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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 Adductor Tenotomy.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing an Adductor Tenotomy, 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

Adductor Tenotomy  The adductor muscles are surgically released from the bone at their origin in the pelvis, to provide relief from groin pain.

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7.0 Guideline

7.1 Pre-Operative

7.1.1 Patients are usually seen as day surgery cases and pre-operative assessment may include:

7.1.1.1 Respiratory assessment and treatment if necessary.

7.1.1.2 Physical assessment - joint range, muscle strength, mobility and general function.

7.1.1.3 Explanation of post-operative physiotherapy management, including respiratory and circulatory exercises.

7.1.1.4 Provision of an advice sheet (Appendix 9.1) and Physio tools flexibility programme.

7.1.1.5 Advise to walk only as comfortable in the first 24 hours

7.2 Post-Operative

7.2.1 2-5 Days

7.2.1.1 Walking for up to 5 minutes twice daily.

7.2.1.2 Continue with flexibility exercises twice daily.

7.2.2 1-2 Weeks

7.2.2.1 Clinic review (1 week) - check wound, check hip flexion and abduction range of motion and gait pattern.

7.2.2.2 Increase walking to 20 minutes twice daily, increasing stride length and pace of walking.

7.2.2.3 Add sidestepping if hip abduction remains restricted.

7.2.2.4 Continue with flexibility programme, modify as appropriate

7.2.3 2-3 Weeks

7.2.3.1 Introduce cycling, rowing or swimming to broaden the cardiovascular rehabilitation, aiming for 30 minutes daily.

7.2.3.2 Continue walking programme and flexibility programme
7.2.4 3-6 Weeks
   7.2.4.1 Clinic review (3 weeks) - check wound, check hip flexion and abduction range of motion and gait pattern, check resisted hip adduction (should be pain free).
   7.2.4.2 Continue flexibility programme
   7.2.4.3 Commence running programme (Appendix 9.2).
   7.2.4.4 Commence Physio tools strengthening programme

7.2.5 6-8 Weeks
   7.2.5.1 Clinic review (6 weeks)
   7.2.5.2 Sport-specific training and competition

8.0 Related Documents
   Individual Physio tools exercise sheets
   IM-PHYS-1 Adductor Tenotomy - Patient Advice Sheet
   IM-PHYS-2 Adductor Tenotomy - Progressive Running Programme

9.0 Appendices
   N/A

10.0 References
   N/A