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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 Hannan Mullet anterior shoulder stabilisation.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing anterior shoulder stabilisation, 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

This surgery aims to correct recurrent dislocations and will involve soft tissue, and/or bony reconstruction. It can be performed arthroscopically or as an open procedure.
7.0 Guideline

7.1 Pre-Operative
6.1.1 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 Mastersling with body belt attached for 3 weeks.

7.2.1.2 Finger, wrist and radio-ulnar and scapular movements.

7.2.1.3 Assisted elbow flexion and extension in standing (in sitting with SLAP lesion).

7.2.1.4 Teach axillary hygiene.

7.2.1.5 Teach postural awareness.

7.2.1.6 To go home when comfortable.

7.2.2 3 Weeks
7.2.2.1 Gentle pendular exercises, flexion/extension and circumduction only.

7.2.3 6 Weeks
7.2.3.1 The Sling is removed and the patient begins formal physiotherapy including hydrotherapy.

7.3 Aims of Physiotherapy
7.3.1 Regain scapular and gleno-humeral stability working for shoulder joint control.

7.3.2 Gradually increase range of movement - do not push external rotation.

7.3.3 Strengthen the rotator cuff muscles.

7.3.4 Increase proprioception, using open and closed chain exercise.

7.3.5 Core stability work as appropriate.

7.3.6 No abduction coupled with external rotation until 3 months.
7.4 Return to Activities
- Driving 8 weeks
- Return to work Light duties as tolerated after 6 weeks
- Heavy duties 3 months
- Golf 3 months
- Contact sports 6 months sport including horse riding, football, martial arts, racquet sports and rock climbing.
- Swimming
  - Breaststroke 8 weeks
  - Freestyle 3 months

8.0 Related Documents
Individual Physiotools exercise sheets

9.0 Appendices
9.1 Shoulder Stabilisation - Advice for Patients

10.0 References
N/A
APPENDIX 9.1  Shoulder Stabilisation – Advice for Patients

1. The shoulder sling fitted before you leave hospital should be worn day and night. You will be advised by your physiotherapist when to discontinue wearing the sling.

2. Follow the instructions given regarding the correct positioning and removal of the sling.

3. The sling can be removed for washing and exercising.

4. To help make you more comfortable when sleeping, place a pillow behind the operated shoulder and upper arm to give it support when lying on your back.

5. Continue the elbow, wrist and hand exercises as instructed by your physiotherapist 2/3 times a day.

6. Be aware of your posture at all times. From time to time throughout the day, draw your shoulder blades backward to improve the shoulder posture.

7. Three weeks from your surgical date, you can start gentle pendulum exercises on the operated shoulder. These can be done 2-3 times a day as instructed by your physiotherapist.