HARBOURLINE PHYSIO

Clinical Services Handbook

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This is a synthetic document written for a software demonstration. Harbourline Physio, its staff, insurers, addresses and document numbers are invented.

SYNTHETIC DOCUMENT: Harbourline Physio is a fictional clinic. For demonstration only.

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1. About this Handbook

1.1 This Handbook describes what Harbourline Physio treats, what it does not treat, how patients reach us, and who works where. It is written for staff and is published so that patients can see how we decide.

1.2 It is not medical advice. It does not diagnose any person. A patient's treatment is decided by the treating practitioner at an assessment.

1.3 Fees are in HP-FIN-001. Opening hours, access and home-visit radius are in the Clinic Operations Manual (HP-OPS-005).

2. Who we see

2.1 Harbourline treats adults and young people aged 12 and over.

2.2 Patients aged 12 to 15 must be accompanied by a parent or legal guardian for the whole appointment. Harbourline does not treat children under 12; they are referred to the NHS children's physiotherapy service (clause 7.4).

2.3 Clinical Pilates is open to patients aged 16 and over, after an initial assessment.

2.4 Harbourline does not require a GP referral. Some insurers do; see HP-FIN-002.

3. Conditions we treat

3.1 Table 1 lists the main groups of condition treated by physiotherapy at Harbourline. It is a guide, not a list of every condition.

Table 1. Conditions treated by physiotherapy

Area	Examples
Back and neck	Low back pain, sciatica, neck pain, whiplash-type injuries, posture-related pain
Shoulder and arm	Rotator cuff problems, frozen shoulder, tennis elbow, wrist and hand pain
Hip, knee and leg	Hip pain, knee ligament and meniscus injuries, patellofemoral pain, hamstring and calf strains
Foot and ankle	Ankle sprains, Achilles tendon problems, plantar heel pain
Sport and running	Overuse injuries, return-to-sport programmes, running gait review
After surgery	Rehabilitation after joint replacement, ligament repair and spinal surgery, once the surgeon allows
Persistent pain	Pain lasting more than 3 months, with pacing and graded exercise
Neurological	Balance and mobility problems from stable neurological conditions
Pelvic girdle	Pelvic girdle pain in and after pregnancy

4. What we do not treat

4.1 Harbourline does not treat the following and will refer the patient on: children under 12; suspected fractures that have not been imaged; suspected cauda equina syndrome; chest pain, breathlessness or other symptoms that may be cardiac; and mental-health conditions.

4.2 Harbourline does not treat pregnancy-related conditions other than pelvic girdle pain.

4.3 Harbourline does not offer imaging, injections, prescribing, or medico-legal reports.

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4.4 Harbourline does not offer massage other than sports massage as described in clause 5.3. Relaxation and deep-tissue massage are not offered.

4.5 Urgent signs. Where a patient reports new loss of bladder or bowel control, numbness between the legs, new weakness in a leg, chest pain, or a sudden severe headache, staff tell the patient to contact emergency services or attend an emergency department, and do not book a routine appointment.

5. Services

5.1 Physiotherapy. Initial assessment (60 minutes), follow-up (30 minutes) and extended follow-up (45 minutes). Offered at both clinics.

5.2 Video follow-up. A 30-minute follow-up by video for patients who have had an in-person assessment. Not suitable where the practitioner needs to examine the patient.

5.3 Sports massage. Soft-tissue treatment for active people, in 30 or 60 minutes, delivered by a Sports Massage Therapist. Offered at both clinics.

5.4 Acupuncture. Offered at the Quayside Clinic only, by a physiotherapist trained in acupuncture, as part of a physiotherapy treatment plan.

5.5 Clinical Pilates. Small-group exercise classes of up to 6 people, led by an instructor, at the Elm Park Clinic only.

5.6 Home visits. Physiotherapy only, Monday to Friday, to patients who cannot travel to a clinic, within the radius in HP-OPS-005. Carried out by Tomasz Wierzba or Elena Marsh.

6. Contraindications and precautions

6.1 A contraindication is a reason a treatment is not given. Table 2 lists the standing rules. The treating practitioner decides in each case.

