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handling was a precursor of attending to all the fundamentals of care for people unable to move themselves. Participants described how the manner of care delivery was more important than the mechanics. Active involvement in transfers increased feelings of partnership. The findings theorised that expectations of care grew throughout the recovery process and capacity to influence the delivery of care also increased. Capacity to influence care moves through stages; from yielding when physical needs are greatest, to asserting when there is a need for autonomy. Understanding of motivating factors can provide an opportunity for carers to support people during manual handling activity. Compassionate care was an important factor in the moving and handling experience and opportunities for reflection on caring should be provided in manual handling training.

Biography:

Marlene is a Nurse, Ergonomist and Safety Practitioner who has worked in moving and handling since the 1990s. The last decade has been spent managing the Moving and Handling Service of an NHS Scotland Board and more recently studying for a Clinical Doctorate.

C26: Managing risk – reducing injuries and liability costs within the Mortuary

Sharon Rindsland, Senior Manual Handling Co-Ordinator Trust Wide

Abstract:

Mortuary is one of these areas out of site out of mind why do you come and join our workshop. Looking at Obesity and managing the deceased within the mortuary.

Nursing staff and mortuary technicians often face these complications when processing and transferring overweight patients. Issues such as loss of dignity for the patient, difficulty transferring patients resulting in musculoskeletal injuries (MSI) for staff, increased legal case costs from MSIs and

additional costs for loss of equipment are all avoidable, yet happen on a daily basis.

Identifying the physical costs to the care provider and injuries to the staff
Mortuary cost.

Those working in health, age care, rehabilitation and disability services often injure themselves moving patients, residents or clients. For workers this can mean personal pain and discomfort which sometimes lasts for years, affecting not only their work but everyday lives, families and relationships. For employers, this type of workplace injury may lead to legal liability claims and may affect wider staff morale.

Potential liability claims for MSIs can cost the NHS millions of pounds per year. For example, an instance where a nurse was forced to ignore policy by using a ‘drag lift’ because of staff shortages and broken hoists resulted in a musculoskeletal injury resulting in the NHS paying damages in excess of £800,000.

A change in practice is needed. We don’t think twice about putting a hoist on a ward, yet most mortuaries only have a pat-slide

This workshop will help to identify equipment training, business case support and most of all reduce injuries

Biography:

Sharon Rindsland Cert Ed, ROSPA BTEC Level 4, Dip Mam, PGCE Loughborough University, IOSH

Sharon started work as a HCA in 1997 and when on to qualifying as a mammography practitioner in breast screening in 2004 Sharon has worked as a Manual Handling Advisor since 2008 She was promoted in 2016 by her NHS Trust and became the senior Manual Handling Senior Co-Ordinator. She started a 3-year MSc course at Derby University Master of Science and Ergonomics. Sharon’s Particular interests are risk assessment: A good Risk Assessment will help to prevent accidents and ill health. An inappropriate risk assessment has the potential to ruin lives, but they could also



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increase costs to businesses through lost output, compensation claims and higher insurance premiums. She also enjoys writing business cases to support the risk assessment and problem solving.

C27: Introduction to accessible chair yoga

Kathryn Karuna Jackman, Special Yoga senior practitioner

Abstract to follow

C28: Finding the evidence

Pat Alexander, Consultant

Learning Objectives: this session will facilitate those investigating a workplace accident

Abstract:

Delegates will understand the need for a formal and detailed investigative approach to procure evidence when investigating a workplace accident

Investigating an accident involves a detailed knowledge of the process of reporting. The twists and turns of organisational practice require acceptance of human error, and the frequent lack of essential details recorded. Delegates participating in this workshop will experience the frustration and tedium of searches for relevant documentation, and hopefully, the satisfaction when successful!

Biography:

Pat Alexander is a Manual Handling Practitioner, an Advanced member of NBE and the Director of Herts Handling Training. Contributing to several “gold standard” publications in the area, presented at national/international conferences and worked as an expert witness for the HSE among other clients.

A wide interest in many aspects of manual handling, includes problem-solving in community and paediatric settings.. She

enjoys showing new ways of working, leading to improvement in health/well-being for both client and staff

C29: Low Bone Mineral Density in Children and Young People with Neurodisability – Are we managing the risk of fracture?

Angela Wing, Association Clinical Lead of Operations Paediatric and Adult LD Physiotherapy, Betsi Cadwalder University Health Board

Learning Objectives:

- To increase knowledge and awareness of low bone mineral density in children and young people with neurodisability
- To increase awareness of the risk of low impact fractures in this cohort.
- To recognise the risks of low impact fractures during moving and handling of this cohort
- To be able to advise on how to minimise the risk of low impact fracture during moving and handling

Abstract:

Background: Children and young people with cerebral palsy are at risk of decreased bone mineral density (BMD) and low impact fracture (LIF) during normal handling (Houlihan, 2014; Mergler et al. 2009). There is no research available to physiotherapists on how to minimise the risk of fractures during physiotherapy treatment or handling. Discovering the common mechanisms of fracture injury and providing best practice guidelines for physiotherapists may decrease the risk of LIF's and support improved patient care.

Methods: This study collected primary data via a survey distributed to paediatric physiotherapists across the United Kingdom



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through the APCP. The survey asked for details on participant demographics, whether they discussed the risk of low BMD and LIF's with their patients/families, details of fracture incidents in the past five years and requested a free text description of the mechanism of injury.

Results: There was n=123 respondents to the study of which n=65 had experience of a fracture in the past five years. The n=65 cohort reported a total of n=87 fractures.

61.5% of physiotherapists reported that they discussed the risk of low BMD and 43.4% discussed LIF's with the patient and their families. The presence of a policy/guideline on bone health management increased the likelihood of these discussions taking place.

79.3% of fracture incidences were at GMFCS level V and 74.7% occurred in the femur. 48.3% of fractures had no known mechanism of injury and 14.9% had a delayed diagnosis. Of the remainder of fractures, 31% were linked to everyday handling (including manual handling and personal care) and 23% were linked to physiotherapy related activities. A number of common mechanisms of injury were highlighted in the study, in particular the risk of fracture when a child is not unfastened from their equipment correctly before hoisting, during personal care and during physiotherapy stretches.

The results produced key learning points that would aid development of best practice guidelines for physiotherapists. These included the increased understanding, awareness and discussion of the risk of LIF's for both physiotherapists and families/carers during physiotherapy interventions and everyday handling.

Conclusion: There is a lack of discussion of the risks of low BMD and LIF's with patients and their families. The high number of LIF's that occurred without any known mechanism of injury and subsequently having a delayed diagnosis of fracture highlighted the need for

physiotherapists to routinely discuss this risk with patients

Biography

I have been working within field of paediatric physiotherapy for 22 years, mostly working with children and young people with complex disability in a community setting, working at Advanced Clinical practitioner level for the past 6 years. Over the past 5 years I have been working with my health board on producing a policy of the management of bone health in children and young people with neurodisability, with implementation of the policy starting in 2021. As part of my MSc in Advanced Clinical Practice (AHP) I carried out research into low impact fractures in children and young people with cerebral palsy, exploring the mechanism of injury in order to produce best practice guidelines for physiotherapy practice. Following completion of this piece of research I am passionate about raising the profile of the risk of low bone mineral density in children and young people with neurodisability to support safe care of this group of vulnerable people.

