

## GUIDELINE FOR OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT FOR PATIENTS WITH UPPER LIMB FRACTURES

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.

### INTRODUCTION

This OT regime has been agreed with the Occupational Therapy Manager for the acute hospitals NHS trust in Worcestershire and is to be used patients with upper limb fractures.

### THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

All Occupational Therapy staff working in trauma and orthopaedics

#### Lead Clinician(s)

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Approved by: Trauma and Orthopaedic OT Clinical Governance Group on:	19 <sup>th</sup> September 2018
Therapies Clinical Governance Group:	28 <sup>th</sup> November 2018
OT Clinical Governance Group on 3/10/18:	3 <sup>rd</sup> October 2018
Review Date: This is the most current document and should be used until a revised version is in place	28 <sup>th</sup> November 2020

**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>Approved by:</b>
<u>2<sup>nd</sup> June 2013</u>	Advise on post operative precautions on day 1 the words 'if appropriate' have been removed	OT clinical governance group
10 <sup>th</sup> June 2015	Refer to Age UK/patient flow for further assistance or rehabilitation if required.	OT clinical governance group
August 2017	Document extended for 6 months as per TMC paper approved on the 22 <sup>nd</sup> July 2015	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	<u>TLG</u>
March 2018	Document extended for 3 months as approved by TLG	<u>TLG</u>
August 2018	Change of rehab to PW2/PW1	OT clinical governance group and traumanaad orthopaedic clinical governance Therapy management clinical governance group

**GUIDELINE FOR OCCUPATIONAL THERAPY ASSESSMENT AND TREATMENT FOR PATIENTS WITH UPPER LIMB FRACTURES**

**INTRODUCTION**

All OT staff working in an Orthopaedic area should be aware of the existence of the regime and the location of where a copy of the guideline is kept.

**DETAILS OF GUIDELINE**

Common upper limb fractures seen by Occupational Therapy include:

- # Humerus
- # Olecranon
- # Radius and Ulna
- Dislocated Shoulder

**Day 1 and Onwards**

(Day 1 = the first day after the operation, or the first day after admission if no surgery carried out)

- Generate Occupational Therapy Referral following discussion with nursing and physio staff.

- Check consultants post operative management plan and weight bearing status.
- Screening assessment of patients occupational performance and environment. if the patient consents to intervention or contact next of kin if patient lacks mental capacity.
- Establish hand dominance
- Establish Occupational Therapy intervention plan to facilitate discharge if not already completed..
- Issue height measurement sheet (HMS) if required.
- Assess daily living tasks as appropriate in line with the occupational therapy intervention plan and weight bearing status/precautions/immobilisation method eg POP,shoulder immobiliser,collar cuff.
- Consider the provision of short term loan equipment for discharge to the home environment to facilitate independence.
- In consultation with patient, MDT and family refer on to PW1(or equivalent out of area) for assistance with ongoing rehab at home if required.
- For those patients who unable to complete the OT intervention plan in the acute setting will require referral for PW2 on going in patient rehab or interim bed whilst NWB in consultation with patient, MDT and family if appropriate..
- If patient develops signs of radial nerve palsy refer to outpatient OT for assessment for splinting and ongoing management (Need medical diagnosis and consent to splint written in medical notes)

**Discharge Criteria**

- To be discharged from occupational therapy once the occupational therapy intervention plan is complete or appropriate interim bed/PW2 is available.

**MONITORING TOOL**

- How will monitoring be carried out?  
*Audit of OT notes*
- Who will monitor compliance with the guideline?  
*Band 8a/7*

STANDARDS	%	CLINICAL EXCEPTIONS
UL # patients will be screened within 2 working days of referral date	95%	Weekends Patient medically not well enough for assessment.

**REFERENCES**

- Essential Orthopaedics and Trauma 4<sup>th</sup> Edition (2003) David, Dandy, Dennis and Edwards.
- Hand Therapy Guidelines Worcestershire Acute NHS Trust.
- Occupational Therapy and Physical Dysfunction: Principles, Skills and Practice. 5<sup>th</sup> Edition. Turner, Foster and Johnson (2002).
- Worcestershire Acute Hospitals NHS Trust (January 2003). In Patient Occupational Therapy Assessment and Treatment Procedure.

**CONTRIBUTION LIST**

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Committee / Group
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Therapies Clinical Governance Group
Occupational Therapy Trauma & Orthopaedic Clinical Governance Group