



Physiotherapy & Rehabilitation Services Manual



Annual Documents Adequacy & Change Requirements Review

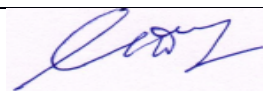
Sr.No	SOP /Doc No	Documents Name	Issue. No	Rev.No	Review Date	Change	Rev No	Revision Date	Reason for Change	Amendment
1	SDH/PHY/01	Introduction	1	2	1 JAN 2025	No Any Change	2	1 JAN 2026	No Any Change	NO any Amendment History
2	SDH/PHY/02	Organization Structure	1	2	1 JAN 2025		2	1 JAN 2026		
3	SDH/PHY/03	Scope of Physiotherapy	1	2	1 JAN 2025	No Any Change	2	1 JAN 2026	No Any Change	NO any Amendment History
4	SDH/PHY/04	Staff Roles and Responsibilities	1	2	1 JAN 2025	No Any Change	2	1 JAN 2026	No Any Change	NO any Amendment History
5	SDH/PHY/05	Definitions	1	2	1 JAN 2025		2	1 JAN 2026		
6	SDH/PHY/06	Inpatient Work Process	1	2	1 JAN 2025	No Any Change	2	1 JAN 2026	No Any Change	NO any Amendment History
7	SDH/PHY/07	Outpatient work process	1	2	1 JAN 2025	No Any Change	2	1 JAN 2026	No Any Change	NO any Amendment History
8	SDH/PHY/08	Initial Assessment of patient	1	2	1 JAN 2025		2	1 JAN 2026		
9	SDH/PHY/09	Discharge Planning	1	2	1 JAN 2025		2	1 JAN 2026		

10	SDH/PHY/10	Exercise Therapy	1	2	1 JAN 2025		2	1 JAN 2026		
11	SDH/PHY/11	Patient Safety	1	2	1 JAN 2025		2	1 JAN 2026		
12	SDH/PHY/12	Maintenance of patient	1	2	1 JAN 2025		2	1 JAN 2026		
13	SDH/PHY/13	Maintenance of Equipment	1	2	1 JAN 2025		2	1 JAN 2026		
14	SDH/PHY/14	Quality assurance in the department of physiotherapy	1	2	1 JAN 2025		2	1 JAN 2026		
		Original Date	Effective Date		Next date of revision		Issue NO			
		05 Mar 2021	01 JANUARY 2026		01 Jan 2027		1			
Reviewed & Prepared By			Recommended By				Approved By			
Dr.Sarvesh Rasal		Mrs.Renuka Sonawane	Dr.H.Kalgaonkar				Dr.S.S.Deepak			
Physiotherapist		Quality Co-ordinator	Quality Head				Chairman & Managing Director			
										

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Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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1. Introduction:

The purpose of the Physiotherapy Department is to provide an expert physiotherapy service, with systematic methods of assessing Cardio-Vascular & Respiratory, Musculo-Skeletal, Neuro-Muscular, and Developmental Disorders etc. Including disorders of function, pain and dealing with or preventing these problems by natural methods based essentially on movement, manual therapy and physical Agents (Heat, Cold Electrical Etc.), Electrical Modalities and Exercises.

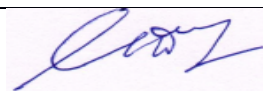
Location: The Physiotherapy Department is on the terrace floor and the services are also offered at the bedside for IPD patients.

Service Timings: Physiotherapy services are offered between 8am to 5pm during working days. Also these are provided to IPD patients as and when required.

2. Scope: Includes staff and patients involved in the process.

Physical therapy is concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, diagnosis, treatment/intervention, and rehabilitation. We are the healthcare professionals who diagnose and treat individuals of all ages, from newborns to the very oldest, who has medical problems or other health-related conditions, illnesses, or injuries that limit their abilities to move and perform functional activities of daily living.

