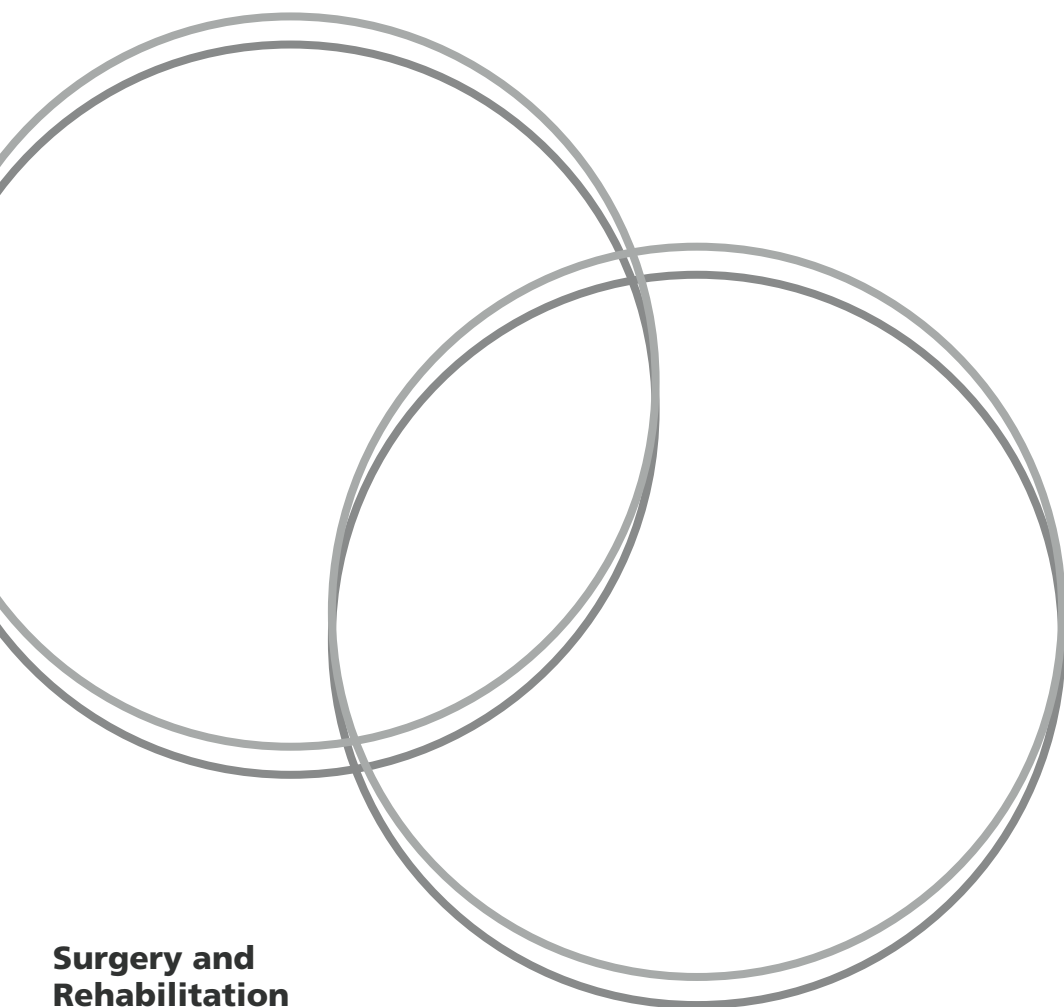


Elbow replacement

Information for patients



**Surgery and
Rehabilitation**

This booklet contains information to help you gain the maximum benefit from your elbow replacement. It is not a substitute for professional medical care and should be used in association with information from your surgeon and physiotherapist.

Your recovery may vary to others and need specific instruction, so you must be guided by your surgical team at all times.

