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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 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**

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 Check operation notes and post-operative physiotherapy instructions.

7.2.2 Day 1

7.2.2.1 Shoulder immobiliser fitted for 4 weeks, day and night.

7.2.2.2 Teach axillary hygiene.

7.2.2.3 Teach postural awareness.

7.2.2.4 Teach elbow & finger movements.

7.2.2.5 Provide the patient with a copy of the post operative advice sheet and home exercises.

7.2.2.6 Ensure the patient has a follow up outpatient physiotherapy appointment arranged for 4 weeks following surgery.

7.2.3 Week 2

7.2.3.1 Day ward review and removal of stitches.

7.2.3.2 Commence gentle shoulder pendulum exercises

7.2.4 Week 4 Onwards

7.2.4.1 The 4 week post surgical physiotherapy starting time will depend on the individual Consultant’s preference and should have been stated in the operation notes.

7.2.4.2 Discontinue wearing shoulder immobiliser.

7.2.4.3 Gradually increase shoulder ranges of movement-*do not push external rotation*.

7.2.4.4 Regain scapular and gleno-humeral stability working for shoulder joint control.
7.2.5 6 Weeks Onwards
7.2.5.1 Progressive rotator cuff strengthening programme, including hydrotherapy where possible.

7.2.6 12 Weeks Onwards
7.2.6.1 Increase resisted work as tolerated.
7.2.6.2 Progress rotator cuff strengthening exercises to activities above shoulder level, especially with overhead athletes.
7.2.6.3 Address both slow and fast twitch muscle fibres in the strengthening program.
7.2.6.4 Increase general cardiovascular fitness.
7.2.6.5 Swimming from 8 weeks.
7.2.6.6 Jogging from 10-12 weeks.

7.3 Isokinetic muscle testing
7.3.1 May be requested by the surgeon at 3 months or later. The results can be used to customise or fine-tune the patient’s rehabilitation strengthening program.

7.4 Return to Activities
- Driving 8 weeks
- Return to work Light duties as tolerated after 6 weeks
  Heavy duties 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
- Golf 3 months

7.5 Return to competitive sport
- From 6 months once surgeon and physiotherapist are happy with the patient’s progress.
- Contact Sport At 6 months - riding, football, rugby, martial arts, Racket sports and rock climbing. Return to contact sports will be directed by each surgeon.
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 for the first 4 weeks.

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. You will be advised by your physiotherapist when to discontinue wearing the sling (routinely at 4 weeks from surgery).

5. 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.

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

7. 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.

8. Two 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.