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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 an Ulnar head surgery.

3.0 Scope

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

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

6.1 The ulnar head is the part of the ulna bone that articulate with the wrist joint. It is removed:

6.1.1 For relief of pain following distal radio-ulnar joint disruption and/or arthritis.

6.1.2 For symptomatic mal-union of colles (wrist) fracture in elderly patients, especially when pain and stiffness is present.

6.2 The procedure is generally performed on elderly patients with low functional demands.

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

7.2.1 Day 1 Onwards

7.2.1.1 If patient admitted, review operation notes and post-operative physiotherapy instructions

7.2.1.2 A resting splint may be applied to the wrist and can be removed to exercise

7.2.1.3 Advice on ice & elevation as indicated to decrease swelling.

7.2.1.4 Maintain shoulder, elbow and hand range of movement

7.2.1.5 Begin gentle radio-ulnar supination and pronation as comfortable.

7.2.1.6 Begin gentle active wrist flexion and extension as comfortable.

7.2.1.7 Progress to active range of motion exercises as comfortable.
7.2.2 2 Weeks
7.2.2.1 Clinic and physiotherapy review.
7.2.2.2 Commence end range passive stretches as comfortable.

7.2.3 3 Weeks
7.2.3.1 Wean out of splint as comfortable - it can be worn for heavier functional activities if necessary.
7.2.3.2 Progressive strengthening exercises as comfortable.
7.2.3.3 Encourage functional use of the upper limb.

7.2.4 By 6 Weeks
7.2.4.1 Encourage return to full function as pain and swelling allows.

8.0 Related Documents
Individual Physio tools exercise sheets

9.0 Appendices
N/A

10.0 References
N/A