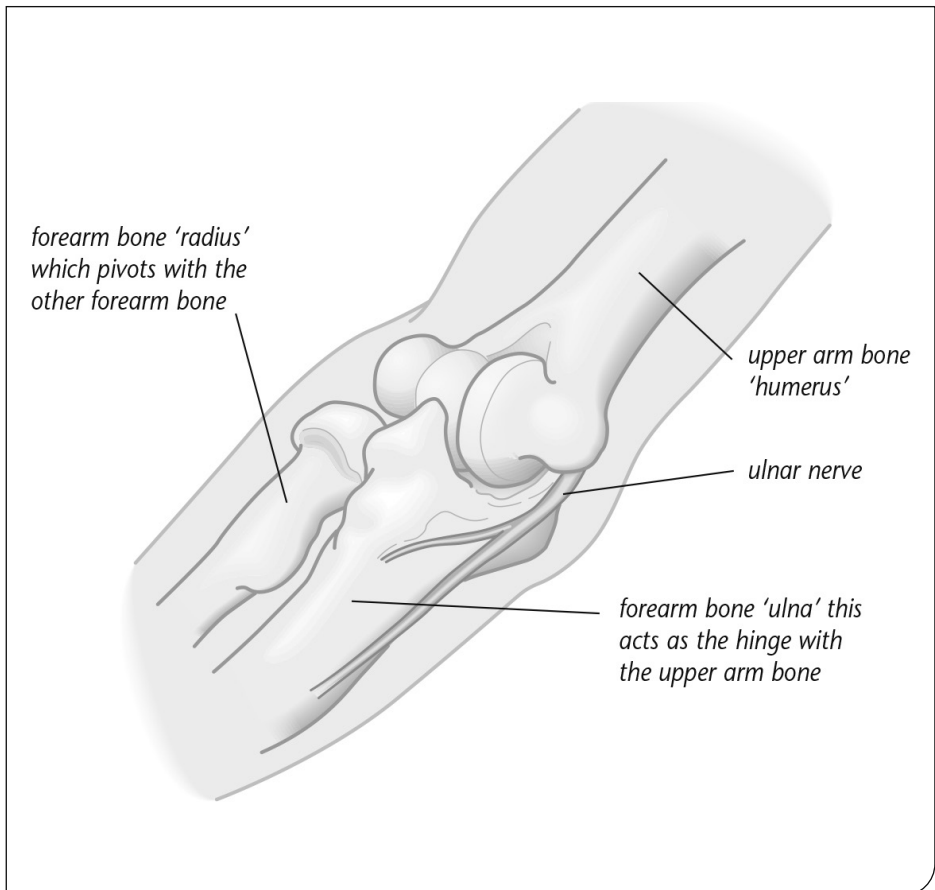
This information should help you prepare for the surgery. It also includes advice and exercises to help with your recovery, as well as guidance on what to expect during this time.

Contents	Page
The elbow	4
Why have an elbow replacement?	5
About elbow replacement surgery	5
What are the risks and complications of the operation?	6
Information about the nerve block	8
Are there any risks from a nerve block?	9
Will it be painful?	9
Pain relief after the surgery	10
What pain relief medication will I be given?	11
Do I need to wear a sling?	13
Do I need to do exercises?	15
How do I look after the wound and stitches?	15
Follow-up appointment	16
Are there things I should avoid doing?	16
How am I likely to progress?	17
When can I return to work?	19
When can I drive?	19
When can I take part in leisure activities?	19
Guide to daily activities in the first 6 weeks	20
Exercises and general advice	22
Phase 1 and 2 exercises	23
Phases 3 and 4	32
How to contact us	34

The elbow

The elbow consists of the upper arm bone, humerus, and two bones in the forearm, ulna and radius. See picture details below.

The elbow can be thought of as working in two parts. One-part acts as a hinge enabling you to bend and straighten the elbow. The second part provides rotation or twisting of your forearm, for example to turn your palm up towards the ceiling in order to receive 'change' in a shop. The joint has muscles which move it and also some nerves that pass close by. Hitting your 'funny bone' gives a nerve sensation into the forearm and /or fingers as you will have irritated a nerve that passes behind your elbow.