Table 2. Contraindications and precautions by treatment

Treatment	Not given when	Precaution
Acupuncture	The patient has a pacemaker; the patient takes anticoagulant medication and has no letter from their GP; the patient has a needle phobia they cannot manage	Patient eats before treatment and tells the practitioner of any bleeding disorder
Sports massage	Within 6 weeks of surgery on the area; over open wounds, rashes or infection; with a fever; with suspected deep vein thrombosis	Pressure is adjusted for patients who bruise easily
Clinical Pilates	During an acute injury before assessment; with unmanaged high blood pressure; before 12 weeks after any abdominal surgery	Pregnant patients tell the instructor at the start
Manual therapy (physiotherapy)	Over unhealed fractures; where bone disease has been identified and the GP has not cleared treatment	Technique chosen after the assessment
Home visits	The patient lives alone and cannot let the practitioner in; there is a risk to staff safety at the address	A second visitor or a check call may be arranged

6.2 A GP letter, where required by Table 2, is kept in the patient's record. Harbourline does not accept a verbal assurance that a letter exists.

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6.3 Patients complete a health questionnaire before the first appointment, and are asked at each visit whether anything has changed.

7. Referral pathways

7.1 Self-referral. Patients book directly through the booking link or by phone. No GP referral is needed to see a Harbourline physiotherapist.

7.2 Insurer-led. Some insurers require a GP or consultant referral before they authorise treatment. Harbourline will provide a clinic letter to support the request but cannot obtain the authorisation on the patient's behalf.

7.3 Onward referral. Where assessment suggests a patient needs imaging or specialist opinion, the practitioner writes to the patient's GP, and can refer to Carrowby Imaging Partners for private imaging. The patient pays for the imaging.

7.4 Under-12s and out-of-scope conditions. Staff advise the patient to contact their GP or the NHS children's physiotherapy service in Carrowby, and record that advice.

7.5 Urgent. See clause 4.5. Staff do not wait for an assessment before telling a patient to seek emergency care.

7.6 Sports massage following physiotherapy. A physiotherapist may recommend sports massage as part of a plan. A patient can also book sports massage directly after an initial assessment.

8. Practitioners, specialisms and days

8.1 Table 3 lists the practitioners, their specialisms and the days they work at each clinic. A change to the rota is made by the Clinical Lead and published four weeks ahead.

Table 3. Practitioners and days on site

Practitioner	Role and specialism	Quayside	Elm Park
Hannah Oyelaran	Senior Physiotherapist. Back, neck, persistent pain	Mon, Wed, Fri	Thu
Callum Ridley	Physiotherapist. Sports injuries, running	Tue, Thu, Sat	Mon
Tomasz Wierzba	Physiotherapist. Neurological conditions, post-operative rehabilitation, home visits	Thu	Mon, Tue, Wed, Fri
Elena Marsh	Physiotherapist and acupuncturist. Home visits	Wed, Fri (acupuncture)	Tue
Priya Nandakumar	Sports Massage Therapist	Tue, Sat	Mon, Thu
Joanne Pike	Clinical Pilates instructor	Not on site	Tue 18:00, Thu 10:00, Sat 09:30

8.2 Saturday cover at the Quayside Clinic is provided by Callum Ridley (physiotherapy) and Priya Nandakumar (sports massage). Elm Park is closed on Saturdays except for the Saturday Pilates class.

8.3 Acupuncture is provided on Wednesdays and Fridays at the Quayside Clinic by Elena Marsh.

8.4 A patient may ask for a named practitioner. Harbourline will do its best but cannot promise it. Continuity with the same practitioner is usual for a course of treatment.

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9. Consent, chaperones and records

9.1 Practitioners explain what they propose to do and ask for the patient's consent before examination and treatment. Consent can be withdrawn at any time.

9.2 A chaperone is offered for any examination the patient might find intimate. The arrangements are in HP-OPS-005.

9.3 Clinical records are kept as described in the Patient Privacy Notice (HP-GOV-006).

10. Treatment plans, outcomes and discharge

10.1 At the initial assessment the practitioner agrees goals with the patient and an expected number of sessions. The number is an estimate and not a promise of a result.

10.2 Progress is checked with a short questionnaire every 4 sessions or earlier if the patient's condition changes.

10.3 Treatment ends when the goals are met, when the patient decides to stop, or when the practitioner judges further sessions will not help. In the last case the practitioner explains why and suggests alternatives.

