

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Post-operative Physiotherapy Pathway Manipulation of Shoulder under anaesthetic including Capsular release for frozen shoulders

Owner:	Benjamin Thomas Physiotherapy and Orthotics Manager
Approved by	Therapies Clinical Governance Group
Approval Date	19 th July 2023
Review Date	19 th July 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25 th January 2023	Document extended to 30 th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
23 rd June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
19 th July 2023	Document reviewed and approved for 3 years	Therapies Governance Group

- Check the patient has had sufficient analgesia, has drunk and eaten.
- The patient should be seen as soon as possible following exit from recovery.
- The Physiotherapist should check the operative notes and see the range of movement achieved during theatre.
- The physiotherapist should then with the patient in supine wherever possible do passive movements in all directions as close to that range achieved in theatre.
- The patient is then instructed in pendular and active assisted exercises to be done at home and lower trapezius setting in sitting.
- It should be impressed upon the patient that all exercises are to be done frequently at home e.g. 5 minutes per hour and ice therapy should be recommended 2 to 3 times per day.

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- The patient is instructed that a bag of frozen peas etc. may be used wrapped in a wet towel applied over the shoulder, but for no longer than 15 minutes at a time (contraindicated in patients with heart conditions).
- The physiotherapist must arrange outpatient physiotherapy wherever possible to start the following day and the appropriate details should be emailed to the physiotherapy department or given to the patient to take with them.
- The outpatient referral card should include all the usual database details, but also should include the range of movement that was achieved in theatre so the physiotherapist treating the patient as an outpatient has an objective goal to aim for.
- If the patient has an epidural running for pain relief then you should try to see them intensively on the ward until it is removed and should aim to achieve ROM that was gained in theatre and should be documented in the theatre notes.