Statement of scope	Treatment of patients on OPD & IPD basis for pain relief, neurological rehabilitation, post-surgical treatment & sports medicine, cardiovascular and respiratory rehabilitation, obesity management, chest physiotherapy and general fitness.
Inclusions	Electrotherapy: 1. One S.W.D. 2. Two I.F.T. 3. Two U.S. (1MHz; 3MHz.) 4. One M. S. + TENS. 5. One Clinic wax bath. 6. One lumbar cum cervical traction.

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	7. Two traction table. 8. One LASER 9. Two C.P.M. 10. One Vectrostim Plus
	Exercise Therapy: 1. Shoulder wheel cum wrist pronator/supinator 2. Quadriceps Board 3. Sand bags 4. Velcro Straps 5. Therabands (Five colors) 6. Dumbbells (1,2,3 Kg) 7. Medicine Ball's (1,2,3 Kg) 8. Kinesiology Tape 9. Weight Cuff's (1,2,3 Kg) 10. Palmer Exerciser (Light, Medium, Heavy) 11. Balance Boards 12. Stability Trainers 13. Foam Roller 14. MFR Roller
Exclusions	Parallel Walking Bar, Overhead Pulley Exerciser, Static Cycle.
Outsourcing	Nil

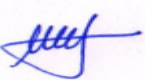
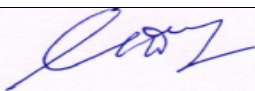
3. **Organization Structure:** A senior qualified physiotherapist (MPT) and two qualified assistant physiotherapists (BPTth) work under HOD. The HOD is advised by the concerned orthopedics, neurologists, surgeons or physicians. The physiotherapists are assisted by qualified assistants with Diploma in Physiotherapy Certification.

4. **Staff Roles and Responsibilities:**

a. **Head of the Department:**

In charge of physiotherapy department

- Up- gradation of department
- Distribution of work

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- Monitoring assessment and setting treatment protocol for every patient as well as keeping followup
- Conducting seminars and training of therapist
- Representative of department at general meetings
- Overall management of the department

b. Asst. Head of the Department:

Monitoring and assessing and treatment of patients mainly OPD & IPD Patients

- Up-gradation of Department
- Up-gradation of treatment in the department
- Conducting classes, seminars & training inside and outside the department
- Planning & Execution of developmental programs of the department
- Evaluation and treatment of patients

c. Physiotherapists

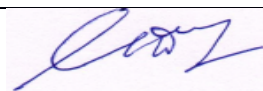
- Evaluation and treatment of patients
- Documentation in charge, including Listing of OP & IP register, arrangement of Monthly Reports
– Collection, IP & OP Statistics, Doctors List
- Wards & ICU in charge

d. Assistants

- Operation of Electrical and Non electrical modalities under the supervision of Physiotherapist
- Opening the department
- Cleaning of Electrodes & Electrical modalities
- Store indent
- Keeping the towels in moist heat room in order
- Plugging on the machines
- Closing and plugging of Electrical modalities
- Changing linen in the department
- Keeping the wax bath room neat & tidy
- Reaching cotton, sticking tapes, gel & water to the cabins
- Reaching the modalities to biomedical department for repair

5. Definitions:

e. Postural Drainage Positioning the patient according to the anatomy of the

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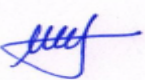
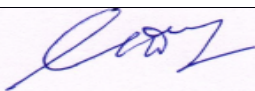
bronchial tree in order to use gravity to assist drainage of secretions.

- f. **Gait Training** Gait training begins by teaching transfers to the bed, mat and wheel chair, then improving standing balance on the affected limb. The patient is taught the most optimal gait pattern in and out of the parallel bars, and on stairs, ramps, and curbs. Orthotics (braces) and other assistive devices are used to correct gait deviations, and may decrease energy expenditure during gait. Harnesses to provide partial body weight support may accelerate early ambulation.
- g. **Vertigo** or dizziness is a symptom, not a disease. The term vertigo refers to the sensation of spinning or whirling that occurs as a result of a disturbance in balance (equilibrium). It also may be used to describe feelings of dizziness, faintness, and unsteadiness vertigo usually occurs as a result of a disorder in the vestibular system (i.e., structures of the inner ear, the vestibular nerve, brainstem, and cerebellum). The vestibular system is responsible for integrating sensory stimuli and movement and for objects in visual focus as the body moves.
- h. **Cardiac Rehabilitation** It is a medically supervised program designed to improve patient's cardiovascular health, if patients have experienced heart attack, heart failure, Angioplasty or Cardiac Surgery.