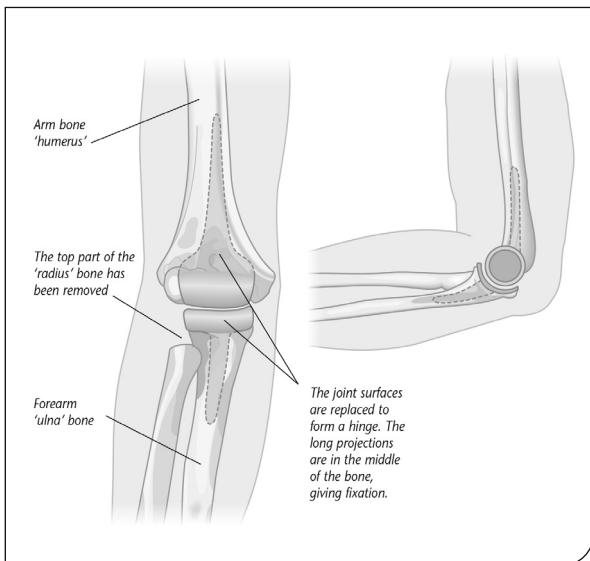
Why have an elbow replacement?

The most common reason for replacing the elbow joint is for arthritis, usually rheumatoid arthritis. It may be for osteo-arthritis and following a fracture or damage to the elbow. However, replacement of an arthritic elbow may well not be the only or indeed the best option to treat your symptoms.

About elbow replacement surgery

Elbow replacements are usually offered to help with pain; while the movement may improve a little, relief from pain is more often the main notable improvement. Replacement elbow joints have recommended restrictions to what you may be able to do in order to maximise their lifespan. This is another reason why surgery to improve motion alone is rarely considered.

The operation replaces the damaged joint surfaces usually with metal and plastic components that form a hinge joint that also allows a small amount of side-to-side movement to minimise stresses on the artificial joint parts. In addition the end nearest the elbow of one of the forearm bones, radius, is often removed as this joint can also give elbow pain; this is the part of the joint that allows rotation of the forearm. Once the end of the radius is removed you will still be able to rotate the forearm, possibly to a lesser extent. See picture below. In order to perform the operation, the triceps tendon at the back of your elbow needs to be moved to the side or split, and will need to heal before you can push with your arm.



What are the risks and complications of the operation?

All operations involve an element of risk. The risks you should be aware of before and after this operation include:

- **Risks from the anaesthetic** – the chance of any complications from the general anaesthetic or block is low for most people usually less than one person out of one hundred. Your anaesthetist will discuss how these risks are for you.
- **Infection** – these are usually only superficial wound problems that occurs in the topmost layer of skin seen in less than 9 in 100 people. Occasionally a deep infection of the replacement may occur after the operation; although this is serious it is rare, affecting up to 5 in 100 cases. If you get a deep infection in the elbow replacement the new joint may have to be removed.
- **Damage to the nerves and blood vessels around the elbow** – temporary damage to the nerve (ulnar) is quite common. This may give pins and needles or numbness in the little and ring fingers. For most people these effects are temporary, for a minority (up to 5 in 100 cases) they can remain long term.
- **Problems with the triceps tendon** – the repair can break down or the bony attachment to the forearm break. This is rarely seen in about 3 in 100 cases and is the reason that you will need to be careful not to push out with your arm initially following the operation, allowing gravity and stretches to regain straightening of the elbow.

- **Loosening of the elbow replacement** – this may result in a need to redo the surgery and is seen in nearly 10 out of 100 patients at 5 years.
- **Broken bone** – sometimes the bones around the elbow are very thin and fragile particularly in patients who have rheumatoid arthritis or have had previous fractures, and the bones can break either during or after the operation. This may not necessarily cause any problems, but some breaks may need treatment either by a further operation or by wearing a cast to protect it whilst it is healing. When the elbow replacement has loosened the risk of a fracture is increased.
- **Unwanted stiffness and /or pain in (and around) the elbow.**
- **Dislocation of the elbow replacement** – some replacements rely on the soft tissues for stability, and these can dislocate and usually will require a further operation to sort out the problem. For this reason, we generally use a component in which the two parts are joined, to prevent this potential problem.

Please discuss these issues with the doctors if you would like further information.

Information about the nerve block

As with most anaesthetic procedures there are a few common side effects to be aware of. The effects are temporary and not a cause for concern. They will get better when the local anaesthetic wears off in 12 to 48 hours.

