

Newham Children's Physiotherapy Education Pack



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Introduction to Physiotherapy (PT)

What is Children's Physiotherapy?

Children's Physiotherapy is the treatment and care of babies, children and young people from birth to 19 years. Children's Physiotherapists bring their specialist skills as physiotherapists and have additional expert knowledge and experience of child development and of childhood disabilities.



Physiotherapy in Schools in Newham:

The Children's Physiotherapy Team provides health advice in schools for Children and Young People (CYP) who are already known to our service and who experience mobility, functional, or postural challenges that affect their ability to access their curriculum. Assessments can be carried out by Senior Physiotherapists or jointly with Physiotherapy Assistants, with support from Education Staff.

Treatment in school minimises absence from school for therapy and provides opportunity for the therapist to discuss and give appropriate advice for handling and supporting the growing and changing child in their everyday school environment. It ensures a multidisciplinary, holistic approach and helps ensure that children can fully participate in the National Curriculum.

The majority of CYP seen in school with higher resource provision will have special Equipment

Visit our website for details of our service criteria, what happens during appointments and what happens following intervention:

<https://www.elft.nhs.uk/scyps/our-services/physiotherapy>

How can we help?

We review CYP in schools, nurseries and other educational settings like colleges. School visits are offered to support transition into a school setting and to plan how best to support a CYP's Physical and mobility needs. This is reflected in the physiotherapy provision recommended within the school setting.

School visits are provided to support the handover of a CYP's physical management when they move into a new setting or when a new member of staff begins working with them. Visits may also be carried out to assess and address any physical barriers affecting the child's access to, or participation in the curriculum.

CYP continue to receive physiotherapy input in community settings outside of school, as outlined in their clinical pathway.

Our goals are:

- To establish child within the school setting.
- Focus intervention on promoting participation and inclusion (physically and socially) at school, at home, and within the wider community.
- Provide education and guidance to school staff to ensure consistent, informed support.
- Maximise age appropriate independent activity, fitness and function using assistive devices or equipment where necessary.
- Modify activities when required to maximise function to access the curriculum.

What is the purpose of this pack in regards to Physiotherapy?

The purpose of an Education Pack is to provide information and strategies to CYP, their families, and/or school staff to help manage conditions and support rehabilitation, often without or prior to direct specialist intervention.

- **Provide Information and Education:** The primary purpose is to educate individuals about specific conditions, their management, and the importance of physical activity and exercise, and overall well-being.
- **Maximise Independence:** By providing information and tools, the packs aim to give CYP the skills needed to be as independent as possible and actively participate in their own decision-making and care process.
- **Pre-Referral or Waiting List Support:** They are often used to provide immediate support and strategies while a CYP is waiting for a specialist appointment, or to address less severe issues that may not require a full, one-on-one referral to a Physiotherapist.

It is important to be aware that this pack is not to replace a Physiotherapist. It should be used as a support to schools in helping CYP achieve their full potential or to provide some input prior to referring to Physiotherapy, or whilst CYP are waiting to be allocated to a Physiotherapist. In essence, an education pack acts as a resource guide, bridging the gap between clinical appointments and a CYP's daily life, to ensure continuous support and progress in their physical well-being.

Our Provision:

Universal, Targeted and Specialist Service Provision



Our offer:

1. Universal Training

We will offer annual or biannual (requested by individual schools if required) Physiotherapy Universal training sessions in mainstream, resource base and special schools. In this training, we will offer a 30-minute presentation about the importance of Physiotherapy positioning in school, commonly seen childhood conditions and information about equipment like walkers, standing frames, wedges and gym ball for positioning.

2. Specialist Provision

- Offer reviews at school for suitable CYP which may consist of Postural Assessments, joint movement assessments, muscle tone assessment and review of any Orthotics. Parents will be invited to these reviews at school.
- Offer individual appointments to review equipment like standing frames, walking frames and training to individual LSAs to perform the Physiotherapy positioning, stretching and strengthening programme.
- Advice and support will be formalised in the individual EHCP plan and is dependent on clinical need. A report will be produced and updated yearly by a Physiotherapist.
- A program, which needs to be carried out in school, will be updated annually.

- We aim to include advice for inclusion into PE and accessing all areas of the school e.g. playground in our recommendations.
- We will advise and train LSAs on child specific therapeutic handling and postural management.

