Titled Neurological Physiotherapist

Guidelines for submission of evidence portfolio and clinical examination

This document provides an overview of the skills, competencies, and capabilities a neurological physiotherapist should demonstrate to be credentialed as a Titled Neurological Physiotherapist. This will be assessed via submission of a portfolio of evidence and a clinical examination. The submitted portfolio will need to demonstrate evidence of a neurological physiotherapist operating at Milestone 3 of the Physiotherapy Competence Framework across the seven roles (Physiotherapy Practitioner, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional).

This document is to be read in conjunction with the **Titling Evidence Portfolio Learning Outcomes** document.

Evidence Portfolio & Clinical Practice Domains

It is within the Physiotherapy Practitioner role that the specific clinical practice domains for Milestone 3 Neurology sits. Overall, Neurological physiotherapy involves promotion of health, prevention and/or minimisation of health risks, and management of conditions related to the central and peripheral nervous system, inclusive of the systems involved in postural control and balance.

A neurological physiotherapist operating at Milestone 3 will have achieved clinical competence in delivering safe and effective management of a broad range of complex neurological conditions within a variety of clinical settings (where applicable). The clinical practice domains and competencies described below are required to be demonstrated in the submitted evidence portfolio and/or clinical examination.

The neurological physiotherapist clinical practice domains include acquired or progressive neurological or balance disorders of the:

- A. Central Nervous System
- B. Peripheral Nervous System
- C. Vestibular System

A Titled Neurological Physiotherapist will be able to:

- Apply a comprehensive knowledge of biological, psychological, and social sciences relevant to neurological physiotherapy practice.

- Complete a client-centered assessment of function and underlying neurological impairments to inform clinical reasoning and provide differential diagnosis for a patient with a neurological or balance condition (see below), which has a clear sequence and flow, and can be appropriately adapted for:
  - the type of condition
  - the individual patient based on the patient's gender, values, biases, culture, and psycho-social needs

- As part of the assessment, can identify other health determinants which may affect the patient, their condition, and their clinical outcome, which may include (but not limited to) :
  - Co-morbidities
  - Past medical and surgical history
  - Cultural influences

- Psycho-social influences
- Cognition
- Age
- Presence of behavioral and psychological symptoms associated with conditions including dementia
- Access to service provision and funding models

- Selects appropriate outcome measures from different domains based on the International Classification of Functioning, Disability and Health to aid assessment and re-assessment of the patient. Examples include, but not limited to, motor and sensory abnormalities, hypertonicity, gait disturbance, vestibular dysfunction and imbalance.

- Collaboratively discusses the assessment findings and differential hypotheses with a patient for planning management.

- Selects appropriate physical assessment techniques for examining the patient based on the patient history and hypotheses created from the history. For neurological conditions, this will include a thorough:
  - functional assessment
  - impairment assessment

- Appropriately considers and interprets the results of any imaging or investigations to inform clinical reasoning for overall client management.

- Applies precise clinical reasoning and a shared decision-making model to interpret findings and synthesise an accurate differential diagnosis and an individualised management plan.

- Implement patient-centred, interdisciplinary goal-setting practice within an evidence based framework that supports patient participation in rehabilitation across the continuum of care.

- Demonstrates knowledge and patient specific application of evidence-informed practice in clinical reasoning and treatment planning.

- Applies execution of the selected interventions in a skillful and safe manner as appropriate and progresses or modifies the intervention/s based on client's response.

- Considers and prescribes suitable assistive technologies including mobility aids and orthotics.

- Can assess and manage a variety of complex neurological health conditions (minimum of three different cases). Examples of possible conditions and co-morbidities are listed here; however, these are examples only and not necessarily required to be demonstrated.
  - Complex cases with more than one concurrent neurological health condition (e.g. stroke survivor with perceptual impairments, TBI with a multi-canal BPPV, Multiple Sclerosis with complex hypertonicity presentation and Parkinson's Disease with Functional Overlay)
  - Complex cases with challenging health determinants (e.g. home environment, social supports, model of care)

o Complex cases with at least one confounding comorbidity (e.g. Diabetes, Persistent Pain, Chronic Fatigue, Obesity, musculoskeletal disorders including rotator cuff tear and amputation)

Highly desired physical skills

As neurology is a vast clinical area, there are various clinical skills not embedded into entry to practice qualification course. It is highly desired (but not essential) that evidence of assessment of a physiotherapist's ability to perform these skills is demonstrated in the portfolio. The skills are:

- Assessment and Management of the Vestibular System
- Assessment and Management of Spasticity / Hypertonicity
- Equipment/Assistive Technology prescription

Evidence of these skills may include a face-to-face/OSCE style assessment or the completion of an appropriate accredited course.

Clinical Examination – notes to guide candidate

The clinical examination will provide the candidate the opportunity to demonstrate competence in the practitioner role however assessment will also incorporate the roles of communicator, professional and collaborator. The candidate selects one client who is able to provide consent or that consent can be obtained from a person who has a formal/legal decision-making role for the client. A video of an initial assessment and follow up is to be submitted. If the candidate works in a setting where the follow up is difficult to arrange e.g. acute care, the candidate may submit a written summary of the aspects that would form part of a follow up as well as the discharge planning information.

Client selection

Existing client base - the candidate may have an existing client whom they select to undergo another "initial assessment" taking on the assessment clients' needs at that point in time. Gaining consent from a client for the process of being filmed will be easier from a client already known to the candidate. In hospital settings, the candidate may need to request time outside of usual hours or cooperation from their employer to arrange the additional time to set up for filming and assessment. The time between assessment and follow up may be shorter and there will be opportunity to discuss potential improvement/progression that a client may gain through the written reflection. The assessor is looking at the overall candidate's interaction with the client, ability to collect information and perform assessment as well as the ability to generate a management plan and demonstrate their thought processes.

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