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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 dynamic hip screw surgery

3.0 Scope
   3.1 This guideline applies to all staff involved in the care of a person undergoing dynamic hip screw surgery, 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
   DHS    Dynamic Hip Screw

   Dynamic Hip Screw    A form of internal fixation used to restore the hip after fracture of the neck of the femur
7.0 Guideline

7.1 Pre-Operative
7.1.1 Where possible patients should be evaluated prior to surgery:
7.1.1.1 To establish pre-morbid mobility, functional status and social history.
7.1.1.2 Respiratory assessment and treatment if indicated.
7.1.1.3 Explanation of post-operative physiotherapy.
7.1.1.4 Objective assessment of joint range and muscle power of the unaffected limbs.

7.2 Post-Operative
Review operation notes and post-operative physiotherapy and mobility instructions, including weight bearing status.

7.2.1 Day 1
7.2.1.1 Assess respiratory status and treat if necessary.
7.2.1.2 Encourage circulatory exercises, isometric quadriceps and gluteal exercises.
7.2.1.3 Teach / encourage bed mobility.
7.2.1.4 Stand patient out of bed towards the operation side with a frame and assistance of two or more as appropriate.
7.2.1.5 Practice stepping on the spot, or short walk with frame as able.
7.2.1.6 Sit out of bed as tolerated.

7.2.2 Day 2
7.2.2.1 Progress patients mobility with a frame.
7.2.2.2 Promote safety awareness.
7.2.2.3 Review exercise program and progress to include lower limb exercises as appropriate to the individual’s independence and cognitive ability.
7.2.3 Day 3  
7.2.3.1 Progress mobility to crutches/sticks as able.  
7.2.3.2 Stairs practised prior to discharge if appropriate.  
7.2.3.3 Liaise with nursing staff to encourage patient independence.  
7.2.3.4 Plan for discharge.  

7.2.4 Discharge Criteria  
7.2.4.1 Complete a discharge summary / letter and forward to the convalescence home or community services if involved.  

8.0 Related Documents  
Individual Physio tools exercise sheets  

9.0 Appendices  
N/A  

10.0 References  
N/A