It has three equally important parts:

1. Exercise counseling and training: Exercise gets your heart pumping and entire cardiovascular system working, patient will learn how to get body moving in ways that promote heart health.
2. Education for Heart-Healthy living: A key element of cardiac rehab is educating patients and their caregivers: how can they manage risk factors? Quit smoking? Make heart healthy nutrition choices?
3. Counseling to reduce stress: stress hurts your heart. This part of cardiac rehab helps patients identify and tackle everyday source of stress.

- i. **Pulmonary Rehabilitation** Is an 'individually tailored and designed, multidisciplinary program of care' for patients with chronic respiratory impairment. There are several guidelines that define pulmonary rehabilitation practice.

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Effective management of chronic pulmonary diseases aims to:

1) Prevent progression; 2) relieve symptoms; 3) improve exercise tolerance; 4) improve health status; 5) prevent complications; 6) prevent exacerbations; and 7) reduce mortality.

Pulmonary rehabilitation is a central aspect of the treatment of chronic obstructive pulmonary disease (COPD) and other chronic respiratory diseases, for which treatment other than smoking cessation and long-term oxygen therapy largely aims at improving symptoms.

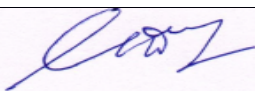
- j. **Chest Physiotherapy** A **broad term** used in research that incorporates physiotherapy treatment techniques that address the removal of secretion and improve airway clearance thereby help to improve respiratory efficiency. Chest physiotherapy is the term for a **group of treatments** designed to eliminate secretions, thus helping to decrease work of breathing, promote the expansion of the lungs, and prevent the lungs from collapse.

Chest physiotherapy techniques can be classified as **conventional, modern, or instrumental techniques** based on evolving research.

