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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 Subscapularis and Latissimus Dorsi release surgery.  

3.0 Scope  
3.1 This guideline applies to all staff involved in the care of a person undergoing Subscapularis and Latissimus Dorsi release 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
Latissimus dorsi and subscapularis muscles are muscles which are attached to the shoulder and produce movements of elevation and outward rotation of this joint. Movement may become restricted in conditions such as Erb’s palsy. This procedure releases these muscles in order to restore movement.

7.0 Guideline
The main principles of post-operative management are -

7.1 To maintain and increase the passive lateral rotation range at the midline in accordance with the range obtained in theatre.

7.1.1 Perform in sitting or lying and stabilise the trunk to prevent compensatory rotation.

7.1.2 Parents are advised to perform lateral rotation stretches throughout the day (5-6 times or every nappy change for younger children) for 3-5 minutes

7.2 To maintain and increase passive lateral rotation in 90° of abduction -

7.2.1 Maintain the shoulder girdle in midline.

7.2.2 Perform at least 3 times a day, mobilising into end of range.

7.3 To facilitate active lateral rotation at the midline with the arm held in as much adduction as possible.

7.3.1 With the child sitting, place a finger over the elbow to facilitate adduction, encourage reaching into lateral rotation and supination.

7.3.2 Perform 3-4 times a day for 3-4 minutes.

7.4 To maintain the length of the pectorals by working passively into horizontal abduction and by facilitating active abduction and lateral rotation.

7.4.1 Perform 3-4 times a day for 3-4 minutes.

7.4.2 To maintain passive range of flexion and abduction with scapular stabilisation.
7.5 To facilitate active elevation through flexion and abduction.

7.5.1 The child should be encouraged to reach above their head through flexion and through abduction.

7.5.2 A stick or a light ball may be used to actively assist the movement.

7.5.3 An older child may be able to use a pulley over a door.

7.5.4 Perform 3-4 times a day for 3-4 minutes

7.6 To progress to patterns of active extension, abduction and lateral rotation as soon as possible.

7.7 To maintain or increase the passive and active range of medial glenohumeral rotation.

7.8 Sometimes medial rotation may be restricted after surgery. An increase in passive and active range should be achieved during the first year after surgery. Passively mobilising into medial rotation with the arm held in 90° of abduction is recommended. At 4 months post-operation commence active reaching up the child’s back into medical rotation - usually easier after the child has had a bath or shower.

7.9 Do not discourage weight bearing but wait for one month after surgery before trying aggressive weight bearing activities such as “wheelbarrow races”.

7.10 Hydrotherapy is recommended as much as possible as the pool is usually more comfortable for the child and enables them to comply more readily.

8.0 Related Documents
Individual Physio tools exercise sheets

9.0 Appendices
N/A

10.0 References