

BRACHIAL PLEXUS INJURIES

PHYSIOTHERAPY

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Days of work Monday and Thursday

Role of Physiotherapist within BPI team

- ▣ Clinical assessment and rehabilitation of patient group
- ▣ Contact with patients within monthly consultant led BPI clinic, TNL clinic, young adult clinic, one to one sessions, video link, telephone calls
- ▣ Liaison and clinical support to clinicians treating patients with tBPI injuries nationally

Physiotherapy Management

Principles of management are generally the same regardless of the level or degree of injury

- ▣ Maintain joint ROM and prevent contractures
- ▣ Strengthen unaffected muscle groups particularly if tendon transfer may be an option at a later date
- ▣ Strengthen Muscle groups as recovery becomes apparent

- ▣ Manage Pain
- ▣ Optimise function with the use of aids and splinting when appropriate
- ▣ Encourage independence – return to work, hobbies, driving, socialising
- ▣ Support patient through each phase of rehabilitation

Questions?

More Specifically.....

The injury

- ▣ Consider the level and type of injury
- ▣ Consider other injuries
- ▣ Intervention so far?
 - Surgical
 - Already had PT – should have ex programme
- ▣ If post op? instructions?
 - Immobilisation vs mobilisation
 - Surgical procedure will dictate this

Exercises and mobs

- ▣ Active assisted and passive ROM, manual therapy when indicated
- ▣ Ensure good technique (esp. hand)
- ▣ Recruit family if possible
- ▣ Strengthen/ maintain what they do have

- ▣ Strengthening exercises when they start to recover
 - Consider what transfers have taken place
 - Trick movements!!
 - Isotonic/ Gravity neutral etc.
- ▣ Muscle stim when flicker of contraction begins
- ▣ General exercise alternatives and maintenance of fitness
- ▣ Patient and PT information booklets available

Splinting

- ▣ Hand can become very neglected
- ▣ Technique for exercise crucial
- ▣ Splinting of hand for good positioning when no motor control, shouldn't inhibit function
- ▣ Dynamic splinting/ liaise with hand therapist

Splinting



Shoulder Support

- ▣ If patients are having problems with shoulder subluxation wearing an off the shelf support may be beneficial.
- ▣ Can have an immediate affect and relieve nociceptive pain.



Pain Management

- ▣ Treat what you find.
- ▣ Are they on the right meds
- ▣ Liaise with GP ?ref to pain clinic
- ▣ Explain pain

Sensory feedback

- ▣ Tactile stimulation/massage
- ▣ Graded motor imagery
 - Visualisation
 - Laterality
 - Mirrors
- ▣ EMG - biofeedback

Communication

- ▣ Liaising with BPI team?
- ▣ Recovery time, Manage expectations
 - ▣ Important that patient and the therapist know and understand the extent of the injury, realistic time scales have to be discussed.
- ▣ Psychology/well being
- ▣ Family
- ▣ Info Leaflets
- ▣ Website
- ▣ Support Groups
- ▣ All will depend on patient's stage of rehab process

- ▣ May have lots of Questions that you may not be able to answer...don't worry and BPI team should always follow up and can address them.
- ▣ If there is no follow up then ask

Facilitate Function

- ▣ Liaise with OT
- ▣ Family help with Exercise Programme
- ▣ Alternative Exercise ideas
- ▣ Alternative Hobby Ideas
- ▣ Driving - DVLA

Follow up/ Discharge

- ▣ Lengthy recovery so will be seeing for a while may be infrequently at later stages
- ▣ If appropriate can update any important info/ send questions prior to clinic appt
- ▣ Copy Andrea into Discharge letter when possible
- ▣ Welcome to shadow any clinics