Your arm will be very numb. You may not be able to move it and your fingers may feel tingly, like you have pins and needles.' You must take care of your arm whilst it is numb, as you could injure it without being able to feel it. You should keep your arm in the sling until the block has fully worn off. Keep your arm away from extreme heat or cold.

The local anaesthetic can also spread to nearby nerves which can cause other areas to be numb, such as your cheek, neck and ear. For similar reasons this may cause you to have a blocked nose and a droopy eyelid on the side of the operation. Your eye and cheek may be a little red, and you may have a hoarse voice or feel slightly breathless.

If any of these side effects last more than 48 hours you will need to get advice from the hospital ward you were discharged from.

Are there any risks from a nerve block?

There is an extremely small risk that some of the side effects mentioned may become long-lasting, but by giving you the nerve block before your anaesthetic, with careful monitoring, we can reduce these risks even further.

There are some more significant complications, such as long-lasting or permanent nerve damage in the arm/shoulder, or a delay in waking immediately after surgery (due to spread of local anaesthetic towards the spinal cord).

Thankfully these complications are very rare, occurring in less than 1 in 5,000 procedures. We would only recommend that you have the block if the benefit of the reduction in your pain immediately after the operation outweighed these risks.

Please remember that your nerve block is likely to make your arm numb and it may be difficult to move on the night after surgery. Although this can be a strange experience, it is normal and should get better 12 to 48 hours after surgery.

Will it be painful?

When you wake up after your operation the nerve block will make your arm feel numb and weak for 12 to 48 hours. It is likely to significantly reduce or completely remove your pain, helping you get past the worst of the pain from the operation. The blocks are normally very effective and last into the next day. Your arm will then start to return to normal sensation.

It is best to take pain relief medication regularly, starting them before going to bed on the day of the operation. Continue taking them for at least 2 to 3 days, even if you are comfortable, as the pain can sometimes return suddenly. Remember that pain relief medication can take up to an hour to work.

On page 10 you will find information about the pain relief medication you should take, including how and when to take them.

Pain relief after the surgery

As with most operations, it is normal to have some pain after elbow surgery and it may be several weeks until you begin to feel the benefit.

You should be given two or three different types of pain relief medications to take home. These different medications work in combination to treat pain effectively, so it is best to take them if you have been advised to.

After two or three days you should try to reduce the number of pain relief medication you are taking, to see if you still need them.

You will be given a supply of pain relief medications when you are discharged from hospital. Supplies of paracetamol or ibuprofen can be purchased in a supermarket or a community pharmacy. Please see your GP for other pain relief medication that require a prescription.

Bruising around the elbow and swelling in the arm is common after this surgery but will gradually disappear over a few weeks. You may find it helpful to use an ice pack (or a packet of frozen peas) over the area. Place a damp tea towel between your skin and the ice pack, to protect your skin. Leave on for 10 to 15 minutes and repeat this several times a day. Until your wound has healed, cover the dressing with a large plastic bag or cling film, to prevent it from getting wet.

What pain relief medication will I be given?

This depends on your operation and any side effects you may be more likely to develop. The medical staff will give you advice on the appropriate pain relief for you following your surgery.

In the first few days after surgery take your pain relief medicines regularly, even if you are not in pain. Pain relief medications work best if taken earlier so that they stop you feeling pain, rather than treating pain once you can already feel it.

Paracetamol

This is an effective pain relief medication , particularly when taken regularly. It helps to reduce the need for other types of pain relief medications that you may need, and also has very few side effects and drug interactions. It is usually the last medication to stop taking.

Never take other medicines containing paracetamol at the same time as the paracetamol tablets.

Codeine (codeine phosphate)

Codeine can be taken at the same time as paracetamol, or you may choose to only take this as a 'top up' or 'rescue' medication if paracetamol is not sufficient in controlling your pain.

Codeine can cause side effects such as sleepiness, mild nausea and dizziness. These may wear off as your body gets used to codeine.

Codeine can also cause constipation. It helps to eat plenty of fruit, vegetables and fibre and drink plenty of fluids. You may need to take some laxatives. This may be given to you on discharge or can be bought from a community pharmacy. Please discuss with your doctor if symptoms of constipation are ongoing.