3. Individual Treatment (Targeted)

- Additional 4-6 week treatment blocks will be offered after intervention (surgical, tone management) or during times of transition (examples are for new starters or junior to senior school – early adolescence or during times of functional and mobility change).
- CYP who meet the criteria will be signposted to sport and leisure facilities, which they can attend to increase their potential. In specific cases, we may offer a one off introduction visit.

Referral Criteria:

We accept referrals from parents, school staff and other health professionals as long as the person holding parental responsibility has given consent. Children and young people, who live in Newham, registered with a Newham GP and have additional movement and/ or postural need to access the curriculum will be seen at school.

We work in partnership with London Borough of Newham. We will triage referrals according to our service criteria and clinical priority system. The initial assessment will be in a clinic setting with the parent/ carer present. Identified CYP will then be seen in Educational setting if appropriate.

Common Conditions:

Brain Injury: Brain injury can be traumatic (following a traumatic event such as a road traffic accident), acquired (following an infection like meningitis) or nonaccidental (resulting from assault). It can be temporary or permanent, and can have physical (e.g. difficulty moving), hormonal (e.g. underactive thyroid), sensory (e.g. not being able to control body temperature), cognitive (e.g. memory problems) or emotional/behavioural (e.g. loss of inhibitions) effects. Following brain injury there is also increased risk of epilepsy (see “epilepsy”).

- <https://www.nhs.uk/conditions/severe-headinjury/complications/>
- <https://www.headway.org.uk/about-brain-injury/>

Cerebral Palsy (CP): This is the name for a group of lifelong conditions that could affect muscle control, coordination, tone, reflexes, posture and balance, speech, language and learning, caused by problems with the brain that occur before, during or soon after birth.

- <https://www.nhs.uk/conditions/cerebral-palsy/>
- <http://www.cerebralpalsy.org.uk/cerebral-palsy.html>

Childhood stroke: A stroke happens when the blood supply to part of the brain is cut-off. There are two main types of stroke. Ischaemic strokes are caused by a blockage in the blood supply to the brain. Haemorrhagic strokes occur when blood leaks from a burst blood vessel into the brain.

- <https://www.stroke.org.uk/childhood-stroke>

Down’s syndrome: This is a genetic condition that typically causes some level of learning disability and certain physical characteristics, such as low muscle tone, which can mean they are delayed in meeting physical milestones. It is caused by the presence of an extra chromosome and in most cases this is not inherited.

- <https://www.nhs.uk/conditions/downs-syndrome/>
- <https://www.downssyndrome.org.uk/about/general/>

Epilepsy: Epilepsy is a common condition that affects the brain and causes frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms.

- <https://www.nhs.uk/conditions/epilepsy/>

Global Developmental Delay: This is when a child takes longer to reach certain development milestones than other children their age, e.g. learning to walk or talk. For some it may be short term and overcome with therapy or additional support; or may be an underlying condition.

- <https://www.mencap.org.uk/learning-disabilityexplained/conditions/global-development-delay>

Hemiplegia: Hemiplegia is complete paralysis of one side of the body. Weakness of one side of the body is called hemiparesis. Many different things can cause hemiplegia or hemiparesis, such as cerebral palsy, a tumour or a stroke.

- <http://chasa.org/medical/hemiplegia/>

Muscular Dystrophy: The muscular dystrophies (MD) are a group of inherited genetic conditions that gradually cause the muscles to weaken, leading to an increasing level of disability. MD is a progressive condition, which means it gets worse over time. It often begins by affecting a particular group of muscles, before affecting the muscles more widely.

- <https://www.nhs.uk/conditions/muscular-dystrophy/>

Scoliosis: Scoliosis is where the spine twists and curves to the side. There are other types of spinal concerns where the spine curves in unusual ways, such as kyphosis. Spinal difficulties can affect people of any age; scoliosis is most common between 10 and 15 years. Some spinal concerns need surgery whereas others may be corrected with nonsurgical techniques, such as braces.

- <https://www.nhs.uk/conditions/scoliosis/>
- <https://www.nhs.uk/conditions/kyphosis/>

Spina bifida: Spina bifida is when a baby's spine and spinal cord do not develop properly in the womb, causing a gap in the spine. There are several different types and differing severities. Symptoms may be weakness or total paralysis of the legs, bowel and urinary incontinence and loss of skin sensation in the legs and around the bottom.

