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Document Approvals

Written by  Claire Falvey
            (General Quality Manager)  Date: Oct 2012

Technical Approval  Lorraine Faughnan
                    (Physiotherapist)  Date: 08/01/13

Management/ Clinical Approval  Jill Long MISCP
                               (Physiotherapy Manager)  Date: 14/01/13

Quality Authorisation  Siobhán Coughlan
                      (Clinical Quality Manager)  Date: 16/01/13

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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 the Removal of a Radial Head.

3.0 Scope
   3.1 This guideline applies to all staff involved in the care of a person undergoing the Removal of a Radial Head 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.

   5.5 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
The elbow itself is essentially a hinge joint, but there is a second joint where the end of the radius (the radial head) meets the humerus. This joint allows rotation and slide against the ulna and is shaped like a smooth knob with a cup at the end to fit on the end of the humerus.

The radial head can be fractured or affected by arthritis, so will need to be removed to allow rotation of the forearm.

7.0 Guideline
7.1 Pre-Operative
7.1.1 Patients are usually seen as day surgery cases and pre-operative assessment should include:

7.1.1.1 Physical assessment as appropriate.
7.1.1.2 Explanation of post-operative physiotherapy management.

7.2 Post-Operative
Review operation notes and post-operative physiotherapy and mobility instructions. (A back slab may be applied for 2 weeks).

7.2.1 Day 1
7.2.1.1 Advice on ice and elevation to control swelling.
7.2.1.2 Maintain shoulder, wrist and hand range of movement.
7.2.1.3 Commence active assisted range of motion exercises for the involved elbow and radio-ulnar joint, progressing as comfortable and avoiding valgus strain at the elbow.

7.2.2 2 Weeks
7.2.2.1 Clinic and physiotherapy review.
7.2.2.2 Progress to active exercises for the elbow and radio-ulnar joint as comfort and control allows.
7.2.2.3 Commence end-range passive stretches as comfortable.

7.2.3 3-6 Weeks
7.2.3.1 Progressive strengthening exercises.
7.2.3.2 Functional conditioning exercise for the elbow.
8.0 Related Documents
   Individual Physio tools exercise sheets

9.0 Appendices
   N/A

10.0 References
   N/A