

**Manager Information Sheet**

**Staff Physiotherapy**

Dear Managers

Thank you for taking time to consider utilising and referring your staff member for Occupational health Physiotherapy.

The service will be running 3 days a week (Monday, Tuesday, Wednesday), until we recruit to the other 2 days. As a result please be aware the service may be busier and with potentially longer waits for appointments.

1. **Please ensure that your staff member meets the following inclusion and exclusion criteria**

***Inclusion criteria:***

Permanent staff member presenting with a musculoskeletal problem that they are either **off work** for, at **risk of going off work**, or is **affecting their ability to work full duties**.

***Exclusion criteria:***

Failed to improve with previous physiotherapy input for the same problem or already receiving appropriate therapy for this problem.

If the staff member has triggered stage 2 sickness absence within the trust within the past 12 months

1. **If you identify a staff member with a musculoskeletal problem that would benefit from physiotherapy treatment, please refer early!**

We can have the greatest benefit to the staff member and sickness absence if you refer as soon as you identify a staff member with a musculoskeletal problem that is affecting their work. Please do not wait until they have gone off sick or are due to return to work, where possible.

Please note: if no physiotherapy treatment is indicated and the staff member requires only return to work / modification of duties advice then we will ask them to be seen by a nurse / doctor in occupational health or please refer here directly if this is the case.

If we do not feel the referral is appropriate we will, where indicated provide advice on how they can access physiotherapy or other services outside of Occupational health.

Thank you for taking the time to read this information, hopefully together we can support an ongoing successful staff physiotherapy service.

Please complete all areas of the referral and email to [ohphysio@stgeorges.nhs.uk](mailto:ohphysio@stgeorges.nhs.uk)

Many Thanks

Jenny McCullough

Lead Occupational Health Physiotherapist

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| STAFF PHYSIOTHERAPY REFERRAL  **INCOMPLETE REFERRALS WILL BE RETURNED TO THE MANAGER**  Please send referrals to [ohphysio@stgeorges.nhs.uk](mailto:ohphysio@stgeorges.nhs.uk) | | | | | | https://www.stgeorges.nhs.uk/wp-content/uploads/2015/03/St-Georges-University-Hospitals-300dpiColA.jpg | | | | | | |
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| **OCCUPATION:** | |  | | | **DEPARTMENT & DIVISION** | | |  | | | | |
| **SGH HOSPITAL NO IF KNOWN** | | **NHS NUMBER IF KNOWN:** | | |  | | | | | | | |
|  | |  | | | **GP NAME:**  (PRINT) |  | | | | | | |
| **PATIENT’S SURNAME: (IN CAPITALS)** | | | | | **SURGERY**  **ADDRESS:**  (PRINT) |  | | | | | | |
|  | | | | |
| **PATIENT’S FORENAME: (IN CAPITALS)** | | | | |
|  | | | | | **DOB** |  | | | | | | |
| **PATIENT’S FULL ADDRESS: Complete in all cases** | | | | | **Email address:**  **Home / work \*\*** | |  | | | | | |
| POSTCODE: | | | | | **Work Tel:** | |  | | | |  | |
| **Mobile / Home Tel:** | |  | | | |  | |
| **CONSENT TO LEAVE**  **TELEPHONE MESSAGE / EMAIL PILOT INFORMATION** | | Yes  No  | | | | | |
| **SICKNESS ABSENCE RECORD OVER LAST 12 MONTHS \*\***  Please state if staff member is on stage 2 sickness review | | **Date:** | | **Number of Days:** | | | **Reason:** |
| **REASON FOR REFERRAL:** |  | | | |  | |  | | |  |
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| **TIME SINCE ONSET** |  | | | |  | |  | | |  |
| **AFFECTING DUTIES OR OFF WORK DUE**  **TO THIS PROBLEM? \*\*** | Yes🞏No🞏  Please specify: | | | |  | |  | | |  |
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| **RELEVANT PAST MEDICAL HISTORY** | | |  | | | | | | | | | |
| **Staff member consented to referral**  **Yes 🞏 No 🞏**  **\*\*** | | | **PREVIOSLY SEEN HEALTH PROFESSIONAL / HAD TREATMENT FOR THIS PROBLEM**  Yes🞏No🞏  **PLEASE SPECIFY (who, when, what? Did it help?)** | | | | | | | | | |
| Manager Name and Title | | | | | SIGNATURE: | | | | | | | |
| Phone number | | | |  | | | | | | DATE: | | |