Naproxen or Ibuprofen

These medications work by reducing swelling and pain. They should be taken with or after food or with a drink of milk to reduce the chance of an upset stomach. You should not take them if you have had a stomach ulcer in the past. If you have severe asthma, you may have been advised to avoid taking these medications as they may affect your breathing.

Morphine or Oxycodone

Morphine and oxycodone are strong opioid medications used to treat severe pain. They are available in tablet or liquid form. You may be prescribed this type of pain relief if the other medications are not enough to control your pain. Using these medications only when you need them will help you recover better.

These medications can make you drowsy, nauseated or constipated. If you find these side effects troublesome you may prefer to stop taking these tablets or reduce the dose.

As your pain lessens, you can begin to reduce your pain medications. You should aim to stop taking opioids, such as morphine or oxycodone, sooner than other pain medications, like paracetamol. Follow the instructions on the medication boxes that you receive on discharge.

If you need any advice about your medicines, you can contact the **Patient Medicines Helpline** on **01865 228 906** or email medicines.information@ouh.nhs.uk.

Please remember:

- Take your pain relief medications regularly for the first few days after your operation, as the surgical pain can sometimes return unexpectedly.
- Your nerve block is likely to make your arm numb and difficult to move on the night after surgery. Although this can be a strange experience, it is normal and should get better 12 to 48 hours after surgery. Please see page 8 for further information about the side effects of the nerve block.

Do I need to wear a sling?

Your arm will be held in position in a sling. This is important to wear whilst the block is still effective. The sling helps to protect your elbow in the early phases of healing and to make your arm more comfortable. You can take it on and off as you wish, and you do not need to have your arm strapped to your body. Use it as you need for comfort. You will gradually wear the sling less over the next 3 to 6 weeks.

You will take the sling off for most of the exercises. If you are sitting and resting there is no need to wear the sling.

A nurse or physiotherapist will show you how to put the sling on and take it off before you leave the hospital.

You may find it more comfortable to wear the sling when you're sleeping (with or without the body belt), particularly if you tend to lie on your side. Alternatively, if you are not a restless sleeper, you could use pillows in front of you to rest your arm on.



If you are lying on your back to sleep, you may find placing a pillow or towel under your upper arm is comfortable.

You may find your armpit becomes itchy or hot and sweaty when you are wearing the sling for long periods of time. Try using a pad or cloth to absorb the moisture. Leaning forwards and letting the arm swing forwards makes it easier to clean under the arm pit.

Dressing, showering, taking a bath and cooking may be difficult to start with. If you live alone, it will be useful to have someone to help you for the first few days.

You will gradually wear the sling less after 3 weeks, but you may find it takes 6 weeks or more, before you are without it all the time.



Do I need to do exercises?

You will be shown exercises by the physiotherapist. You may start exercises to move the elbow, as well as your shoulder, wrist, and hand on the first day after the operation. You will then need to continue with exercises when you go home. Outpatient physiotherapy is not routine but will be organised if it is felt to be necessary in your case.

You will need to get into the habit of doing regular daily exercises at home for several months. They will enable you to gain maximum benefit from your operation.

The exercises aim to stop your elbow getting stiff and strengthen muscles. Some exercises are shown at the back of this booklet.

Wearing a support bandage (Tubigrip) will help to reduce swelling and has been found to make the other exercises easier and more effective.

How to look after the wound and stitches.

Your wound will have a dressing on it.

Keep the wound dry until it is healed (normally 10 to 14 days). You can shower or wash but protect the wound with cling film or a plastic bag. It may be easier to use a flannel to wash. Avoid using spray deodorant, talcum powder, lotions, or perfumes near or on the wound, as this can also delay healing and irritate the wound.

Your stitches should be ready to be removed after 10 days. You will need to make an appointment to have this done by the nurse at your GP's surgery.

Follow up appointment

You are likely to have an outpatient Elbow clinic appointment, approximately four weeks after you are discharged from hospital, to check on your progress. Please discuss any queries or worries you may have with the specialist or senior physiotherapist at this appointment. If you need further appointments, we will make them after you have been seen.

Are there things that I should avoid?

