The Role of the Army Physiotherapist in the Modern ADF

Major Jo Shepherd RAAMC
Aim

To provide an update to the Australian Defence Force Army Physiotherapy capability, now and in the future.
My Background

- Royal Navy and RAMC for 26 years
- Joined ADF October 2013
- Senior Physiotherapist January 2015
Academic Background

- BSc (Hons) Physiotherapy, Coventry University 1997
- MSc Manual Therapy, Manchester University 2002
- MSc Healthcare Governance, Loughborough University 2013
Army Physiotherapy - where are we?

- **2GHB (4)**
  - 1 x MAJ
  - 1 x CAPT
  - 2 x LT
- **1CHB (8)**
  - TVL 1 x CAPT 2 x LT
  - ADL 1 x LT
  - DWN 1 x CAPT 1 x LT
  - BRIS 1 x CAPT 1 x LT
- **JHC (2)**
  - LAVHC TVL 1 x CAPT
  - ROBHC 1 x CAPT
February 2015

- Requested that Physio Craft Group provide individual backgrounds and their perceived top issues
Two Issues - February 2015

• Lack of career progression, ie promotion
• Difficult to progress clinically, ie no funds for CPD
Concern - February 2015

• Majority of physios spoke of leaving the craft group within 2 or 3 years for either civilian employment or transfer to GSO.
Two Issues - February 2015

• Lack of career progression, ie promotion
• Difficult to progress clinically, ie no funds for CPD
Health Conference 2015

- 7 physiotherapists attended
- Remainder of craft group also contributed to discussion
Healthcare Conference May 2015
3 Main Points

• Physio Voice
• Deployable Physio
• CPD/Career Progression
Physio Voice

- Given opportunity to speak at Health Conference
- AMMA
- Feedback on new ideas such as PTI feasibility study
- Attendance at meeting about women’s health issues in Defence
Deployable Physio

- **UK**
  - 2 physios per 25 bedded hospital
  - 10 physios per 200 bedded hospital
- **USA**
  - Always deploys a physio plus physio assistants
Past physiotherapy deployments

- Iraq 2007-2008
- East Timor 2003
- Bougainville 2001
Recent Physiotherapy deployments

- **Physiotherapists deployed to Afghanistan 2008 - 2013**
  - MTF: Working within Dutch/Australian/US Role 2E
  - SOTG: Attached to RAP

- Provision of physiotherapy treatment within main FOB Tarin Kowt as well as mobile physio support to smaller FOBs and Kandahar and Kabul
Afghanistan 2008 - 2013

2nd General Health Battalion
To provide general health support to joint, land combat operations
Statistics

- Across craft group unified injury classifications developed
- Functional code at start of and end of treatment
- Did they get better?
- If not why not?
Statistics Usage

- EX TS 15 – 2 GHB and 11 CHC
- Sports tasking – netball and footy etc
- Ex OW 15 – 2 GHB and 2 CHC
- In the future AACAP in 2016
# Injury Codes

<table>
<thead>
<tr>
<th>BODY PART</th>
<th>Number</th>
<th>INJURY DURATION</th>
<th>Number</th>
<th>INJURY TYPE</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>1</td>
<td>Acute &lt; 2 weeks</td>
<td>1</td>
<td>Muscle Strain</td>
<td>1</td>
</tr>
<tr>
<td>Csp</td>
<td>2</td>
<td>Sub Acute 2 - 12 weeks</td>
<td>2</td>
<td>Ligament Sprain</td>
<td>2</td>
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<tr>
<td>Shoulder</td>
<td>3</td>
<td>Chronic &gt; 3 months</td>
<td>3</td>
<td>Tendon Injury</td>
<td>3</td>
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<tr>
<td>Elbow</td>
<td>4</td>
<td></td>
<td></td>
<td>Intra-articular (non-ligamentous)</td>
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<tr>
<td>Wrist/ Hand</td>
<td>5</td>
<td></td>
<td></td>
<td>Stress Reaction Clinical</td>
<td>5</td>
</tr>
<tr>
<td>Tsp</td>
<td>6</td>
<td></td>
<td></td>
<td>Stress Fracture Proven</td>
<td>6</td>
</tr>
<tr>
<td>Lsp</td>
<td>7</td>
<td></td>
<td></td>
<td>Fracture</td>
<td>7</td>
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<tr>
<td>Hip</td>
<td>8</td>
<td></td>
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<td>Neural</td>
<td>8</td>
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<tr>
<td>Knee</td>
<td>9</td>
<td></td>
<td></td>
<td>Non-Specific</td>
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</tr>
<tr>
<td>Lower Leg</td>
<td>10</td>
<td></td>
<td></td>
<td>Burn</td>
<td>10</td>
</tr>
<tr>
<td>Ankle</td>
<td>11</td>
<td></td>
<td></td>
<td>Amputation</td>
<td>11</td>
</tr>
<tr>
<td>Foot</td>
<td>12</td>
<td></td>
<td></td>
<td>Other Serious Pathology</td>
<td>12</td>
</tr>
<tr>
<td>Toe</td>
<td>13</td>
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# Treatment FAA Codes