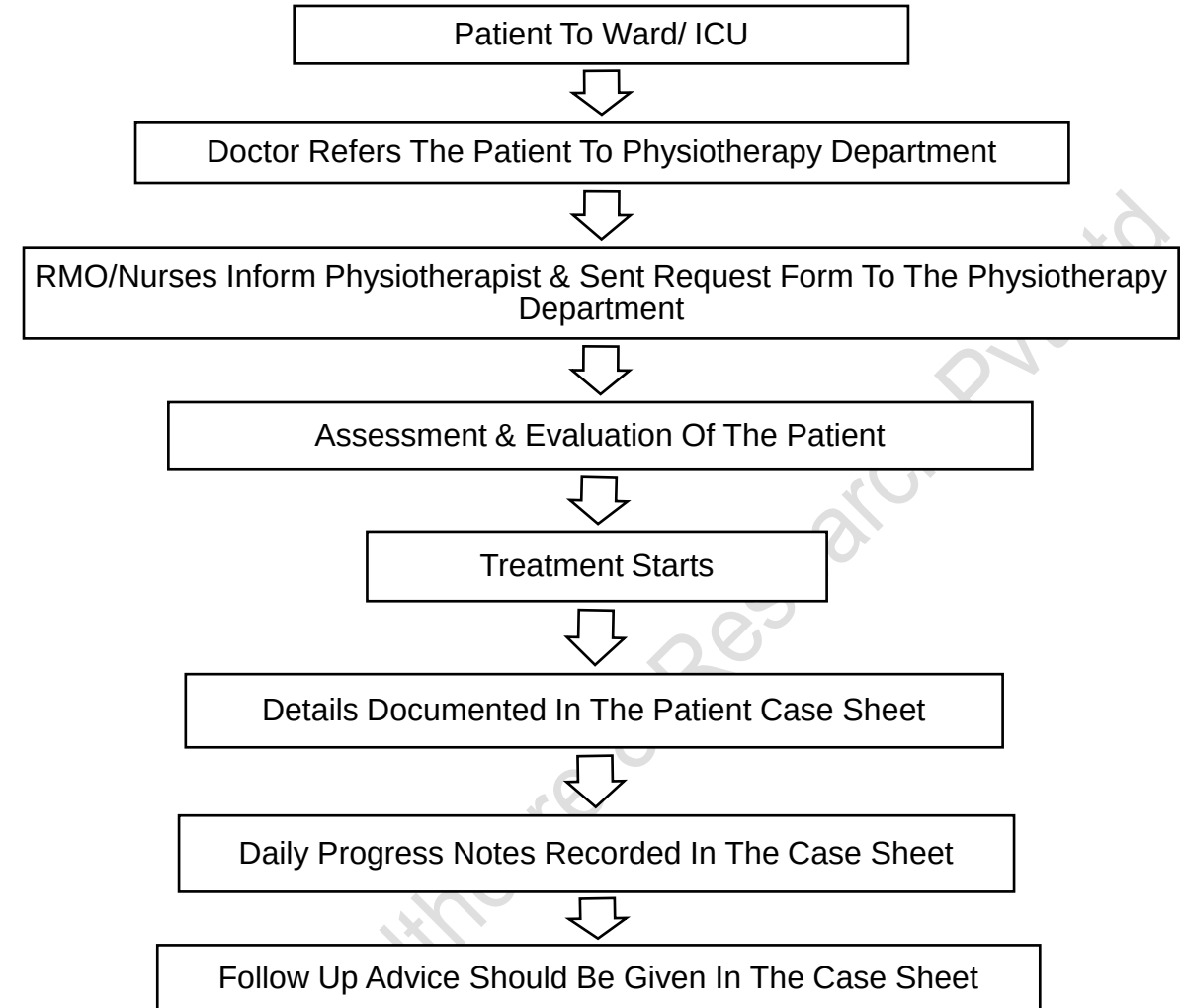
This includes following techniques:

1. Postural drainage along with percussion and vibration
2. Positioning
3. Bronchial hygiene therapy
4. Breathing exercises and manual hyperventilation
5. Forced expiratory technique
6. Active cycle of breathing and autogenic drainage Positive expiratory pressure & High-Frequency
7. Chest Wall Oscillation technique.

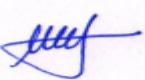
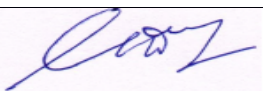
6. Inpatient Work Process:

