

Policies, Procedures, Guidelines and Protocols

Document Details		
Title		Policy and Guidance for the Use of Elastic Resistance Exercise Products by Physiotherapists and their Patients
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Local Ref (optional)		
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Who is the document aimed at?		SCHT Physiotherapists
Owner		Andy Laing
Approval process		
Who has been consulted in the development of this policy?		Team Lead Physiotherapists – Children's and Adults' Clinical Leader – Children's Physiotherapy.
Approved by (Committee/Director)		Clinical Policies Group
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Lead Director		Director of Nursing and Operations
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Who the policy will be distributed to		Physiotherapists in SCHT
Method		Electronically to SCHT MSK Physiotherapists and available to all staff via SCHT Website.
Document Links		
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No	Date	Amendment
1	Sep 2010	Original policy document
2	Feb 2016	Updated
3	Feb 2019	Reviewed – no changed required.
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Contents

1	Introduction	2
2	Purpose.....	2
3	Definitions	2
4	Duties.....	2
5	Use of Elastic Resistance Exercise Products	2
6	Consultation	3
7	Dissemination and Implementation.....	4
8	Monitoring Compliance.....	4
9	References.....	4
10	Associated Documents.....	4

1 Introduction

This policy has been developed to help ensure consistent, safe practice where Shropshire Community Health NHS Trust (SCHT) Physiotherapists or their patients are using Elastic Resistance Exercise Products (EREP) on or off SCHT premises.

2 Purpose

This policy describes safe use of EREP. Qualified Physiotherapists must comply with the standards laid down by the Chartered Society of Physiotherapy in the Code of Members' Professional Values and Behaviour (2011). This policy on EREP is in addition to that code.

3 Definitions/Glossary

The description "Elastic Resistance Exercise Products" includes band and tubular products. These are typically made from latex-free synthetic materials or from latex rubber under various brands such as 'Theraband'. They can provide resistance or assistance to movement and, under guidance from a Physiotherapist, can be used to increase strength, range of movement, stability, function and to decrease pain.

Abbreviations used:

CSP - Chartered Society of Physiotherapy

EREP – Elastic Resistance Exercise Products

MSK - Musculoskeletal

SCHT - Shropshire Community Health NHS Trust

4 Duties

This policy applies to all SCHT Physiotherapists who use EREP.

It is the responsibility of Team Leaders to ensure all staff act in accordance with this policy and CSP Standards. EREP will be offered within the Trust at various locations.

5 Use of Elastic Resistance Exercise Products

Team Leaders must ensure, where EREP are used, that clinicians act in accordance with this policy. It is, however, the duty of individual Physiotherapists to ensure that they "Limit their professional activity to those areas in which they are competent and qualified to work safely." (CSP, 2011). Therefore, where significant training needs are identified, Physiotherapists should refrain from using EREP until these needs have been met and they are competent to use EREP as a treatment. Where student Physiotherapists are learning to use EREP appropriate teaching and supervision of practice must be given by the clinical educator.

5.1 Consent. Consent must be gained, as it would before any type of treatment, before using EREPs. Consent may be written or oral; the law does not require *written* consent for physiotherapy treatment. Physiotherapists should ensure that service users have the capacity to consent, give consent voluntarily without coercion, and have sufficient information on which to make a decision. This is in line with SCHT policy on consent and record keeping.

5.2 Explanation to patient. It is good practice, as with any exercise therapy, to demonstrate to the patient what movement is required. Guidance should also be given as to the numbers of repetitions to be performed and any other

characteristics of the exercise. A copy of the patient leaflet “Elastic Resistance Exercise Products” should be provided to the patient to take away with them. Patients with any allergy to latex should be given only latex-free band. It is best practice to have only latex-free band available.

- 5.3 Potential Dangers.** Information that EREPs may slip from the attachment point or at the end which is held in the hand should be given to the patient. Hand cream should not be used in conjunction with EREP as it can weaken the material leading to sudden failure. It is important to ensure that the attached end is securely anchored using a suitable knot and to gauge that the object to which it is attached is itself sufficiently heavy or well anchored to provide an immovable attachment point. For example, a door handle used as an attachment should be on a door which will not be opened or which is locked. Similarly, the end of the EREP held in the hand should be securely wrapped around the hand to ensure a strong attachment. Children should be appropriately supervised by an adult when using EREP.

Information should be given about the need to avoid recoil of a stretched band into the eyes. A secure attachment and safe use of the product makes it extremely unlikely that this will happen.

- 5.4 Visual inspection.** A brief but thorough visual inspection should be made of equipment prior to its use to detect any obvious safety problems such as tears or nicks. Where faults are detected the equipment should be withdrawn from use immediately and disposed of.
- 5.5** The type and strength of EREP used should be recorded in the patient notes.
- 5.6 Infection Prevention and Control.** All equipment should be used in a way that aims to minimise the risk of infection being transmitted. Users should follow the relevant SCHAT Infection Prevention and Control policies as listed below in associated documents. EREP products are single patient use. If they do require cleaning, then this should be done with detergent and warm water or detergent wipes. Where drying is required, this should be done immediately after cleaning using a paper towel and the EREP should then be dusted with talcum powder. Storage should be in an envelope with the patient’s notes.

6 Consultation

Consultation was carried out with SCHAT Physiotherapy Team Leaders via email and discussion.

Chris Hodnett	Paediatric Physiotherapy, Team Leader
Colette Bourne	Market Drayton Clinic, Physiotherapy Team Leader
Claire Strickland	Whitchurch Community Hospital, Physiotherapy Team Leader
Annie Vale	Bridgnorth Community Hospital, Physiotherapy Team Leader
Beverly Terrington	Ludlow Community Hospital, Physiotherapy Team Leader
Liz Watkins	Head of Infection Prevention and Control

7 Dissemination and Implementation

The policy will be disseminated electronically to team leads in SCHAT and available to all staff via the Trust Intranet.

8 Monitoring Compliance

Compliance will be monitored by the Team Leads in SCHAT via supervision, the appraisal process and audit.

9 References

CSP Quality Assurance Standards (2012)

CSP Code of Members' Professional Values and Behaviour (2011)

10 Associated Documents

SCHAT Consent to Examination or Treatment Policy

SCHAT Cleaning and Disinfection Policy

SCHAT Hand Hygiene Policy

SCHAT Standard Precautions including Surgical Hand Scrub, Gowning and Gloving Policy

SCHAT Clinical Record Keeping Policy