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Document Approvals

<table>
<thead>
<tr>
<th>Written by</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire Falvey</td>
<td>May 2012</td>
</tr>
<tr>
<td>Lorraine Faughnan</td>
<td>12/06/12</td>
</tr>
<tr>
<td>Anne Coyle</td>
<td>16/07/12</td>
</tr>
<tr>
<td>Jill Long MISCP</td>
<td>01/06/12</td>
</tr>
<tr>
<td>Siobhán Coughlan</td>
<td>08/01/12</td>
</tr>
</tbody>
</table>

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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 a shoulder hemiarthroplasty.

3.0 Scope

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

Hemiarthroplasty A surgical procedure which replaces one half of the joint (the humeral head) with an artificial surface and leaves the other part in its natural (pre-operative) state.
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

Review operation notes and post-operative physiotherapy and mobility instructions.

7.2.1 Limited Goals Programme

7.2.1.1 Shoulder replacement with rotator cuff repair.

7.2.1.2 Shoulder replacement with irreparable rotator cuff tear

7.2.2 Full Goals Programme

7.2.2.1 Rotator cuff quality and G.H. joint stability both good.

7.2.3 Day 1:

7.2.3.1 Limited and full goals

- Check operation notes and post-operative physiotherapy instructions.
- Shoulder sling fitted in theatre. To be removed for hygiene and exercise.
- Dressings and drains are reduced.
- Teach axillary hygiene.
- Teach postural awareness.

7.2.4 Limited goals programme (+ Rotator Cuff Tear / Repair)

7.2.4.1 Day 1 Onwards

- Commence active elbow flexion and extension in supine/standing.
- Commence early passive movements of the shoulder joint. Patient should be supine with pillows under head and elbow, but clear of the shoulder.
- Flexion (aim for 90° +), Lateral rotation, +/- abduction.
- Delay active movements for 6 weeks to protect the rotator repair. Discuss with team.
7.2.4.2 6 Weeks
- Commence active assisted exercises and progress to active within the limits of comfort and control.
- Correct abnormal movement patterns.
- Commence pulley exercises.
- Commence proprioceptive re-education throughout active range of movement.

7.2.4.3 12 Weeks
- Commence rotator cuff strengthening program.
- Strengthen deltoid throughout the active range of motion.
- Retain shoulder sling for 2 months

7.2.5 Full goals programme
7.2.5.1 Day 1 Onwards
- Commence gentle pendulum exercises.
- Commence active elbow and extension in supine/standing.
- Commence early active-assisted movements of shoulder joint as comfortable.
- Flexion (aim for 90° +), Lateral rotation, +/- abduction.
- Patient should be supine with pillows under head and elbow, but clear of shoulder.
- Can commence auto/self assisted exercises as comfortable and control allows.

7.2.5.2 2 Weeks
- Wean out of sling.
- Commence isometric rotator cuff/deltoid exercises.
- Commence proprioceptive re-education.
- Continue exercise programme at home and introduce active assisted exercises.
- Progress scapula stabiliser programme

7.2.5.3 Aim
- Unless otherwise indicated in operation notes after 3-4 sessions or by 2nd week following surgery aim for 120° of flexion and 30° degrees of lateral rotation.
7.2.5.4 6/8 Weeks

- Encourage the patient to move through all ranges & continue to regularly stretch the joint to end of its available range.
- Rotator cuff strengthening.
- Strengthening of deltoid throughout the active range of motion.
- Emphasise correct movement pattern in activities of daily living.
- Work on scapula setting and stability.
- Can commence Hydrotherapy where available

7.3 How well the patient progresses and the outcome will depend on the condition of the joint and soft tissues preoperatively. A better outcome is expected with patients whose joint is replaced for primary OA. Improvement continues for 18 months to 2 years and where possible the patient should not be discharged or should continue exercising until their maximum potential has been reached. The protocol outlined applies to patients with an intact rotator cuff. If a rotator cuff repair has additionally been carried out, the strengthening programme for the repair should be adhered to.

8.0 Related Documents
Individual Physiotools exercise sheet

9.0 Appendices
N/A

10.0 References
N/A