

Physiotherapist Checklist – final patient screening

AFFIX PATIENT ID LABEL

The following conditions are contra-indications for Manual Chest Therapy. They may not be routinely diagnosed and recorded in patient notes. If you consider ANY apply, EXCLUDE patient from trial.

CONTRA-INDICATION	YES	NO	NOT KNOWN
Raised intracranial pressure			
Uncontrolled hypertension (diastolic > 110)			
Pulmonary Embolism			
Coagulopathy (platelets <50)			
Coagulopathy INR >3			
Bronchopleural Fistula			
Subcutaneous Emphysema			
Left Ventricular Failure = primary diagnosis			

The following risk factors impact on patient suitability for manual chest therapy. Assess their likely presence/absence and use your clinical judgement to decide whether Manual Chest Therapy remains appropriate for this patient.

RISK FACTORS	NO	NOT KNOWN	YES	Include? (√, x)	Reason (brief explanation for decision)	
Pleural effusion						
Pulmonary TB						
Empyema						
Lung contusion						
Rib fracture						
Flail Chest						
Wound/healing tissue on thorax						
Recent spinal infusion/anaesthesia						
Distended abdomen						
Patient complaint of chest-wall pain						
Patient confused and/or anxious						
Other						
INCLUDE PATIENT IN TRIAL?					YES(√)	NO(x)