For the first 6 weeks

Do not try and push or force your elbow straight. For example, pushing through your arm to get from sitting to standing, pushing a door open, polishing surfaces. This is because the muscle (triceps) has been cut and re-stitched in the operation. It takes time to heal before you can put force through it. Even after 6 weeks, take care of this action. However, it is important you do practise trying to straighten your arm as the therapist shows you, just don't use your muscle power to do it!

Try to avoid twisting the elbow with your arm out to the side. For example, reaching back to get your seat belt in a car and in the 'throwing' (e.g. a ball) action.

For the rest of your life

An elbow replacement is unlikely to last forever. You should only use your arm with an elbow replacement for 'light' activities.

It is not known exactly what may cause the elbow replacement to dislocate or become loose, but it is advised that you try to avoid:

- heavy manual work
- the implant manufacturer recommends that at no point should you lift objects with any meaningful weight (nothing over 5 lbs / 2.5 kg)
- forceful pushing and pulling activities
- repetitive activities.

This will result in you being unable to do heavy gardening (e.g. digging) or activities where you hold an object to carry out a task e.g. hammer. If your dominant arm has been operated on you are advised not to do sports such as bowls, golf, racquet sports (or else learn to use your non dominant arm). The therapists will be able to advise you on ways to avoid unnecessary stress and strain on your elbow.

How am I likely to progress?

This can be divided into four phases:

Phase 1.

Whilst you are in hospital

Your arm will be in a sling. Occasionally a splint will be used to try and keep your arm straight. You will start to move the elbow with the help of the physiotherapist, but to begin with you will be quite one-handed.

If the surgery was on your dominant hand (hand you use to write with) your daily activities will be affected, and you will need some help.

Activities that are likely to be affected include dressing, bathing, hair care, and shopping and preparing meals. The occupational therapist will discuss ways of doing these activities, to help you to be as independent as possible during this time. Some common difficulties and examples of solutions are listed later in this leaflet (see page 21).

Before you are discharged from hospital, the staff will help you plan for how you will manage when you leave. Please discuss any worries with them as they may be able to organise or suggest ways of getting help once you are discharged from hospital.

Phase 2.

After you have been discharged and for up to 6 weeks

The pain in your elbow will gradually begin to reduce and you will become more confident with movements and exercises. Wean yourself out of the sling slowly over this time, using it only when you feel tired, or your elbow is painful. Do not be frightened to try and use your arm at waist level for light tasks and to try and move your hand towards your face; this will not harm the replacement itself.

Remember **not to push** your arm straight.

You will be doing regular exercises at home to get the joint moving. If your elbow is particularly stiff, you may be asked to see a physiotherapist as an outpatient. However, often you will just do your exercises at home, and we will check your progress in clinic at 3 to 4 weeks. If you feel unsure about what you can or cannot do, please contact your physiotherapist.

Phase 3.

Between 6 and 12 weeks

The pain should continue to lessen. You may not be using the sling at all or will have reduced the amount of time that you have it on. You can start to use the arm with more force but remember the precautions that you need to take for the rest of your life. Overall, you will have an increasing ability to use your arm for daily tasks (see driving, work, and leisure sections later).

Phase 4.

After 12 weeks

Hopefully by this stage you should begin to feel the benefits of the operation. The pain in the elbow joint should be much less than before your operation. In addition, you may find that daily tasks are easier to perform. You may still have an elbow that will not go straight, but the other movements often improve. Most improvement will be felt in the first 6 months, and this is normally maintained. Additional recovery can continue up to a year. Even when fully recovered you should not lift more than about 2.5Kg with the arm that has had surgery.

When can I return to work?

You may be off work for 6 to 8 weeks, depending on the type of job you have. If you are involved in overhead activities, you should not do these for 3 to 6 months to allow the tendon repair to strengthen. You will be advised to consider changing your employment if you have to do lifting or heavy manual work so that you do not overload the replacement and to minimise the risk and rate of loosening of the implants. Please discuss any queries with your physiotherapist or surgeon.

When can I drive?

It is likely to be about 6 to 8 weeks before you can drive. Returning to driving will be more difficult if your left arm has had surgery, because this is usually the side of the gear stick /handbrake.

Check you can work all the controls and that you can carry out an emergency stop, before setting off. Start with short journeys.