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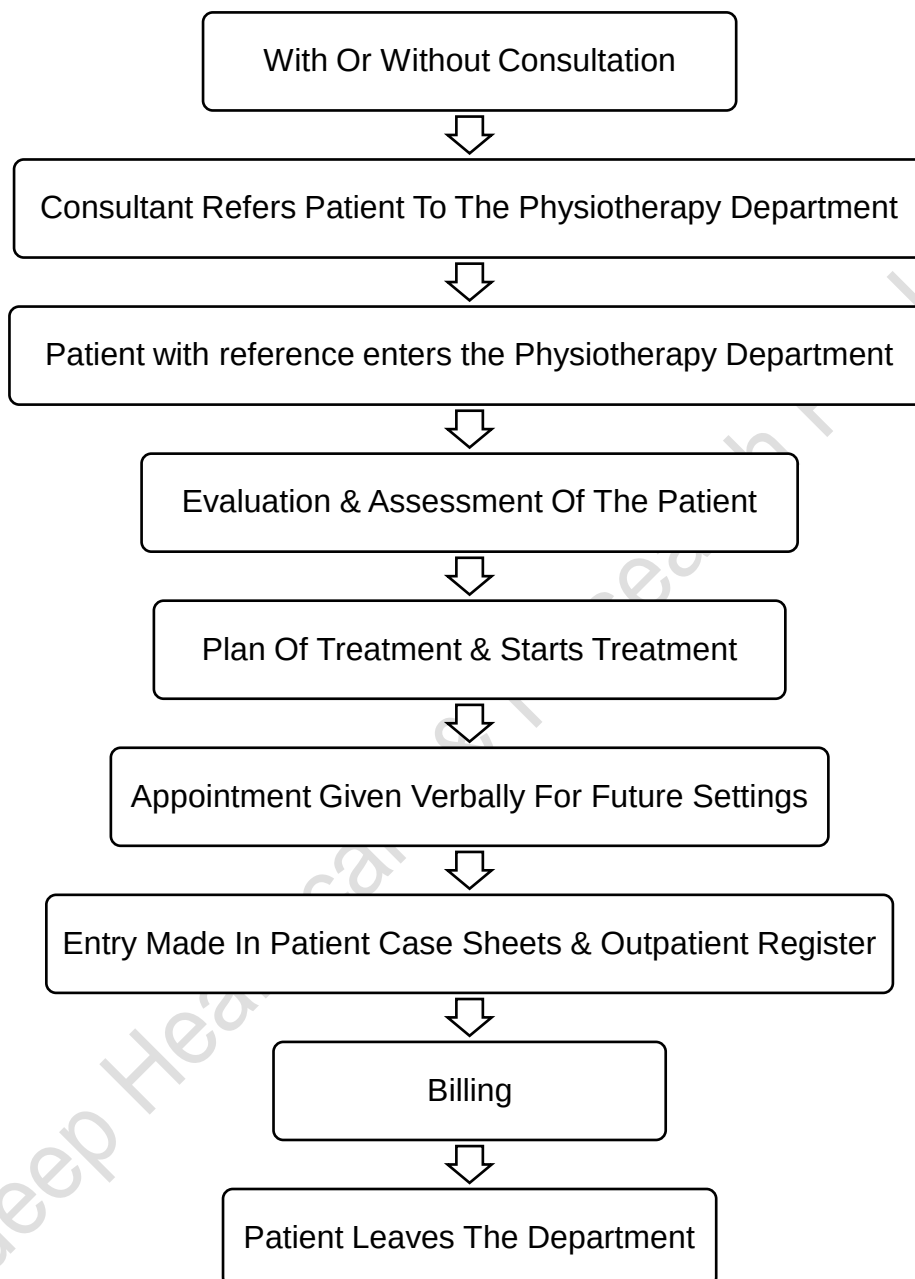
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7. Outpatient work process:

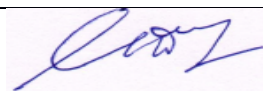
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8. Initial Assessment of patient:

An initial assessment of every patient will be entered by a physiotherapist in the patient's case sheet, for inpatient initial assessment must be recorded in the patient's bed side ticket.

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i. Initial assessment will include information gathered by the physiotherapist as follows:

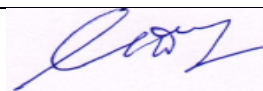
- i. Past medical history, surgical history, present complaints and forms of treatment
- ii. Doctor provided primary and secondary diagnosis, with onset
- iii. Patient's current clinical condition
- iv. Pain assessment
- v. Muscle power
- vi. Range of motion
- vii. Functional limitations
- viii. Problems of dysfunction
- ix. Activities of daily living (ADL)
- x. Splints used or anticipated if headed
- xi. Treatment plan

All assessment and evaluation must be performed by the physiotherapist. Patient's progress is entered in patients case sheet/Bed side Ticket as applicable and will exhibit overall response to the initial treatment plan.

9. **Discharge Planning:** Patient will be discharged from the department according to the assessment of the patient's level of functioning and treatment goal after discussion with concerned consultant. Through assessments and evaluations of patient progress, discharge plans will be formulated. An assessment of the patient's home program will be made upon initial assessment to allow for formulation of early plans for discharge.

i. **The Discharge plan includes:**

- i. Total length of time in active physiotherapy care.
- ii. Comparison of all objective data (range of motion, strength, special testing) to initial findings
- iii. Comparison of patient complaints.

