



Working life

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Senior Therapy Technician

Day in the life of a Senior Therapy Technician

***Arriving at work**

Firstly I look on I portal, this allows us to view patients' medical notes, reason for admission and what the patient is being treated for. Iportal work list allows us to view what patients have been referred to therapies. Referrals are made by the doctors and nurses for us to review prior to discharge.

***Handover**

A handover is completed with the discharge facilitator first thing in the morning after the work list has been completed. All the patients on the ward are discussed. We also make sure and identify we have the same referrals or the referrals that have been missed and would benefit from Physiotherapy/Occupational Therapy input. I then hand over this to the senior therapists. We then prioritise the patients accordingly.

***First task of the day**

I gain social information from the patient, next of kin or place of residence to see how they were managing at home/nursing home/residential home. Following this a plan is made re: mobility and transfer assessment, stair assessment, washing and dressing assessment, equipment delivery etc. Once I have completed this I would then determine if the patient is therapy fit for discharge or if they would benefit from further therapy input or other service users.

One of my responsibilities to complete at any point of the day is to check the ward equipment stock, this allows me to keep track of equipment being miss placed, what equipment has gone to other wards with the patient that have moved. It is essential that all mobility aids are labelled to the patient and tapped using the falls initiative programme.

***Patient centred approach**

Prior to treatment it is vital that we gain consent before any treatment or give clinical reasoning if a patient is unable to consent themselves. I would make sure the patient understands why we need to gain the information and complete treatment. Patients are put at the centre of our treatment and we get all patients involved in their discharge plans if able.

*Using specialist equipment

Some of our patients require specialist equipment such as a molift. Molifts gives the user the opportunity to use their own muscle power during a transfer. A Molift is stable and can turn within its own radius which makes it very easy to manoeuvre. It is ideal in confined spaces, for instance in toilets. A Molift ensures safe, active standing support during short transfers, such as between beds and wheelchairs/shower chairs (90degrees). It assists carers when carrying out transfers with minimum risk of injury. Molift Raisers helps users to train and rehabilitate in all healthcare environments, during every transfer so mobilisation can begin early. The user can initially improve their balance when sitting and standing up. Molift raisers always provide safe support if used safely. Therapies can progress from a molift to other aids such as a frame.

*End of the day

The task at the end of the day is to ensure that all therapies stats are inputted in the system. This allows other members of the therapy team identify what input a patient has had and how much time has been spent with the patients. We also have to ensure that the ongoing plans for all patients are documented on the work list so that they can be carried over to the next day if the patient remains on the ward.