



**Wirral University  
Teaching Hospital**  
NHS Foundation Trust

Allied Health Professions (Physiotherapy, Occupational Therapy, Dietetics and Speech and Language Therapy)

Children's Physiotherapy Department  
Cherry Tree House  
Clatterbridge Hospital  
Clatterbridge Road  
Bebington  
Wirral  
CH63 4JY  
0151 514 2525

## **EARLY YEARS PHYSIOTHERAPY REFERRAL CRITERIA**

The Early Years Community Paediatric Physiotherapy Service provides assessment and a range of therapeutic interventions for children between birth and school age.

### **Referral Procedure**

We accept referrals from health care professionals e.g. Health Visitors, Allied Health Professionals, G.P's and Paediatricians. Phone calls are welcomed to clarify the appropriateness of the referral. Office number: 0151 514 2525

All referrals need to be completed on a Children's Therapy Referral Form and sent to:

**[wuth.wirralchildrenstherapyservice@nhs.net](mailto:wuth.wirralchildrenstherapyservice@nhs.net)**

or Children's Physiotherapy Department, Cherry Tree House, Clatterbridge Hospital, Clatterbridge Road, Bebington, Wirral, CH63 4JY.

The child's details including DOB, up to date address, up to date contact number for parent / carer must be included on the referral. If there are any Safeguarding/Safety concerns please contact the team at the time of referral. Incomplete forms will be returned.

## **Referral Criteria**

**All referrals must clearly indicate the difficulties that the child is experiencing, following the referrers observation of the child.**

### **Early Years Physiotherapy Referral Criteria**

#### **Medical Conditions impacting Physical Development**

If a child has a diagnosis of a condition which may result in developmental delay e.g. Downs Syndrome, Spina Bifida, Cerebral Palsy and is not known to physiotherapy please refer immediately using the Children's Therapy Referral Form.

If a child is born prematurely before 30 weeks gestation and is not known to physiotherapy please refer immediately using the Children's Therapy Referral Form before the age of 2.

#### **Torticollis**

Any child with **restricted neck movement** should be referred immediately using the Children's Therapy Referral Form.

#### **Plagiocephaly / Head Turn Preference**

Please advise parents to look at Association of Paediatric Chartered Physiotherapists Head Turn Preference / Plagiocephaly leaflet on this condition.

If advice has not been effective as soon as the head turn preference is identified refer any child to our service using the Children's Therapy Referral Form, ideally before the age of 3 months of age.

#### **Talipes/ Brachial Plexus Injury**

Child should already be known to physiotherapy service if not please contact to discuss.

### **Poor Head Control**

If a child continues to need support for head control after three months of age refer immediately using the Children's Therapy Referral Form.

### **Late Floor Mobility**

If a child is not moving on the floor e.g. rolling tummy to back and back to tummy at 9 – 12 months assessment refer using the Children's Therapy Referral Form.

### **Late Sitting**

If a child is not sitting at 9-12 months assessment refer using the Children's Therapy Referral Form.

### **Late Walking**

If a child is not independently pulling to stand by 20 months refer immediately to physiotherapy using the Children's Therapy Referral Form.

### **Foot / Knee Problems (e.g. in-toeing, knock knees, flat feet, bow legs)**

Please direct the parents to Association of Paediatric Chartered Physiotherapists advice leaflets/ Local Offer Website/ WUTH Paediatric Community Physiotherapy Team Leaflets.

Please do not refer these cases until the child is 4 years old unless the child is experiencing pain or their functional ability is impacted on a daily basis.

### **Toe Walkers**

If a child is walking persistently on their toes more than 50% of the time, and has been walking for more than 3 months independently. Including being able to walk independently indoors and outdoors. Please refer to Physiotherapy using the Children's Therapy Referral Form.

Please refer parents to WUTH Paediatric Community Physiotherapy Team Leaflet on Toe Walking.

All other referral queries please call 0151 514 2525 or email [katie.goodacre@nhs.net](mailto:katie.goodacre@nhs.net) (Early Years Clinical Lead) or [janefieldhouse@nhs.net](mailto:janefieldhouse@nhs.net) (Early Years Team Lead).