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- iv. Treatment provided to the patient during the course of hospital stay.
- v. Patient's current clinical condition and status as discharged from active physiotherapy care
- vi. Plans for discharge will be formulated in a collaborative manner with the patient.
- vii. Communication with the consultant about the patient's condition
- viii. Arrangement of all necessary medical aids for the patient prior to discharge
- ix. The patient will be discharged when the above mentioned criteria have been met.

If the inpatients have to continue physiotherapy after discharge will be mentioned in the discharge summary by the consultant.

10. Treatment modalities:

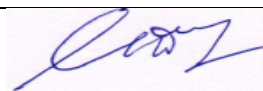
a. Exercise Therapy:

Procedure:

Exercise is physical activity in order to improve one's health. Physicians, and physical therapist, have found that exercise plays an important role in the maintenance of brain, nerve and muscle function in the human body. Therapeutic exercises have been designed to enhance a variety of aspects of physical fitness in patients suffering from diseases and dysfunctions. New research suggests that exercise may delay mental deterioration with age and disease.

Goals of Exercise therapy

- i. To improve blood circulation
- ii. To improve co-ordination
- iii. To Maintain balance
- iv. To increase muscle power
- v. To improve Joint mobility
- vi. To improve flexibility
- vii. To strengthen the muscles
- viii. To increase respiratory capacity

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- ix. To improve cardiovascular and respiratory endurance

Preparation of the patient:

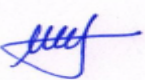
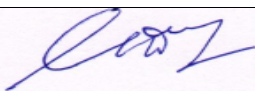
- i. Positioning the patient
- ii. Explanation and demonstration of the exercise

Various types of exercise are

- i. Active exercise
- ii. Active Assistive exercise
- iii. Resistance exercise
- iv. Passive exercise
- v. Mobilization
- vi. Independence in mobility
- vii. Spinal exercise
- viii. Respiratory exercise
- ix. Strengthening exercise
- x. Co-ordination exercise
- xi. Vertigo exercise
- xii. Mat exercise
- xiii. Diabetic exercise
- xiv. Antenatal exercise
- xv. Post natal exercise
- xvi. Pre operative exercise
- xvii. Post operative exercise
- xviii. Pelvic floor exercise

b. Cardiac Rehabilitation: Phase I: Pre-Operative

During this time the physiotherapist should get to know the patient and relatives thereby achieving a good rapport and understanding with them. This makes the post-operative period much easier. The patient should have

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explained in words that he can understand simple details of the operation and about his stay in the ICU.

- Teach Breathing exercise
- Teach Coughing Technique
- Teach Spirometer
- Pre-Operative Counselling.

Phase II: Post-Operative

Day Zero -POD- Ankle Toe Movement

1st POD – 2nd POD

- Breathing exercise
- Chest Physiotherapy
- Coughing and Huffing
- Incentive Spirometer
- Mobilize the patient in bed

3rd POD – 5th POD

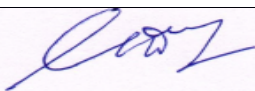
- Mobilize and ambulate the patient
- Breathing Exercise
- Coughing and Huffing
- Incentive Spirometer
- Forced Expiration Technique/ Airway clearance techniques

6th POD

- Self ambulation
- Teach stair climbing
- Teach ROM exercise
- Post-operative counselling
- Teach home exercise Programme

7th POD

- The patient will probably go home with advice to continue his walking and exercise. A list of home exercise which includes neck, shoulder girdle arm and neck movements.

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Phase III: Post-Discharge

- Improve and maintain functional capacity
- Promote self regulation of exercise program
- Promote life-long commitment to risk factor modification

c. Electric Stimulation:

Procedure:

Electrical stimulation is the use of electricity to stimulate nerves and muscles. It is used to accomplish a variety of therapeutic purposes, such as effect on de-innervated muscles stimulation increases muscle size and decreased spasm etc.

