PROFESSIONAL PROFILE

**Cathleen Hyland**

Specialist clinical role – Wheelchairs, seating and posture

**GENERAL BACKGROUND**

Since qualifying in 2003 Cathy has worked in a variety of settings and has developed a sound skill base. Cathy has worked in an acute setting on general medical, surgical and orthopaedic wards. Experience has been gained in both acute and community-based mental health. Cathy has spent several years in community rehabilitation with clients requiring intense home-based therapy following hospital admission. During this time Cathy took on team coordination and supervised less experienced team members.

Cathy has developed skills in neurology in a rehabilitation setting. Cathy's recent role has been in the wheelchair service where she has conducted postural assessments and prescribed appropriate wheelchairs.

During her 22 years of clinical work Cathy has maintained her professional development through supervision, training courses and regular reflections.

Cathy is a thorough, competent therapist who strives to work in partnership with service users to achieve the best outcome possible.

**WORK HISTORY**

**Ross Care Kent and Medway Wheelchair services** *(July 2024- Present)*

Cathy works for the Kent and Medway wheelchair service based in Gillingham.

This role involves postural assessments for service users meeting the eligibility criteria for wheelchair provision. These provisions are either manual or powered.

During initial assessment the seating ability of the service user is assessed. Where an individual is unable to be seated in the optimum position of hips/knees and ankles in 90 degrees of flexion compensatory equipment is used to accommodate any fixed postural limitations. This involves angle adjustments, tilt in space, contouring in cushions and obliquity pads. Cathy’s role involves the recognition of service users requiring specialist carved foam seating systems which would then be referred to my specialist seating colleagues.

Cathy has a high degree of competence in postural assessments, assessing both active and passive range of movement of all limbs and joint ranges. In addition to posture and seating skills, Cathy assesses the cognitive ability of all service users was assessed in context with their ability to either self-propel or operate a powered wheelchair for meaningful, safe mobility. Where there are neurological issues, we aim to use therapeutic interventions to enable individuals to achieve independent mobility in a wheelchair. History and current pressure sore issues are a key aspect of all assessments with individuals’ skin integrity needs being catered for ideally without compromising function.

**The OT practice** *(March 2022- Present)*

Cathy is registered with the OT Practice and undertakes assessments on an ad hoc basis. She works on behalf of the Royal British Legion Industries (RBLI), the Soldiers’, Sailors’ and Airmen’s Families Association (SSAFA), as well as privately funded and case managed clients. The OT practice has provided Cathy with several recent training opportunities to enhance her practice with CPD opportunities and peer supervision.

**Inclusion.me** *(September 2021- December 2022)*

Cathy has carried out some private assessments on behalf of inclusion.me

This involved bulk assessments in housing association properties to provide OT expertise with adaptations for accessibility for service users in their kitchens and bathrooms.

**Bromley Healthcare, Adult Community OT** (*October 2022- October 2023)*

Community OT role assessing and treating service users referred to Occupational Therapy for community-based assessments. The assessments and interventions Cathy carried out were primarily in service users' own homes as well as in residential and nursing homes. Cathy carried out moving and handling and activities of daily living assessments. Cathy prescribed equipment, provided recommendations along with any necessary follow-up visits to review and advise with equipment provision and treatment plans.

**Bromley Healthcare, Home Pathway** (*January 2022- October 2022)*

This role involved prompt comprehensive assessment of service users following discharge from hospital.

Cathy conducted initial assessments to assess function and compiled rehabilitation programmes with the aim of rehabilitating service users back to independence with their mobility, transfers and essential activities of daily living. Typically, the service users Cathy treated experienced a hospital admission due to joint replacements (both elective and trauma), respiratory issues, cardiac issues and there were some with pre-existing neurological conditions. When service users required equipment to enable their independence Cathy was responsible for assessing, ordering and reviewing these items, this included aids and also minor adaptations such as grab rails, ramps and stair rails. Cathy also assessed and reviewed service users moving and handling requirements and where necessary provided either rehabilitation advice or equipment such as riser chairs, standing aids and hoists.

The role involved close liaison with other professionals in the team, rehabilitation assistants, Physiotherapists and social workers. Where needed Cathy would refer to the wider MDT such as social services OTs, district nurses and GPs.

**Millbrook Healthcare** (September 2018- January 2022)

Cathy worked with the Kent and Medway wheelchair service based in Ashford.

This role involved postural assessments for service users meeting the eligibility criteria for wheelchair provision. These provisions were either manual or powered.

