The aim’s of this presentation are to inform you of the Role of the Remedial Instructor (RI).

Outline of the 3 week in patient treatment programme.
Injuries are an inevitable part of the military way of life.

Often have to live and work in hazardous environments.

The nature of military activity often creates a risk of injury.

These are factors that all service personnel have to understand and manage.
I lost a leg in Kosovo...then ran the race of my life to serve in Iraq

Wayne puts his left foot forward

RAISING Sergeant at the Army Training Regiment Winchester has shown that having his lower leg removed is not going to stand in his way.

Wayne Harrod, serving with the 1st Battalion The Royal Anglian, is quite giving contributors of funds to a trust which helped him recover a year ago.

Back at work as the rehabilitation sergeant at ATR Winchester, choosing to have his left foot replaced following an injury sustained on exercise, his latest challenge is to run a half-marathon to raise cash for South Hants Hospital and St John's Hospice.

After an exercise on Salisbury Plain, November 2001, an armoured vehicle had hit his left leg, causing a fracture of the lower leg. Over the next six months, he started rehab and to get his fitness back to the ATR standard.

The ankle had not recovered as the leg from the initial injury and was in continuous pain. Over the past 18 months he underwent two operations on the ankle and was treated at the Defence Medical Rehabilitation Centre at Headley Court, Surrey.

November 2003 the bones had to fuse and he had to come to terms with the fact that the ankle was not going to function correctly again.

On a ski holiday in January last year on exercise, the pain in his ankle was so bad he had to be taken to hospital.

For 24 hours, he decided, while Sam, that he would be better having his leg amputated.

He was no turning back and, on June 9 last year, Sergeant Harrod underwent below-knee amputation.

When the prosthetic leg arrived in mid-August, Wayne set himself some goals: to be walking unaided within three weeks, and to be running by the end of September, pain free. He succeeded in both.

In December, joined by fellow amputees, he ran 10km in under an hour on a treadmill to raise money for the physio department which had helped them all on the way to recovery.

As he starts to recover his old fitness, Sgt Harrod says he has not looked back since he made the awful choice to have the lower leg removed. Now he is looking to take on fresh challenges on both the work and home front.
Rehabilitation

“the use of exercise, by medical rehabilitation clinicians, as a therapeutic modality to:

1. Promote recovery from illness or injury.
2. Manage chronic medical conditions in individuals who, in the opinion of a MO or Physio, are not medically fit enough to participate in the unit’s remedial PT programme.
Remedial Instructors

Suitability
- No direct entry
- Service experience fundamental
- Physical Training Instructor

Selection
- Recommendation
- Interview
- MCQ (Anat & Phys)
- Précis presentation
- Aptitude tests
What Is a Remedial Instructor?

The remedial instructor is one of the specialised medical roles to emerge from treating injured soldiers. Remedial instructors (RIs) are armed forces fitness instructors.
Remedial Instructor Training
Joint Services School of Remedial Instructors

24 Week Modular Course

4 modules - Foundation / Lower Limbs / Spines / Upper Limbs

Subjects covered:

- Anatomy
- Exercise Physiology
- Clinical Conditions
- Kinesiology and Bio-mechanics
- Exercise and Recreational Therapy
- Clinical Detachments
- Practical Assessments
Remedial Instructors Role

Service health professionals.
Unique knowledge in rehab.

Role

- Design, implement & supervise rehab programmes.

Treatment modalities/intervention

- Exercise Therapy:
  - Strengthening/Mobilising.
  - Walking/Running Re-education.
  - Co-ordination and Balance.
  - Lifting and Carrying.
- Hydrotherapy.
- Cryotherapy.
- Taping and Strapping.

RI has 15 patients at anyone time.
Understands Service Ethos and physical demands placed on Service personnel.
Many instructors continue with their development with UK Higher Education institutions accrediting training:

– Annual CPD is mandatory / refresher training DSMR.

– Many Remedial Instructors gain;
  – FA Diploma Treatment of Injury
  – BSc (Hons) BASRaT St Mary’s College, Strawberry Hill
  – BSc (Hons) SOST
  – BSc (Hons) Sport Science Manchester Metropolitan University (MMU) and Wolverhampton University

– A few have continued to train as Physiotherapists
– Some have continued at MSc
Band 5 Remedial Instructor (ERI) or Physiotherapist Required - MoD - West Midlands  Castlerock Recruitment Group - Prime MoD Provider

United Kingdom  Location: Shropshire

Job Summary:
Remedial Instructor / Physiotherapist Required for the Military.

