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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 Trapezium Arthroplasty.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing a Trapezium Arthroplasty, 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
The trapezium is one of the eight bones of the wrist. It connects with the base of the thumb forming a joint and assists with movement of the thumb. This joint may be affected by arthritis causing pain and loss of movement. Trapezium arthroplasty is the removal or replacement of the trapezium, with ligament reconstruction, to reduce pain and restore movement.

7.0 Guideline

7.1 Pre-Operative
7.1.1 Assessment as appropriate.

7.2 Post-Operative
7.2.1 Review operation notes and post-operative physiotherapy instructions.
7.2.2 The thumb is immobilised for 6 weeks.
7.2.3 Elevation of upper limb for swelling control.
7.2.4 Advice on active movement of shoulder & elbow on the operation limb

7.3 6 Weeks
7.3.1 Removal of plaster.
7.3.2 Restore thumb active range of movement.
7.3.3 Restore active movement to radio-ulna joint, wrist, MCP joints, IP joints and thumb.
7.3.4 Re-education of power and pinch grip. Restore thumb opposition.

7.4 8 Weeks
7.4.1 Commence strengthening exercises.

7.5 Occupational Therapy
7.5.1 A thumb spica splint will be provided for functions of A.D.L. and resting splint for night. These are worn for 3 weeks and then gradually weaned.
8.0 Related Documents
   Individual Physio tools exercise sheets

9.0 Appendices
   N/A

10.0 References
   N/A