6.2.1 Preparation of the patient:

- The part to be treated must be cleaned and free from cuts, rashes or infections
- Inform the patient about the treatment and sensation to be experienced – mild prickingsensation

6.2.2 Treatment:

- Explain the procedure to the patient
- Place the dispersive electrode on an antagonistic muscle surface and active electrode over area being treated
- Set the intensity based on the muscle contraction
- Duration of the treatment 10 – 20 minutes/according to condition

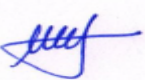
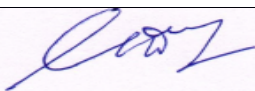
6.2.3 Precautions:

- Use correct type of current for de-innervated and innervated muscles
- Equipment should be over mackintosh sheet
- Make sure the intensity knob to be turned to zero prior to turning on the machine

6.2.4 Infection control:

- Use new cotton padding for every treatment.

d) Transcutaneous Electrical Nerve Stimulation : Procedure:

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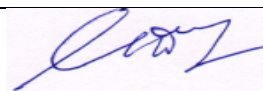
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- It is a method of producing Low frequency current low intensity selectively at any tissue depth without the problem of skin resistance
- **Preparation of patients:**
- Position the patient comfortably with the area to be treated adequately supported, exposed and relaxed.
- Inspect the part of any cuts, abrasions, excessive swelling, warmth or any skin condition.
- Inform the patient about the treatment and sensation to be experienced – a mild pricking sensation but pleasant.
- **Treatment:**
- Explain the procedure to the patient
- Apply the electrodes firmly on the patient's complaint area
- Make sure sponges are adequately damped
- Turn on the equipment, select the program, frequency, and increase the intensity up to the patient tolerance
- Duration of the Treatment – between 10 – 15 minutes, based on level
- Acute
- Sub acute
- Chronic
- **Precautions:**
- Patient should not feel the heat, burning sensation, discomfort, or pinching sensation beneath the electrode
- Do not apply electrodes over mucous membranes
- Patient should remove all kind of jewels before treatment.
- **Infection control:**
- Cleaning the electrode pads with water before and after the treatment.
- Electrode pads must be cleaned with alcohol swabs in infectious patients

11. Safety Measures:

11.1 Department Precautions:

1. The physiotherapist is responsible for maintaining safety standards, developing safety rules, supervising and training staff in departmental standards.
2. The physiotherapist is responsible for informing facility in case of any safety hazard.

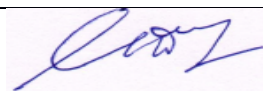
Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S. S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	

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3. All physiotherapy employees shall report defective equipment, unsafe conditions and acts, or safety hazards to the head of the department.

4. Safety measures include:

- Keeping electrical cords clear of passageways. Avoid using electrical extension cords.
- Proper storage of all equipment and supplies. Do not store heavy items on top shelves. Scissors, knives, pins, razor blades and other sharp instruments must be safely stored and used.
- Turning off all electric machines with heat producing elements when not in use.
- Notification to facilities department immediately of improper illumination and ventilation.
- Arrangement of furniture and equipment must be arranged to allow passage and access to exit's at all times.
- Giving information regarding minor spills, such as water to cleaning team by the employee who discovers the spill immediately.
- Reporting faulty equipment to the biomedical department for equipment maintenance or vendor as per policy.
- Obey warning signs.
- Usage of appropriate personal protective equipment.
- Safety precautions such as closing file drawers and cabinet doors when not in use. Open only one drawer at a time. Even distribution of material to prevent the file cabinet from being unbalanced and tipping over

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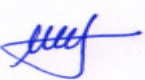
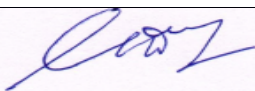
- Frequently inspect cords, plugs, switches, sockets and outlets for damage. Report any defects such as frayed cords, broken plugs, etc. immediately.
5. Not leaving equipment standing in traffic lanes. Return equipment to its proper location when not in use. Do not obstruct fire equipment. Know location of firefighting equipment and how to use it. Know evacuation routes and what to do in case of fire.