You should also check your insurance policy, to make sure you are covered. You may need to tell your insurance company about your operation.

When can I take part in leisure activities?

Remember an elbow replacement is unlikely to last forever. You should only use your arm with an elbow replacement for 'light' activities. Your ability to start these activities will be dependent on the pain, range of movement and strength you have in your elbow after the operation. Please discuss activities you may be interested in with your physiotherapist or surgeon.

Start with short sessions, involving little effort and gradually increase the intensity of your activities.

General examples:

- gentle swimming – after 6 weeks
- light gardening (e.g. weeding) – after 6 to 8 weeks
(NB: do not do heavier tasks, such as digging).

Guide to daily activities in the first 6 weeks

Some difficulties are quite common, particularly in the early stages when you are wearing the sling and when you first start to take the sling off. The occupational therapist (OT) can help you with finding ways for you to still be as independent as possible. Special equipment can also be borrowed from the Occupational Therapy department.

Everyone is different, so your individual needs will be assessed. We appreciate that you may have had many of these problems before your surgery. Please discuss any difficulties you may be having with the occupational therapist, orthopaedic team, or GP.

If you have any caring responsibilities for others, you may need to make specific arrangements to organise extra help. Discuss your needs with your GP or hospital staff prior to your surgery.

The following lists show some common difficulties, with solutions that may help.

Getting on and off seats

Raising the height can help (e.g. an extra cushion, raised toilet seat, chair or bed blocks).

Remember to avoid pushing up from a chair using your operated elbow.

Getting in and out of the bath

Using bath boards may help, although initially you may prefer to wash at the sink with a flannel/sponge.

Hair care and washing

Long-handled combs, brushes and sponges can help to stop you using your arm overhead. You may need some help to wash your hair. Have your head down if possible.

Dressing

Wear loose clothing, which is either front fastening or that you can slip over your head. For ease, also remember to dress your operated arm first and undress it last. Dressing sticks, long handled shoe horns, elastic shoe laces, sock aids and a 'helping hand' grabber can help.

Eating

A non-slip mat and other simple aids can help when one-handed. Use your operated arm for cutting up food and holding a cup as soon as you feel able.

Household tasks /cooking

Do light tasks as soon as you feel able. (e.g. lifting the kettle with small amount of water, light dusting, ironing, cooking). **Remember not to push your arm straight** for the first 6 weeks. There are various gadgets that can help you

Exercises and general advice

Use pain relief and/or ice packs to reduce pain before you exercise.

It is normal to feel aching, discomfort or stretching sensations when doing these exercises.

Do short, frequent sessions (e.g. 5 to 10 minutes, 4 times a day) rather than one long session.

If you experience intense and lasting pain (for more than 30 minutes), reduce the exercises by doing them less forcefully, or less often. If this does not help, discuss the problem with your physiotherapist.

Certain exercises may be changed or added for your specific shoulder recovery.

Gradually increase the number of repetitions that you do. Aim for the repetitions your physiotherapist advises; the numbers stated in this leaflet are rough guidelines.

After 3 to 4 weeks you can increase the length of time exercising.

All exercises shown are for the right shoulder.

You may be shown by a physiotherapist how to do the exercises on your non-operated arm, before you leave hospital and whilst you have the nerve block. When the block has worn off you will then need to do the exercises on your operated arm.

Phase 1 and 2 exercises

(from day of surgery for 6 weeks)



Neck exercise

Sitting or standing.

- Turn your head to one side as far as you can comfortably go. Repeat 5 times.
- Then turn your head to the other side. Repeat 5 times.
- Tilt your head towards one shoulder. Repeat 5 times.
- Tilt your head to the other shoulder. Repeat 5 times.

Shoulder blade exercise

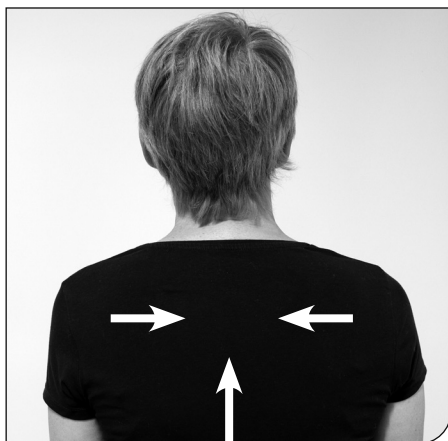
Sitting or standing.