- <https://www.nhs.uk/conditions/spina-bifida/>
- <https://www.shinecharity.org.uk/spina-bifida/what-is-spina-bifida>

Musculoskeletal Conditions:

Arthritis: Arthritis is a common condition that causes pain and inflammation in a joint. In the UK, millions of people have arthritis or other, similar conditions that affect the joints. Arthritis affects people of all ages, including children. Osteoarthritis and rheumatoid arthritis are the two most common types of arthritis.

- <https://www.nhs.uk/conditions/arthritis/>

Growing Pains: Growing pains is a term used for leg pain that is common in children aged 3 to 12. It is harmless and usually gets better on its own. The pain can be treated with painkillers like paracetamol. The symptoms of growing pains can come and go over months, even years.

The pain is usually:

- an aching or throbbing in both legs
- in the muscles, not the joints
- in the evening or night-time (and goes away by morning)

<https://www.nhs.uk/conditions/growing-pains/>

Heel Pain: There are a lot of causes of heel pain. You can usually ease the pain yourself. But sometimes it can be more serious like a broken bone.

- <https://www.nhs.uk/symptoms/foot-pain/heel-pain/>

Hip Pain (Irritable Hip): Hip pain in children is most often caused by a condition called irritable hip, which usually gets better on its own. But it should always be checked because it could be a sign of something more serious.

- <https://www.nhs.uk/symptoms/hip-pain-children-irritable-hip/>

Joint Hypermobility: Joint hypermobility is when you have very flexible joints (you may think of yourself as being double jointed). It usually affects children and young people and often gets better as you get older.

- <https://www.nhs.uk/conditions/joint-hypermobility-syndrome/>

Knee pain: Knee pain can often be treated at home. You should start to feel better in a few days. But it should always be checked because it could be a sign of something more serious.

- <https://www.nhs.uk/symptoms/knee-pain/>

Knock knees: Knock knees are when there's a gap between your ankles when you stand with your knees together. It is common in children aged 3 to 6 and usually gets better on its own as they grow without causing any problems. Sometimes older children or adults can have it.

- <https://www.nhs.uk/conditions/knock-knees/>

Kyphosis: Kyphosis may be caused by poor posture during childhood or be the result of abnormally shaped vertebrae or developmental problems with the spine. In case of kyphosis, the middle section of the vertebrae, known as the thoracic vertebrae, are curved out of position.

- <https://www.nhs.uk/conditions/kyphosis/causes/>

Rickets: Rickets is a condition that affects bone development in children. It causes bone pain, poor growth, soft and weak bones that lead to bone deformities.

- <https://www.nhs.uk/conditions/rickets-and-osteomalacia/>

Manual handling Risk Assessment at school:

Manual handling Risk Assessments at school can be done by designated officers in school or with support from Specialist Teachers from Specialist Education Support Service (CLN) Children and Young People's Service.

We do not provide manual handling risk assessments. Manual Handling training is not a part of our remit. However we are happy to assist School Manual Handling Risk assessors or Education and can be a part of Therapeutic Handling assessment. We will train the school staff to transfer CYP safely into equipment like standing frame and walking frame which we have provided.

Equipment:

Specialist equipment is often provided by the children's therapy services to schools, such as static seating, standing frames or communication devices.



Physiotherapy:

Equipment provided by the Physiotherapy Team is usually a standing frame or mobility equipment. A standing frame is a piece of equipment to support a child to stand in their best straight (symmetrical) position. It can help with breathing, sleep, circulation, digestion and lots more. If you notice any changes with regards to the functions of the standing frames or mobility equipment, you must notify a member of the Children's Physiotherapy Service on 0208 586 6380.

Occupational Therapy: The equipment provided by Occupational Therapy to schools is static seating. If you notice any changes with regards to the functions of the seating,

you must notify a member of the Children's Occupational Therapy Service immediately on 0208 586 6480.

Speech and Language Therapy: The equipment provided by the Speech and Language Therapy Team to schools are communication devices. If you notice any changes with regards to the functions of the communication devices, you must notify a member of the Children's Speech and Language Therapy Service on 020 8221 9300.



