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1.0 Policy Statement
   1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

   1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose
   2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person undergoing shoulder manipulation.

3.0 Scope
   3.1 This guideline applies to all staff involved in the care of a person undergoing shoulder manipulation, community staff involved in the care of the patient who has undergone shoulder manipulation.

4.0 Health & Safety
   4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

   4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

   4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

   4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

   5.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities
   5.1 It is the responsibility of physiotherapists to implement this guideline.
6.0 Definitions and Abbreviations

MUA  Manipulation under anaesthetic

An MUA is performed for primary frozen shoulder (adhesive capsulitis), but not usually in the acute phase. The operation is performed under general anaesthetic with injection of local anaesthetic and steroid into the joint. Full range of motion is achieved operatively unless otherwise stated.

The procedure is done as a day case except where the patient has diabetes or other systemic problems where overnight stay may be indicated.

7.0 Guideline

7.1 Pre-Operative

7.1.1 Assessment as appropriate, to include shoulder, neck and scapular range of movement, muscle strength and general upper limb function.

7.2 Post-Operative

7.2.1 Review operation notes and post-operative physiotherapy instructions. Note the range of shoulder movement achieved in theatre.

7.2.2 Commence active and passive shoulder mobility programme. It is important that the joint is taken through all planes of movement.

7.2.3 Advice regarding the use of pain medication and ice to control pain and swelling, and allow exercise throughout full range.

7.2.4 Provide a copy of the guidelines for patients following manipulation under anaesthetic.

7.2.5 Provide physiotherapy outpatient follow up for the following day.

7.3 Aims

7.3.1 To restore full range of movement as quickly as possible through passive and active assisted exercise, maintain this range.

7.3.2 To restore strength and function of the shoulder, neck and scapula.

7.3.3 No restrictions on rehabilitation
7.4 3 Weeks and 3 Months follow up
7.4.1 Patient attends for review at the unit at 3 weeks and 3 months post surgery and is usually discharged at this stage.

8.0 Related Documents
Individual Physio tools exercise sheets

9.0 Appendices
9.1 Guidelines for Patients Undergoing Manipulation under Anaesthetic
9.2 Exercises Following MUA Shoulder

10.0 References
N/A
APPENDIX 9.1 Guidelines for patients following manipulation under anaesthetic

Introduction
This technique is used in the treatment of frozen shoulders. A shoulder becomes frozen when the soft tissues around the joint become tight and short. This prevents the shoulder from moving and leads to the pain and stiffness with which you are familiar.

General Guidelines

Pain
The shoulder may be sore for the first few weeks following a manipulation. It is important that you continue to take the painkillers prescribed in hospital. Ice packs may also help reduce pain. Wrap frozen peas/crushed ice in a damp, cold towel and place on the shoulder for up to 15 minutes.

Movement
It is of the utmost importance that you begin moving and exercising the arm on the day of the procedure. Adequate pain relief will enable you to perform the exercises demonstrated by the physiotherapist. Try to use the arm for normal daytime activities where possible.

Driving
You may drive after one week.

Returning to work
If you have a desk job you will probably be able to return after one week. You may need slightly longer if your job involves lifting or manual work.

Leisure activities
These will depend on the range of movement and strength in your shoulder. It is possible to do most things as long as your shoulder feels comfortable. Please discuss specific activities with your physiotherapist.

Follow up physiotherapy appointments
A physiotherapist should, where possible, review your progress within a week following the manipulation.

Progress
This is variable. In the first few weeks your shoulder will be sore although your movements will have improved. Do not be surprised if the soreness affects your daily activities. You should continue to move and use your arm normally. Over the weeks following your surgery you will notice a gradual improvement in movement and pain.
Exercises

It is essential that you carry out the exercises regularly following your procedure, ideally four to five times per day increasing as able. It is quite normal for you to experience aching, discomfort and stretching when doing the exercises, but decrease the exercises if you experience intense or lasting pain.
APPENDIX 9.2  Exercises Following MUA Shoulder

1) Stand.
Lean forwards.
Let your arm hang down.
Swing your arm forwards and backwards.
Repeat 10x2 times.
(Shown for the right shoulder).

2) Stand.
Lean forwards.
Let your arm hang down.
Circle your arm clockwise & anti-clockwise.
Repeat 10x2 times.
(Shown for right shoulder).
3) Lying on your back.

Support your operated arm with the other arm and lift it up overhead.

Repeat 10 times.
(Shown for right shoulder).

4) Lying or sitting.

Put your hands behind your head, and gently stretch the elbows towards the floor/ backwards to feel a gentle stretch on the front of your shoulders.

Repeat 5 times.
5) Take your affected arm across your body to rest the hand on the opposite shoulder.

Grasp the elbow with your good hand and gently stretch the arm across your body.

Repeat 5 times. (Shown for right shoulder).

6) Standing with your hand on the wall.

Flex the elbow to 90 degrees & hold the elbow close to your body.

Gently turn your body away until you feel a stretch at the front of the shoulder. Hold for 5 seconds.

Repeat 10 times. (Shown for right shoulder).
7) Standing with your arms behind your back.

Grasp the wrist of your operated arm and gently stretch the hand on your affected arm towards the opposite buttock.

Then slide your hands up your back.

Repeat 10 times.
(Shown for right shoulder).

8) Lying on your back.

Grasp a stick in both your hands.

Lift the stick up and gently take overhead until you feel a gentle stretch in your shoulder.

Repeat 10 times.
9) Lying on your back, keeping the elbow to your side.

Hold a stick in your hands.

Move the stick sideways, gently pushing the hand on your operated arm outwards.

Repeat 10 times.
(Shown for right shoulder).

10) Standing with your arms behind your back and grasp a stick between them.

Gently lift the stick up away from your body.

Repeat 10 times.