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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 stemmed shoulder hemiarthroplasty.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing a stemmed 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.

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7.0 Guideline

7.1 Pre-Operative

7.1.1 Assessment as appropriate.

7.1.2 Constant score recorded.

7.1.3 Information given.

7.2 Post-Operative

7.2.1 Day 1

7.2.1.1 Mastersling with body belt fitted in theatre.

7.2.1.2 Cryocuff to reduce inflammation.

7.2.1.3 Finger, wrist and radio ulnar movements.

7.2.1.4 Active assisted elbow flexion and extension.

7.2.1.5 Teach axillary hygiene.

7.2.1.6 Hand gripping exercises.

7.2.1.7 Shoulder girdle exercises and postural awareness.

7.2.1.8 Continue the exercises above for 3 weeks at which time the patient will be reviewed at The Shoulder Unit.

7.2.2 3 Weeks

7.2.2.1 Body belt removed.

7.2.2.2 Commence pendular exercises.

7.2.2.3 Continue with shoulder girdle exercises, postural awareness and include scapular setting

7.2.3 6 Weeks

7.2.3.1 Gradually discharge sling.

7.2.3.2 As pain allows progress to full passive range of movement.

7.2.3.3 Add active assisted progressing to active exercises.

7.2.3.4 Introduce anterior deltoid strengthening exercises as appropriate.
7.2.3.5 Isometric strengthening of all groups and progress to isotonic, as the patient is able.

7.2.3.6 Can begin hydrotherapy where available.

7.2.3.7 Can encourage the patient to move through all ranges with attention to self-stretching at end of range.

7.2.3.8 Proprioceptive exercises and core stability work as required.

7.2.4 Return to activities (earliest recommendations)

**Driving**
8 weeks (dependent on ease of movement and safety)

**Swimming**
8 weeks for breaststroke, freestyle will take longer

**Golf**
3 months

**Lifting**
Light lifting can begin at 8 weeks. Avoid lifting heavy items for 6 months.

**Return to work**
The patient should be guided by the surgeon.

7.3 N.B. The protocol for a shoulder replacement following a fracture is less aggressive than that of the Copeland Shoulder Replacement due to the bony injury. Active movement is delayed to allow for bony union. Progression will be slower. Use pain and the patient’s ability as your guide.

7.4 Please check with the relevant Consultant for individual variances to the above protocol.

8.0 Related Documents
Individual Physio tools exercise sheets

9.0 Appendices
N/A

10.0 References
N/A