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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 wrist arthrodesis.

3.0 Scope

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

- Wrist Arthrodesis  Fusion of the joint surfaces of the wrist to create a stable and painless joint. Movement is no longer possible at the arthrodesis site.
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

7.2.1 Review operation notes and post-operative physiotherapy instructions

7.2.2 Immobilised in plaster for 6 weeks.

7.2.3 Day 1

7.2.3.1 Advice on limb elevation to control oedema.

7.2.3.2 Check shoulder/elbow/finger range of movement.

7.2.4 6 Weeks

7.2.4.1 Review clinic - check x-ray, removal of plaster. May require splinting (futurosplint) for a further 6 weeks, depending on stability of fusion.

7.2.4.2 Restore full range of movement to the radio-ulnar joints, MCP and IP joints of the fingers and thumb.

7.2.4.3 Restore grip function and hand strength.

7.2.4.4 Weight bearing through the wrist and hand should be restricted until there is radiographic evidence of fusion.

8.0 Related Documents

Individual Physio tools exercise sheets

9.0 Appendices

N/A

10.0 References

N/A