10.4 Harbourline does not guarantee any treatment outcome.

11. Feedback and complaints

11.1 Feedback goes to the Clinical Lead at clinical@harbourline.example. A complaint is acknowledged within 3 working days and answered in full within 20 working days.

11.2 A patient who is unhappy with the answer can ask the Practice Manager to review it.

12. Approach by condition group

12.1 Back and neck. The first appointment looks for signs that need urgent action (clause 4.5), then movement, strength and what the patient does day to day. Treatment is usually advice, exercise and hands-on techniques. Imaging is not usually needed and is only suggested when the findings call for it.

12.2 Shoulder and arm. Treatment centres on graded loading of the affected tendon or joint. Patients are given a home programme and are asked to record how it goes.

12.3 Hip, knee and leg. Treatment combines strengthening, movement retraining and load management. Patients who run or play sport may be offered a running-gait review with Callum Ridley.

12.4 After surgery. Rehabilitation begins only when the surgeon's protocol has been seen. A patient should bring the surgeon's discharge letter to the first appointment. Tomasz Wierzba leads post-operative rehabilitation.

12.5 Persistent pain. Appointments focus on understanding pain, pacing activity and building up gradually. Hannah Oyelaran leads this work and may suggest extended follow-ups.

12.6 Neurological conditions. Harbourline treats balance and mobility problems from stable conditions. It does not manage a new or worsening neurological condition, which is referred to

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the patient's GP the same day.

12.7 Pelvic girdle pain. Patients are treated with exercise, support advice and hands-on techniques chosen to suit the stage of pregnancy. Other pregnancy-related problems are referred to the midwife or GP.

13. Infection prevention and equipment

13.1 Treatment couches are cleaned between patients. Practitioners clean their hands before and after each appointment. Single-use needles are used for acupuncture and disposed of in a sharps bin.

13.2 Patients with a cough, fever or other symptoms of infection are asked to rearrange or to book a video follow-up. Such a change is treated as a clinic cancellation under HP-POL-003 only where the practitioner asks for it.

13.3 Exercise equipment, including resistance bands and Pilates reformers, is checked monthly. Faulty equipment is withdrawn the same day.

14. Safeguarding

14.1 All staff are trained in safeguarding children and adults at risk. A concern is reported to the Clinical Lead the same day.

14.2 Where a young person aged 12 to 15 attends, the accompanying adult stays in the room for the appointment, unless the young person and the adult agree otherwise and the practitioner is content.

15. Glossary

Table 4. Terms used in this Handbook

Term	Meaning
Initial assessment	The first 60-minute appointment, at which history is taken, the patient is examined and a plan is agreed
Follow-up	A 30-minute treatment appointment after the initial assessment
Extended follow-up	A 45-minute treatment appointment agreed by the practitioner as clinically needed
Contraindication	A reason a treatment must not be given
Red flag	A symptom that may mean a serious condition and needs urgent medical attention
Onward referral	Sending a patient to another service, such as imaging or a GP, for something Harbourline does not provide
Chaperone	A member of staff present during an examination
Specialism	An area of practice in which the practitioner has additional training and experience

16. Appendix A: Which service for which need

16.1 Table 5 is a guide for reception staff when a patient asks which service to book. It does not replace the practitioner's judgement.

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Table 5. Choosing a service

Patient says	Usual first booking	Notes
Not seen by Harbourline before, any problem within scope	Initial assessment (physiotherapy), 60 minutes	Required before other services (HP-FIN-001, clause 3.2)
Wants sports massage only	Initial assessment first, unless seen in the last 12 months	Then sports massage with Priya Nandakumar
Wants acupuncture	Initial assessment, then acupuncture at Quayside	Wednesday or Friday with Elena Marsh
Wants Pilates	Initial assessment, then Pilates at Elm Park	Aged 16 or over
Cannot travel to a clinic	Home visit (physiotherapy)	Within 10 miles, Monday to Friday
Lives outside the area and has been assessed in person	Video follow-up	Not for patients who need hands-on examination
Reports a red flag	No routine booking	Advise emergency care (clause 4.5)

17. Document control

17.1 This Handbook is owned by the Clinical Lead and reviewed once a year. The version on the cover is the version in force.

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