11.2 Patient Safety:

- Patient's safety is at all times given highest priority. No action should be undertaken which would knowingly be harmful or potentially harmful to patient
- All patients shall receive the utmost care and attention from the physiotherapy staffs. All patients shall be assured of their privacy and dignity while on their treatment.
- Explanation of the procedure to be given before the treatment.
- No In-patients will be shifted to the physiotherapy department for treatment without an accompanying hospital staff.
- Patients will be lifted correctly. Get help when needed. Use mechanical aids when necessary.
- Be sure that disc and pads are wrapped with towels to prevent accidental burns to the patient.
- Obtain the necessary assistance to safely aid the patient in ambulating and exercise therapy.
- Do not leave elderly, paediatric or confused patients unattended on therapy tables.
- When transporting a patient to the treatment area by wheelchair, take the following safety precautions.
 - Lock the wheel brakes or otherwise secure the vehicle in place before moving patient to/from transport.
 - Prevent the patient from falling by using safety belts or side rails.

Position yourself at the patient's head, push slowly, steadily.

12. Maintenance of patient's confidentiality:

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e. In the course of performing work responsibilities all information with regard to patient, their family, their physician and / or the hospital will be kept confidential.

f. Physiotherapists are cautioned by the administration of the hospital not to discuss any such information with others.

Causal comment with fellow co-workers in the hallways, lobby or other place may be overheard and violate the trust others have placed in physiotherapist.

13. Maintenance of Equipment & Logging of Complaint:

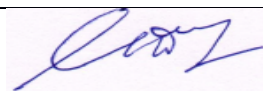
The following aspects of equipment maintenance are to be ensured:

Periodic Servicing:

- Periodic servicing must be done as instructed by the respective instrument's manual or by the company person. Mention in the equipment history card the date of equipment commissioned and break down during warranty period.
- Equipment not working must be tagged "OUT OF ORDER"
- Any work carried out by the instrument/ equipment's technician or engineer should be recorded in Instrument History card as follows:
 - Date of servicing
 - Problem reported.
 - Observation.
 - Action taken.
 - Signature of the Technician.

Logging complaint during Breakdown

- First switch off the equipment.
- Inform the In-charge of equipment maintenance and higher authorities.
- Raise the work order.
- The company person is called.
- Log complaint to company service department.
- Display out of order board near the machine.
- Log the incident in the History card with time.

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Once the engineer has diagnosed the problem inform authorities.

14. **QUALITY ASSURANCE IN THE DEPARTMENT OF PHYSIOTHERAPY:**

In the pursuit of excellence the department adheres to practices that are of national and international levels.

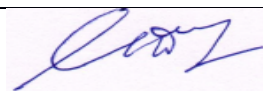
The following are strictly observed for this.

- i. There will be a manual available for the department and all staff members will be trained by the Chief Physiotherapist.
- ii. The staff members will be posted for duty in such a way mixing both male and female staff members to provide treatment accordingly.
- iii. Patient privacy will be assured at all instances.
- iv. There will be a system of scheduling the appointments.
- v. There will be a documented therapy plan as per the advice of treating physician.
- vi. Efficient preventive maintenance program are implemented for the equipment's in the department.
- vii. The equipment are checked on daily basis for electrical short circuits, shock, etc. by maintenance department.
- viii. There will records maintained for the treatment procedures.
- ix. A procedure for referral instituted for bed side therapy.
- x. Feedback must be obtained from the treating physician regarding the efficacy of treatment.

There will be a procedure for reporting the sentinel events.

Following are considered specifically as sentinel events in Physiotherapy:

- i. Electrical shock
- ii. Burns
- iii. Wrong site, Wrong side
- iv. Fire

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v. Sudden equipment failure

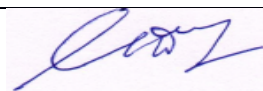
vi. Fall during the procedure

The incident report will be generated by the concerned and the Quality control committee shall investigate and take appropriate actions.

Evaluation: The evaluation will be done on monthly basis regarding the quality elements in the department by the quality control committee upon the reports provided by the Physiotherapist.

15. Registers & Forms:

- Physiotherapy Department Register
- Assessment Form
- Reassessment Form
- ROM Exercise Chart
- Consent Form

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