

REFERENCES

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Physiotherapist/Assistant _____

Full-time/Part-time _____

Date

Unique Identifier

Exercise Rehabilitation

	Treatment	Mon	Tue	Wed	Thu	Fri	Sat	Sun
A	Adult Cardio - Thoracic pts. (have undergone valve MVR)							
B	Paeds cardio thoracic pts (Have undergone valve MVR)							
C	Acute pre D/C							
D	Thoracic O's							
E	Cardio thoracic grp class exercise							
F	Acute Lung redn O CPT							
G	Exercise Lung O CPT							
H	Breathing excs./postural drainage							
I	Other Cardiac excs. Test							
J	Cardiac Group education							
K	Respiratory grp classes /relaxation							
L	Cardiac risk factor assess (inpt)							
M	Cardiac risk factor assess (outpt)							

2	Direct patient time/ groups							
3	Indirect patient time							
3.1	Writing reports							
3.2	Discussion around patient - to DR, pt, OT, SR, ST, Family & ward rounds							
3.3	Phone for appointment							
3.4	Return patient calls							
3.5	Collect assisting devices							
4	Meetings							
4.1	Unit Meetings							
4.2	Staff Meetings							
4.3	Exec Meetings							
4.4	Others							
5	Admin							
5.1	Stats							
5.2	Getting things repaired/fixed							
5.3	Filing - forms, leave, repairs eetc							
6	Own Education & Development							
6.1	Ward Round							

6.2	Reading							
6.3	Continued education in Unit							
6.4	Training Club/Lectures/Fridays							
7	Education of other groups							
8	Supervision of own assistants							
9	Supervision of students							
10	Tea/Lunches							
11	Personal general - general personal issues e.g taking the car to the garage							
12	Standing time							
12.1	Stairs/walking/lifts							
12.2	Waiting for patients							
12.3	Bedpans							
12.4	Waiting on phone							
12.5	Cleaning patients							
13	No of patients not treated							

APPENDIX 2