Wheelchair service:

Wheelchairs are provided by Wheelchair service at Enabled Living. If you notice any changes with regards to the function of the wheel chair, you must notify a member of the Wheelchair service team on : 0203 373 1354

FOR A REPAIR TO EQUIPMENT ISSUED BY A WHEELCHAIR SERVICE, PLEASE CONTACT THE APPROVED REPAIRER IN THE FIRST INSTANCE → DGT on 01245 468834

It is the responsibility of the school to maintain the upkeep of any equipment provided by the therapies service. Each piece of equipment must be cleaned regularly and if it has screws, these should be tightened on a regular basis. Equipment must be kept inside the school and should not be stored outside, even if sheltered as this may impact on the mechanics and workings of the equipment.

Posture:



Postural management is a 24 hour a day approach. It supports straight posture and keeps this straight posture in different positions such as sitting and standing.

Some CYP can find sitting or standing difficult. This may look like:

- slumping when sitting or standing
- leaning on the table or other surfaces for support
- fidgeting or adjusting their position regularly to find a comfortable position
- kneeling on the chair or sit on their feet
- wrapping their feet around the legs of the chair
- perching on the front of the chair
- falling off chairs

This can make it a lot harder for them to focus on their meal or activity. It can also be challenging for the parent and carers. Encourage them to have movement breaks by helping them clear things away or let them get up to get a drink.

- www.ergonomics4kids.co.uk

Play at School:



Learning through play has emerged as an important strategy to promote student engagement, inclusion, and holistic skills development beyond the preschool years. Policy makers, researchers and educators have promoted the notion that learning through play is developmentally appropriate—as it leverages school-age children’s innate curiosity while easing the often difficult transition from preschool to school. Studies describe how children can foster cognitive, social, emotional, creative and physical skills through active engagement in learning that is experienced as joyful, meaningful, socially interactive, actively engaging and interactive.

Children should access play area in the school and explore monkey bars, jungle gyms, sand pits and other play equipment. They require opportunities to keep active to help build on their strength, balance and higher gross motor skills. Children who struggle with balance or co-ordination difficulties can practice walking on different surfaces such as grass, sand and wood chippings, practice climbing and swinging in the playground and negotiating stairs and obstacles.

They can also be encouraged to participate in extra-curricular sporting activities with modifications and additional support if required. These will all help them develop the strength, endurance and confidence to manage their physical needs of a full school day.

Toys for Children with Special Needs:



Toys for children with special needs should match their developmental age and ability. If your child is using a toy intended for a younger age group, make sure that it is strong enough and will not get broken.

Children with a visual impairment will need toys with different textures to explore with their hands and mouth.

Children with impaired hearing will need toys to stimulate language, such as toys that encourage them to explore and discover how it relates to their environment.

- <https://www.nhs.uk/conditions/baby/babys-development/play-and-learning/baby-and-toddler-play-ideas/>
- <https://www.nhs.uk/social-care-and-support/caring-for-children-and-young-people/accessible-toys-play-and-learning/>

Advice for P.E.

Physical activity is important for all children. It helps to facilitate their normal physical, emotional and intellectual development.

Children with additional needs can and should participate in P.E., albeit with adaptations and any supervision required from adults. All children should be encouraged to participate in P.E.



Adaptations you can make

- Allowing children with additional needs more breaks during activities if they experience pain or fatigue.
- Some children may need to sit down or lean against a wall to rest between or during activities
- PE sessions could start with stretching and warm-up activities on mats that can include all children, including wheelchair users.
- Where activities that are too challenging for some children, e.g. catching a ball, alternatives such as changing ball size and texture; or using a balloon or scarf to develop hand-eye co-ordination as these are easier to track, can help ensure participation and still be fun and achievable.
- Having 'buddy' support from a peer or friend in the class can be a motivational factor for some children's participation in activities.



- <https://www.gov.uk/government/publications/pe-and-sports-in-schools>

Environmental Factors:

The environment can present varied challenges to children. For example staircase, uneven surfaces and slopes in the playground will challenge lots of children's balance reactions, having to negotiate these surfaces with a walker or wheelchair will therefore be even more challenging.

Children still need to practise walking and mobilising on different surfaces as in the community they will be constantly challenged by this, practise will lead to improvement.