Band 5 - Exercise Rehab Instructor (ERIs) or Physiotherapist will be considered.

Must have BASRaT or HPC registration.

Long term locum position available!!!

Castlerock are an Approved Primary Supplier to the Military (Navy, Army & RAF) throughout the UK and overseas!

Any Locums with Military experience will receive a £50 golden hand shake, upon successful registration with CRG! To receive this bonus, you must register through our website www.castlerockrg.com/account/new and enter the following registration code: MILGHSCRG

Previous Military experience preferred, but NOT always essential as all candidates with at least 3 years broad base NHS experience will be considered.

To find out more, contact CRG Allied Health today and join an agency with a passion for service & excellence.

From CRG Allied Health you can expect the following benefits: -

- £50 Golden hand shake for EXPERIENCED Military Locums
- Designated AHP Team available 24/7
- Excellent pay rates with clear advice
- Prompt weekly payment
- Employers Contributory Pension
- FREE Mandatory & Induction Training
- FREE CRB check
REGIONAL REHABILITATION UNIT
Regional Rehabilitation Units Locations

- Edinburgh
- Aldergrove
- West Midlands
- Catterick
- Cranwell
- Honington
- Halton
- Colchester
- Aldershot
- Tidworth
- Portsmouth
- Devonport
- Gutersloh
- Hohne (Germany)
The Regional Rehabilitation Element was developed in order to provide consistent provision of injury assessment and treatment, regardless of geographical location, and to address the specific demands of the individual units.

There are obvious differences between the requirements of an infantry unit and those of a unit where the specific demands are more sedentary.
The Medical Rehabilitation Team

Skilled multi-disciplinary team....

Medical
Medical support and intervention from appropriately trained doctors

Physiotherapy
Clinical Specialist/Snr I appropriately trained in musculo skeletal medicine

Exercise Therapy
Group based exercise therapy provided by a Remedial Instructor

Providing....

- Early injury assessment & diagnosis
- Effective case management

to Ensure....

- Rapid Return to Duty

• It is the adoption of all these elements of rehabilitation in a co-ordinated manner that enables injured service personnel to receive early assessment, triage, clinical management and onward referral to secondary care if required.
Patient Pathway Outline

Patient Management

Patient

Primary Care Assessment
MO / Physio

PCRF

RRU

Secondary Care
DMRC
Orthopaedic
Etc

Return to Duty

PCRF and RRU may be co-located
## Concept of Operation

### Rehabilitation – Case Management

<table>
<thead>
<tr>
<th>Location</th>
<th>Primary Care</th>
<th>PCRF</th>
<th>RRU</th>
<th>DSMRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Manager</td>
<td>Primary Care MO</td>
<td>RRO under direction of MIAC</td>
<td>Consultant Returns to RRO on discharge</td>
<td></td>
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</tbody>
</table>
## Rehabilitation Referral Guidelines

<table>
<thead>
<tr>
<th>Clinical Factors</th>
<th>PCRF</th>
<th>RRU</th>
<th>DSMRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Minor injury with expectation of return to full duty within 4/52.</td>
<td>• Minor / Moderate injury.</td>
<td>• Moderate / severe injury.</td>
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<tr>
<td>• Diagnosis confidence.</td>
<td>• Diagnosis uncertainty.</td>
<td>• Complex clinical problem.</td>
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<tr>
<td>• Outpatient treatment appropriate.</td>
<td>• Outpatient / inpatient treatment appropriate.</td>
<td>• Requires nursing care.</td>
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<td></td>
<td>• Requires intensive rehabilitation (ie.daily).</td>
<td>• Inpatient treatment appropriate.</td>
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<td></td>
<td>• Failure to respond to local rehabilitation.</td>
<td>• Requires Specialist rehabilitation advice:</td>
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<tr>
<td></td>
<td></td>
<td>• Diagnosis uncertainty.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Management advice.</td>
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<td></td>
<td></td>
<td>• Permanent downgrading / P8 being considered.</td>
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### Rehabilitation Referral Guidelines

