

NMTRG Guidelines for the assessment and rehabilitation of the Major Trauma patient

Discipline: Occupational Therapy

Management of simple lower limb fractures

The OT should have knowledge of lower limb anatomy and fracture types in the following;

- Femur
- Patella
- Tibia
- Fibula
- Calcaneus
- Talus, navicular, cuboid, cuneiforms, tarsals and phalanges
- A working knowledge of any joint involving the previously mentioned bones
- Understanding of the ligamentous and tendinous structures of the leg and foot
- Acknowledgement of nerve anatomy in the lower limb

The OT should be able to recognise;

- Signs of compartment syndrome
- The escalation of compartment syndrome concerns
- Management of post-op compartment syndrome (fasciotomies)
- Risks associated with caring for patients with casts / splints
- Functional changes related to the lower limb injury and effects on daily living tasks
- Motor or sensory weakness from either surgery or injury and appropriate management
- Delayed presentation of pain/injury; lisfranc injury, tarsal fractures, knee or ankle ligamentous injury

The OT should be able to offer the following interventions

- Pre-op assessment when possible to identify baseline function and independence
- Post-op neurovascular assessment (circulation, sensation and movement)
- Assessment for peripheral nerve injury
- Functional Lower limb assessment
- Lower limb splinting as required
- To be able to fabricate and apply hip, knee and ankle splints and monitor thereafter
- Oedema advice and management
- Knowledge and provision of equipment to improve function

The OT is expected to complete this assessment and intervention;

- Early in the patients admission inclusive of ICU and HDU assessment / intervention
- As part of a 7 day service inclusive of ICU and HDU weekend cover

The OT should have knowledge of additional services including;

- Citizens advice
- Psychology input as inpatient and after discharge
- Social services input

The OT understands how to access the following pathways

- Onward outpatient therapy input
- Splint / Bracing clinic



Falls prevention	
Help at home on discharge	
If required the patient has access to; Rapid access MSK rehabilitation with assessment within 14 days of discharge Vocational rehabilitation Instant community rehabilitation Follow up in an MDT clinic Access to a dementia pathway Educational intervention Timely access to Mental health / IAPT services	
Consideration for long term rehabilitation	
Links with preventative teams	
Patient support groups / group rehabilitation	