During initial assessment the seating ability of the service user is assessed. Where an individual is unable to be seated in the optimum position of hips/knees and ankles in 90 degrees of flexion compensatory equipment is used to accommodate any fixed postural limitations. This involves angle adjustments, tilt in space, contouring in cushions and obliquity pads.

Cathy has developed a high degree of competence in postural assessments; assessing both active and passive range of movement of all limbs and joint ranges. As well as these skills in posture and seating the cognitive ability of all service users was assessed in context with their ability to either self-propel or operate a powered wheelchair for meaningful, safe mobility. Where there were neurological issues, we were able to use therapeutic interventions to enable individuals to achieve independent mobility in a wheelchair. History and current pressure sore issues were a key aspect of all assessments with individuals’ skin integrity needs being catered for ideally without compromising function.

**Nottingham Rehab supplies (NRS)** (*February 2018- September 2018)*

This post involved gaining a wealth of knowledge in paediatric and adult equipment. The role involved advising and supporting prescribers with technical information and function with the whole spectrum of equipment available. The role involved promotion of prescribers selecting recycled special stock which involved uploading specifications on equipment items. During Cathy’s time with NRS she carried out social services assessments on behalf of a range of councils across the country. This aspect of the role involved community-based OT assessments of client’s function, moving and handling, equipment provision and assessing suitability for DFG funding for the provision of major adaptations.

**Band 6 Locum Post- Community Rehabilitation, Bromley Healthcare** (July *2016-November 2016)*

This post involved assessing patient’s rehabilitation needs post discharge from the local acute hospital, local rehabilitation hospital and post short term intervention with the rapid response team. The team is multidisciplinary and close liaison with all members; rehabilitation assistants, social workers, physiotherapists, general nurses, psychiatric nurse and consultant were paramount for effective patient care. Cathy’s role involved carrying out full comprehensive Occupational therapy assessments inclusive of function, risk, moving and handling, rehabilitation goals and reviews, provision of minor and major aids and adaptations.

Cathy left this role following the birth of her son in December 2016 and returned to OT work in February 2018

**Band 6 Locum Post- Neuro Rehab Unit, Sapphire Unit Gravesend** (*April 2016- July 2016)*

This post was in a 21 bedded rehabilitation unit. Cathy worked with patients with varying conditions; CVA, MS, Spinal injuries, hip/knee replacements. The unit predominantly caters for patients' rehabilitation needs relating to neurological conditions but also provides some enablement beds catering for patients following hip/knee surgery or recovery following admission to the local acute hospitals.

Patients are provided with intense rehabilitation from the entire MDT; Nurses, Physios, Occupational Therapists, Speech therapists, Psychologists, Consultants and Rehabilitation assistants.

Cathy carried out comprehensive initial assessments, upper limb range of movement assessments, visual field assessments, cognitive assessments and functional assessments. Cathy compiled rehabilitation goals in partnership with each patient with typical therapy plans involving upper limb programmes, cognitive rehabilitation, functional activity focused therapy.

Cathy conducted home and access visits, moving and handling assessments as well as assessment and prescription of minor and major adaptations.

**PROFESSIONAL QUALIFICATIONS**

* BSc (Hons) Occupational Therapy*2000-2003*

**EXPERT WITNESS BACKGROUND**

Associated with AMG Consultancy Services Ltd since 2025. Experience gained in both NHS and Local Authority community equipment and major adaptations assessment, and mental health settings. Evaluation and assessment of mental health needs, risk assessment and clinical management, together with that of extensive experience of reviewing case files and report writing, that has facilitated the development of skills to prepare expert witness reports.

*(Awaiting on attendance of the Bond Solon Certificated Legal Training Courses: “Excellence in Report Writing” and “Courtroom Skills – Witness Familiarisation)*

**SKILLS**

Acquired brain injury

Cerebral Palsy

Cognitive assessment

Community Rehabilitation post hospital admission

Down syndrome

Goal setting

Minor adaptations/equipment provision

Motor Neuron Disease

Multiple Sclerosis

Parkinson's disease

Passive/active range of movement, driving ability

Postural assessments

Prescribing seating needs for fixed postural limitation

Spinal injury

Stroke

Wheelchair service, service users aged 3 upwards

Posture management for children and adults with complex disabilities

**MEMBERSHIPS**

* Registered with the Health and Care Professions Council (HCPC)
* Registered with British Association of Occupational Therapists (BAOT)