<table>
<thead>
<tr>
<th>Service Factors</th>
<th>PCRF</th>
<th>RRU</th>
<th>DSMRC</th>
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</thead>
<tbody>
<tr>
<td>• Able to continue to work, even in reduced capacity.</td>
<td>• Unable to continue to work in any capacity.</td>
<td>• Unable to continue to work.</td>
<td>• If return to work could be accelerated by more intensive rehabilitation.</td>
</tr>
<tr>
<td>• Patient needs to remain local to unit.</td>
<td>• Unable to continue to work in specialist role (eg. Infantry, Aircrew, PTI)</td>
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<table>
<thead>
<tr>
<th>Local Factors</th>
<th>PCRF</th>
<th>RRU</th>
<th>DSMRC</th>
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<tbody>
<tr>
<td>• Appropriate level of Rx available locally (physioRx / RI)</td>
<td>• No facility for local Rx available (incl. if PCRF too distant).</td>
<td>• Requires OT / Social Worker input.</td>
<td>• Requires protected time for rehabilitation.</td>
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<tr>
<td>• Social / domestic situation makes absence unacceptable.</td>
<td>• Requires protected time for rehabilitation.</td>
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Civilian Definition of Rehabilitation

Rehabilitation can be defined as the process of teaching an individual the skills or competencies required to maximise satisfactions with minimum effort within the community in which the individual is expected to live. *Robertson S. E & Brown R. (1992)*
Military Definition of Rehabilitation

To bring about the accelerated return of injured or ill service personnel to the fullest physical, psychological or social health to enable them to return to duty as quickly as possible.

_Fitter Quicker_
Rehabilitation Programme

- 3 Weeks
- Set Timetable / Dynamic Programme Content
- Holistic approach
- Always an *INDIVIDUAL* within the group setting
- Rehabilitate – Educate - Facilitate
The Building Blocks

Specifics

Water Modalities

Endurance

Class Therapy

Recreation Therapy

Education Evaluation

SYNERGY - Putting it all together
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<tr>
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<td>BREAK</td>
<td>TRACK 5</td>
<td>REFLECTION</td>
<td>ADMIN</td>
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</table>
Specifics

- 45 min’s x 2 Daily
- Address specific weakness
  - ROM
  - Strength
  - Balance / Proprioception
  - ??
Water Based Modalities

• Swimming Pool
  – Improve Swimming Ability
  – NWB CV

• Hydrotherapy
  – Relaxation
  – ROM
Endurance – (BCFT Trg)

• Weight Load Carry x 2 Week (Tue & Thu)
  – 3 miles @ 15min/mile flat no Wt
  – 4 miles @ 15min/mile XC incl Wt
Endurance - Track

- 2 – 3 x Week (Mon, Wed, Fri)
  - BPFA Pace Interval
  - FAT (800 M)
Class Therapy

• Class Therapy sessions are graduated to improve CV & LME

• Adaptable to all levels of function & individually tailored to cater for each patient
Education

- Gym Induction / Lifting and Carrying
- Core Stability
- Goal Setting
- Psychology of Injury
- Flexibility
- Training Zones & HRM’s

Understanding = Adherence
SUMMARY

- 3 Week Full Time Programme
- As individual within a group
- Continuous Quality Improvement
- Rehabilitate, Educate and Facilitate
- Adherence
Conclusion

For successful rehabilitation of injured service personnel co-ordinated, positive and holistic attitudes, supported by achievable objective goals have shown to be most effective.
There is no I in TEAM
“I thought that the swimming was very beneficial and more time should be spent there”

Signaller T

“The incorporation of carrying weight would be a good guide as to your standard of fitness in relation to your injury, and as well as a BPFA pushing on to a full BCFT could be better in my opinion”

Sgt T
EVALUATION FEEDBACK

“On attempting the CFT at Warcop, perhaps if I had done some training with bergan I may have felt even more confident of attempting, however I did pass.”
SSgt S

“A superb service – I am most grateful.”
Capt B

“The centre is excellent, the staff know exactly what they are doing and if more PT sessions were run similar to the centre PT would be more enjoyable and we all would be a lot fitter”
Hldr C
Group Task

Working in small groups of no more than six.

Identify the areas that you feel would be most beneficial to you and your Ex-Services Patient and explain reasons why?

Do you currently have access to them or will you require further resources, if so what are they?

Present findings back to everybody in approximately five minute’s.