Adaptations you can make:

- In larger schools, children may need more time to get around. It may require children leaving the class a few minutes earlier than the other children to avoid busy corridors, as well as allowing extra time to reach their destination. Where a child has to leave a little earlier, teachers need to be mindful to pass on any homework or information that's often given at the end of class.
- Where the child is positioned in the classroom can be an important factor in how well they are able to get through a school day. This can mean their position, for example, relative to an interactive board and being able to see and access the information being displayed.
- Giving a child with gross motor difficulties more space (and time) to get on/off the floor/carpet; being sat nearer the carpet would be helpful.
- Use of a cushion if cross leg sitting is difficult, particularly if the child is wearing foot splints; or a prop to lean against.

Accessing Different Levels at School:



If CYP's school have different levels, then they should have access to all levels. This means that if CYP use wheelchairs or walkers, they will need access to a lift and Risk Assessment as per schools policy.

If CYP's balance is affected they can be given permission to leave 5 minutes early from lessons to avoid crowded corridors and staircases. CYP can be supported with a "buddy" system.

Walking, Bicycle and Scooter to School:

We know that parents see the benefits of walking to school, including improvements in mood and behaviour in their children.

From reduced congestion to higher footfall for local businesses, the whole community benefits when more children walk to school.

Benefits:

- Spend time with your family: Walk to school is a great time to talk to your family about your day!
- Get street smart: Get to know how to safely walk to school and learn about Road safety.
- Better air quality: less traffic helps prevent global warming and means healthier air in the local area.
- Healthier: Walking to school every day is a great way to exercise and keep fit!
- Meet your friends- Walking to school gives you an opportunity to meet your friends even before school has started!
- Reduced traffic: Less traffic in school zones provides for a much safer environment for pedestrians and children.
- Happier community: A community with less traffic and healthier lifestyle are much happier!

- Learn more: Make new discoveries about your local area and wildlife as you walk to school!

Why it's better to scoot to school:

- Scooting can be faster than walking, more fun and healthier than coming by car
- Scooting is green – scooters don't pollute the air with exhaust fumes, the only energy they use is pupil power!
- More children scooting or cycling to school will lead to improved health and fitness, reduced congestion and pollution around schools.
- Pupils who scoot or cycle are more confident, more independent and perform better at school!
- Scooting is fun, scooter travel is free, and parents can even join in – what more do you need!

<https://www.gov.uk/safe-walking-cycling-routes-school>



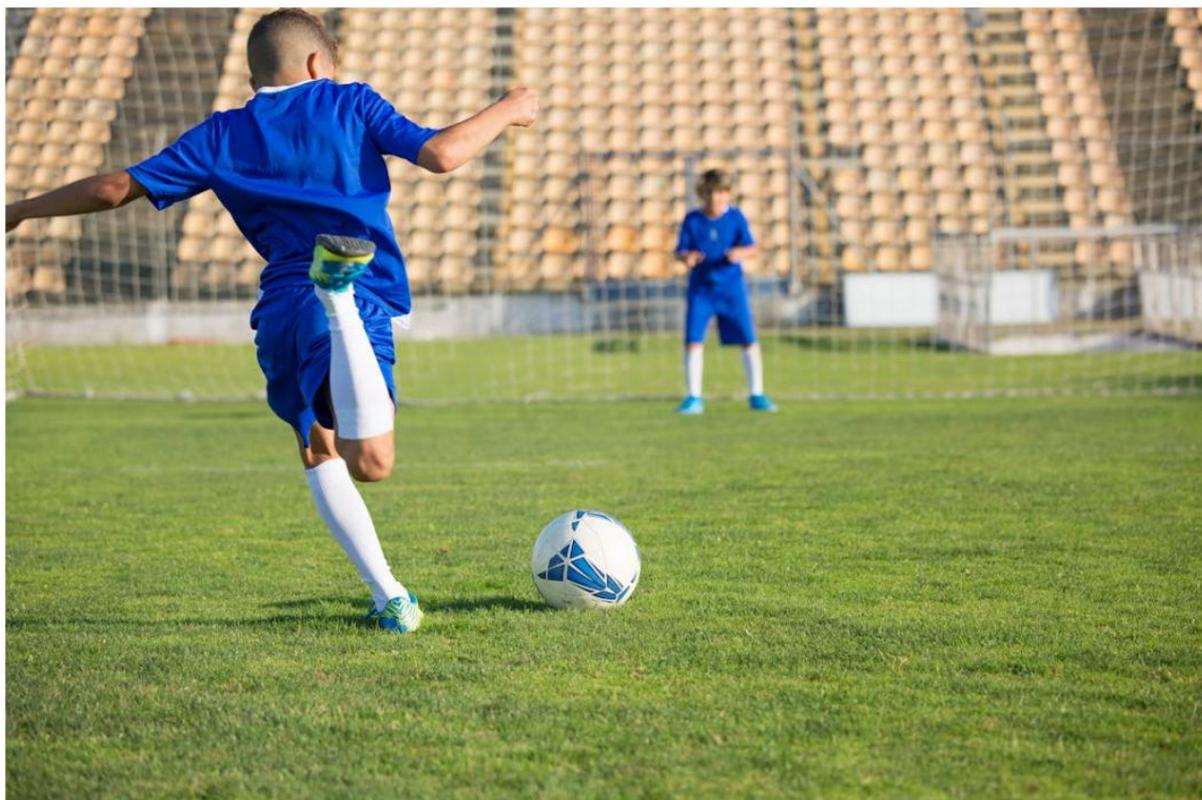
Accessing School Trips and Outings:



