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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 acromioplasty.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing shoulder acromioplasty, community staff involved in the pre and post-operative care of the patient, the patient and their family.

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.

4.5 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
Shoulder Acromioplasty  A surgical procedure to treat pinched tissues in the shoulder – shoulder impingement or a tear in the rotator cuff muscles.

The acromion bone (on the point of the shoulder) is shaved. A ligament over the top of the shoulder is cut, and injured tissues are removed.

Acromioplasty can be done using an arthroscope. This slender instrument has a camera on the end that allows surgeons to work without making big incisions in the skin.

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 Day 1
7.2.1.1 Review operation notes and post-operative physiotherapy instructions.
7.2.1.2 Reduce body stocking if in situ and fit collar and cuff sling. Encourage removal of collar and cuff as soon as pain allows within the first week.
7.2.1.3 Encourage full active movement to the cervical spine and elbow / hand on the surgical side.
7.2.1.4 Teach active shoulder girdle movement.
7.2.1.5 Teach active assisted movements of the surgical shoulder in all directions. Avoid pure abduction of the surgical shoulder in the first 3-6 weeks. All movements are carried out within the patient’s comfortable limit.
7.2.1.6 Teach postural awareness.
7.2.1.7 Prior to discharge arrange a follow up physiotherapy appointment.
7.2.2 Week 1-6

7.2.2.1 Progress to full active shoulder movement in all ranges as comfort allows.

7.2.2.2 Pure shoulder abduction in the early rehabilitation period (3-6 weeks) may aggravate pain so care (3-6 weeks) may aggravate pain so care should be taken.

7.2.2.3 Commence hydrotherapy where available.

7.2.2.4 Progress scapula stability and closed chain exercises.

7.2.2.5 Begin proprioceptive training.

7.2.2.6 Add resistance exercises as patient achieves active movement. Strengthen rotator cuff muscles in isolation.

7.3 Physio Aims

7.3.1 Achieve full range of movements

7.3.2 Good postural awareness

7.3.3 Initiate or improve scapula positioning and stability

7.3.4 Strengthen rotator cuff and humeral head depressors

7.3.5 Restore shoulder proprioception

7.3.6 Restore full upper limb function

7.4 Note of Caution

7.4.1 Pure abduction of the surgical shoulder in the first 3-6 weeks following surgery can aggravate pain. Shoulder abduction can be rehabilitated using combined PNF shoulder patterns in the early post-operative stage. It can take up to 3 months to achieve 80% of the final improvement and further improvement will continue for 9-12 months.
7.5 Return to Function
   7.5.1 Driving: 2-3 weeks as comfort allows

   7.5.2 Lifting: As comfort allows.

   7.5.3 Return to work: Depends on occupation. Work involving overhead activities will need to be modified for the first 3 months.

   7.5.4 Return to sport: 12 weeks, only when comfortable

*It is important to avoid repetitive or sustained overhead activity for 3 months as it could lead to delayed recovery.

8.0 Related Documents
   Individual Physio tools exercise sheets

9.0 Appendices
   9.1 Shoulder Acromioplasty - Advice on Discharge

10.0 References
   N/A
APPENDIX 9.1  Shoulder Acromioplasty – Advice on Discharge

Exercises
- Your physiotherapist will have given you an exercise sheet to continue at home.
- The exercises are designed to stop the joint from becoming stiff and should be continued until you see a physiotherapist.
- Do not do any other exercises unless a physiotherapist has advised you

General Guidelines
- It takes time for the shoulder to begin to heal and soreness to settle. This may take up to 3 months.
- Do wear your sling as you feel necessary for the first week. After this time, you generally do not require support.
- Avoid heavy lifting in the first 6 weeks.
- Avoid activities that require repeated lifting of the arm above shoulder level in the first 6 weeks. This does not include your home exercises.
- You may use your arm for light activities of daily living e.g. dressing, washing, feeding and light household activities.
- Returning to work - this should be discussed with your doctor or therapist, especially if you have a heavy job.