<table>
<thead>
<tr>
<th>FAA 1</th>
<th>Fully Fit for Deployment</th>
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<tbody>
<tr>
<td>FAA 2</td>
<td>Fit for Trade but Unfit for General or Military Duties</td>
</tr>
<tr>
<td>FAA 3</td>
<td>Unfit for Trade, Fit for restricted General or Military Duties</td>
</tr>
<tr>
<td>FAA 4</td>
<td>Unfit for all but Sedentary Duties</td>
</tr>
<tr>
<td>FAA 5</td>
<td>Off all Duties</td>
</tr>
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</table>
## Discharge Outcome Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Patient Discharged Fully Fit</td>
</tr>
<tr>
<td>2</td>
<td>Treatment Completed - not fully fit re-referred to MO</td>
</tr>
<tr>
<td>3</td>
<td>Treatment Not Required</td>
</tr>
<tr>
<td>4</td>
<td>Specialist Opinion/Treatment Requested</td>
</tr>
<tr>
<td>5</td>
<td>Discharge from Treatment for Admin Reason (DNA, etc)</td>
</tr>
<tr>
<td>6</td>
<td>Evacuated</td>
</tr>
</tbody>
</table>
Role of Army Physiotherapy

Garrison:

• To provide physiotherapy support within garrison in the provision of joint health support to the ADF
  – Augmentation of Garrison Physiotherapy Departments
  – Support tasks such as ADF sports competitions
  – Education for medics eg musculoskeletal assessment, strapping techniques etc
  – Education and oversight of PTIs in rehabilitation
  – Injury prevention strategies
Role of Army Physiotherapy

Operational Role:

- To provide physiotherapy support to the ADF within a deployed environment
  - Includes assessment and management of acute and chronic injuries, rehabilitation, advice to commanders regarding members’ suitability to remain in country, and implementation of injury prevention strategies
Role of an Army Physio

- Garrison Health – MSK
- RAP
- Work conditioning
- Women’s health/Pilates
- Hand therapy
- Amputees occasionally
Other roles of an Army Physio

- Musculoskeletal in-patients
- Sports tasking
- Instructing at ASH and Cerberus
- Exercise/Deployment
Garrison Specific Courses

- APA Level 1 + 2 Sports and Spinal
- Women’s health Level 1 (1 per region)
- Pilates – mat work and small equipment
- Strength and conditioning
- Tactical strength and conditioning
- Biomechanics training with podiatrist
Exercise/Deployments

- APA level 1 Emergency Department
- Dry needling/acupuncture
Sports Tasks

- Taping
- Massage
- Write appropriate notes
- Concussion
- CPR
- Spinal injuries
- APA Sports 1 + 2
New ADF Sports Trauma Course

- 3 national recognised qualifications
  - CPR
  - Sports Trainer Level 2
  - Spinal Injuries + Concussion
- Valid 3 years
- Ensures safety and competence
Clinical Placements

- Plastering/splinting
- Emergency Department
- Burns
- ICU
- Paediatrics
Instructor Tasks

- Training via Education Centre
- Shadowing in-house instruction such as the nurses/medics, MSK course
- Tasks at ASH or Cerberus
Recommendations for the Future

• Development of a physio specific, tiered progression pathway
• New physios must complete set courses prior to sports tasks and lone deployments
• Completion of APA courses leading to post-grad certificate
• LTS MSc
Recommendations for the Future

- Physios being titled in Defence
- Research undertaken by physio craft group
- Review of AHI 05
- Development of further in-house courses to ensure competency
AHI O5 Currently

- Tier 1: 90 days in Health Centre and 20 Days external inpatient placements in neuro/ICU/burns/amputees.
- Tier 2: 30 days in health centre and 10 days external inpatient placement.
- Tier 3: AHPRA registration
AHI 05: proposed changes: Tier 1

- 90 days in Health Centre with 5 days working in a field physio dept and also a RAP.
- Sports Task: 10 days
- Instructor Task: 2 days
- Clinical placement: 20 days in ICU, DEM, plastering/splinting or burns.
Summary

- Want to ensure that all the craft group are trained and up-to-date for all roles.
- Look at MSc and titling within craft group.
- Undertake research
- Carry on collection of stats to cement the importance of physio on deployment
Acknowledgements

- LT COL Barney Flint – CO 2 GHB
- AMMA Committee
- Physio Craft Group
2nd General Health Battalion

To provide general health support to joint, land combat operations

Any Questions?