Podiatry – Musculoskeletal (MSK) Stretching and Strengthening Guidelines

Standard Operating Procedure (SOP)	
Ref No: G2109 **Version: 1**	
Prepared by: Adam Widgery – MSK Specialist Podiatrist	
Presented to: Care and Clinical Policies Group Jane Viner, Chief Nurse Dr Rob Dyer, Medical Director	**Date:** 16 November 2016
Ratified by: Care and Clinical Policies Group Jane Viner, Chief Nurse Dr Rob Dyer, Medical Director	**Date:** 16 November 2016 04 January 2017 04 January 2017
	Review date: 06 January 2019
Relating to policies:	

1. **Purpose of this document –** To ensure a safe and consistent approach to the prescription of stretching and strengthening exercises by the entire podiatry team.

2. **Scope of this SOP –** This procedure will apply to all Health and Care Professions Council (HCPC) registered podiatrists, Clinical Support Workers (CSW), Assistant Practitioners (AP) and podiatry students undergoing their training for HCPC registration (under the supervision of podiatrists).

3. **Competencies required –** HCPC-registered podiatrist who has undergone training and update from the lead MSK podiatrist. Assessment will be through annual peer review. The students will have commenced MSK studies.

4. **Patients covered –** Patients under Torbay and South Devon NHS Foundation Trust who have a clinically identified need, and whose treatment will benefit from, specified stretching and strengthening exercises.

5. Where assessment has shown that a patient would benefit from specific stretching exercises, eg tight calf muscles, or specific strengthening exercises, eg weak peroneal muscles, the treating podiatrist should prescribe the appropriate exercise.

5.1 Having identified the specific need, the podiatrist, CSW or AP can refer to a table that cross references the identified area of weakness or tightness with the appropriate patient information sheet. This table will also allow reference to any contra-indications that would prohibit the prescription of that exercise, with any suggested modifications if appropriate.

5.2 The patient should be presented with a copy of the appropriate sheet, which outlines to them the reason that they have been prescribed those specific exercises, along with written and pictorial instructions on how to carry them out. These instructions will

include the time required to carry them out, the number of repetitions required, and if appropriate the rate at which these exercise time/repetitions should be increased.

5.3 The prescribing podiatrist must demonstrate the stretching exercises to the patient, and ensure that the patient understands (1) the need for the prescribed exercise(s), and (2) the technique required for the prescribed exercise(s).

5.4 The prescribing podiatrist must explain to the patient that compliance with the prescribed activity forms part of their rehabilitation and treatment plan, and that failure to comply is likely to delay or prohibit a successful outcome. Continued non-compliance may result in discharge from the podiatry service.

5.5 The podiatrist must explain to the patient that none of the stretching exercises prescribed should cause pain, but that they should feel the muscle stretching. Patients should be told to reduce the degree of stretching if pain is experienced. If modification of the exercise fails to reduce the pain being experienced, further advice should be sought from the podiatry department before continuing.

6. Standards:

Item	%	Exceptions
These methods will be used in all cases of prescribing stretching and strengthening exercises.	100	None, except where contra-indication has been determined by podiatrist.
How will monitoring be carried out?	Peer review by specialist MSK podiatrist	
When will monitoring be carried out?	HCPC-registered podiatrists will be monitored annually. Students will be constantly supervised.	
Who will monitor compliance with the guideline?	Lead podiatrist in MSK.	

Clinical testing shows…	Indication	Sheet to issue	Contra-indications
Less than 10° passive ankle dorsiflexion available when patient non weight bearing and knee extended, while foot is help in subtalar joint neutral position. Range of movement increases with knee flexed. Early heel lift in gait. Signs of increased forefoot pressures, eg callus formation, MTPJ pain.	Tight gastrocnemius muscle	Sheet 1	Suspected Achilles tendinopathy
No change in passive ankle dorsiflexion compared to above, after knee flexed. Early heel lift in gait. Signs of increased forefoot pressures.	Tight soleus muscle	Sheet 2	As above
With patient sitting or supine in couch, and with leg medially rotated, combined resisted eversion of the foot and plantarflexion of ankle is weak.	Weak peroneal muscles	Sheet 3 Balance Boards Therapy Bands	
With patient sitting or supine in couch, combined resisted dorsiflexion of the ankle and inversion of the foot is weak. Symptoms of medial tibial stress syndrome reported.	Weak tibialis anterior muscle	Sheet 4 Therapy Bands	
With patient sitting or supine in couch, and with leg laterally rotated, resisted combined inversion of the foot and plantarflexion of the ankle is weak. Patient is unable to perform single leg heel raises.	Weak tibialis posterior muscles	Sheet 5	
Patient is physically unable to raise themselves up onto tiptoes in double leg stance. If painful along course of Achilles tendon, or at insertion into calcaneus, consider Achilles tendinopathy.	Weak plantarflexors	Sheet 6	Suspected rupture (test integrity of muscle by squeezing bulk of calf muscles and look for plantarflexion of foot – Thomson's Test)

(Continued overleaf)

Painful to palpate Achilles tendon. Resisted dorsiflexion of ankle reproduces pain in Achilles tendon. Heel raise reproduces pain. Swelling noted within the tendon itself.	Achilles tendinopathy	Sheet 7 or Sheet 8, dependent upon whether tendinopathy is non-insertional or insertional in nature.	Suspected rupture (test integrity of muscle by squeezing bulk of calf muscles and look for plantarflexion of foot – Thomson's Test)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	New	06 January 2017	New	Care and Clinical Policies Group Jane Viner, Chief Nurse Dr R Dyer, Medical Director

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

	Please select			
Who may be affected by this document?	Patient / Service Users	☒	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☐	Other Statutory Agencies	☐
	Others *(please state):*			

Does this document require a service redesign, or substantial amendments to an existing process? NO	☐
If you answer yes to this question, please complete a full Quality Impact Assessment.	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity? NO	Age	☐	Disability	☐
	Gender re-assignment	☐	Marriage and Civil Partnership	☐
	Pregnancy and maternity	☐	Race, including nationality and ethnicity	☐
	Religion or Belief	☐	Sex	☐
	Sexual orientation	☐		
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? *Note - It may not be sufficient to just speak to other health & social care professionals.*	Patients / Service Users	☐	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☒	Other Statutory Agencies	☐
	Details *(please state):*	Line Manager, Podiatry team		

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	G2109 Podiatry – Musculoskeletal (MSK) Stretching and Strengthening Guidelines	**Version and Date**	Version 1 September 2016
Policy Author	Adam Widgery		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☐ No☒

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

To provide guidance to podiatry staff in prescribing appropriate stretching and strengthening exercises to patients

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

Line manager, Richard Collings

ACTION PLAN: Please list all actions identified to address any impacts

Action	Person responsible	Completion date

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form	Adam Widgery	**Signature**	Email
Validated by (line manager)	Richard Collings	**Signature**	Email

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.