All CYP must be able to access school trips and outings. If CYP are in wheelchairs or use a walker for mobility, then school must do a Risk Assessment as per school policy.

If the outing requires to use public transport, then school can consider accessing a Taxi to go to the nearest Tube station. CYP using a walker or CYP who self-propel their wheelchairs might need several breaks and support on school outings as self-propelling wheelchairs or using walkers for long distance can be tiring and fatiguing. For children who walk with walkers, take their wheelchairs too as they might need breaks. If travelling on the bus, children must always sit in priority seats on the lower deck of the bus.

Busy Playgrounds and Corridors:



There is a lot of evidence that shows how play contributes to children's physical and emotional health, wellbeing, approach to learning and enjoyment of school. Playing in busy school playgrounds involves energetic activities like tag, sports (football, basketball), skipping, and chalk games, fostering physical skills and socialization, but also requires managing noise, large groups, and ensuring safety with varied zones for active and quiet play, plus options for imaginative play like stage performances or drawing to keep all kids engaged and happy.

Corridors can be busy during break times and it is important to ensure children with limited balance are able to access all areas safely. CYP can leave 5 minutes early to avoid crowds.

Importance of Physical activities (Sport and Leisure Activities):

Physical inactivity is one of the leading risk factors for non-communicable disease mortality. Regular physical activity is associated with:

In children and adolescents:

- Improves attention and memory
- Positive impact on mental health due to its social aspect.
- Improves blood pressure and fitness
- Helps in the maintenance of blood sugar levels
- Reduces risks of many chronic diseases e.g. type 2 diabetes and obesity
- Helps to regulate body weight and reduce fat.
- Strengthens bones
- Helps in the development of strong muscles and endurance.

(Centers for Disease Control and Prevention, 2024)

Sedentary behaviour is any period of low-energy expenditure while awake such as sitting, reclining or lying. Lives are becoming increasingly sedentary through the use of motorized transport and the increased use of screens for work, education and recreation. Evidence shows higher amounts of sedentary behaviour are associated with poor health outcomes.

Guidelines for exercise/physical activity:

- Children 1-5 years should ideally have 180 minutes of physical activity a day with at least 60 minutes of that being moderate-to-vigorous (running, jumping), focusing on fun, varied play like dancing, climbing, and outdoor games, while minimizing long periods of sitting. More activity is always better for building strong bones, muscles, and healthy hearts, with active family time being ideal.
- For children aged 5-17 years old 60 mins per day of moderate- vigorous-intensity physical exercise. Vigorous intensity aerobic activities should be included in at least 3 days a week.

(GOV.UK, 2019)

- <https://www.elft.nhs.uk/scyps/our-services/physiotherapy/physiotherapy-musculoskeletal-msk>

Leaflets:

- <https://www.elft.nhs.uk/scyps/our-services/physiotherapy/physiotherapy-musculoskeletal-msk>