

NMTRG Guidelines for the assessment and rehabilitation of the Major Trauma patient

Discipline: Physiotherapy

Management of simple upper limb fractures

The Physiotherapist should have knowledge of upper limb anatomy and fracture types in the following;

- Clavicle
- Humerus
- Radius
- Ulna
- Scapula
- Knowledge of carpal, metacarpal and phalanges
- Knowledge of any joint involving the previously mentioned bones
- Understanding of the ligamentous and tendonous structures of the arm and hand
- Acknowledgement of nerve anatomy in the upper limb

The Physiotherapist should be able to recognise;

- Signs of compartment syndrome
- The escalation compartment syndrome concerns
- Management of post-op compartment syndrome (fasciotomies)
- Risks associated with caring for patients with casts / splints
- Functional changes related to the upper limb injury and effects on daily living tasks
- Motor or sensory weakness from either surgery or injury
- fixed flexion deformities
- symptoms of CRPS

The Physiotherapist should be able to offer the following interventions

- Post-op neurovascular assessment (circulation, sensation and movement)
- Assessment for peripheral nerve injury
- Functional Upper limb assessment
- Upper limb splinting
- To be able to fabricate and apply collar & cuff, polysling or broadarm sling
- Upper limb exercise prescription
- Oedema advice and management
- Knowledge and provision of equipment to improve function

The Physiotherapist is expected to complete this assessment and intervention;

- Early in the patients admission inclusive of ICU and HDU assessment / intervention
- As part of a 7 day service inclusive of ICU and HDU weekend cover

The Physiotherapist should have knowledge of additional services including;

- Citizens advice
- Psychology input as inpatient and after discharge
- Social services input

The Physiotherapist understands how to access the following pathways