- Shrug your shoulders up. Then roll them back and down.
- Repeat 10 times.



Shoulder blade squeezes

- Stand or sit with your shoulders and arms relaxed.
- Squeeze your shoulder blades back and together, then relax.
- Keep your arms relaxed.
- Repeat 10 times.



Shoulder exercises

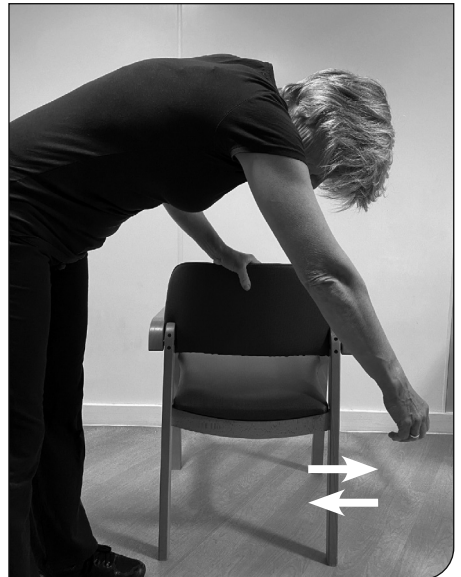
These are important to do.

Pendular

Standing with support if required. Lean forwards. (Keep sling on initially.)

- Let your arm hang freely.
- Start with small movements.
- Swing your arm:
 - i) forwards and backwards
 - ii) side to side
 - iii) in circles
- Repeat each movement 5 times.

Progress to doing exercise without sling.



Active assisted arm lifts

Lying on your back on the bed or the floor. (Keep sling on initially.)

- Clasp your hands together in front of your lower body.
- Lift your operated arm with your other arm over your head, only as far as you can without over stretching or discomfort.
- Keep your operated arm as relaxed as possible.
- When you first do this exercise, you can start with your elbows bent.
- Repeat 10 times.



Standing arm rotations with arm at side

- Keep the arm by your side but twist it outwards trying to make the palm face forwards.
- Repeat 10 times.



Wrist exercises

- Keep your arm in the sling or rest your forearm on a flat surface. Keeping your forearm still, move your hand up and down, bending at the wrist. Do this with your fingers straight and bent (i.e. with a fist and without).
- Repeat each 5 times.



Elbow exercises – forearm rotations

- Rest your forearm on a flat surface. Try and turn your palm up towards the ceiling. Then turn palm down.
- Repeat each movement 10 times.



Elbow bending and straightening in lying

These exercises are important, especially the bending part. They should be done in different positions. Lying and standing.

Lying on your back, arm supported.

- Let your arm go straight. DO NOT PUSH it straight. Just 'let it go'.
- Repeat 5 to 10 times.



Lying on your back.

- Rest upper arm on bed on small pillow. Use your other arm to help your hand towards your mouth. Gradually do this without using the other arm for help.
- Repeat 5 to 10 times.



Elbow straightening and bending in standing

Standing.

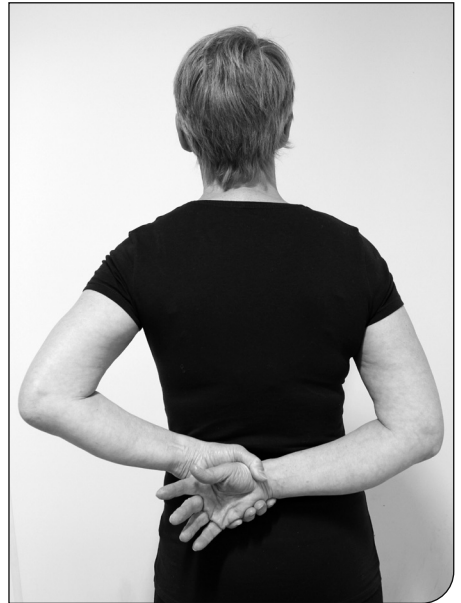
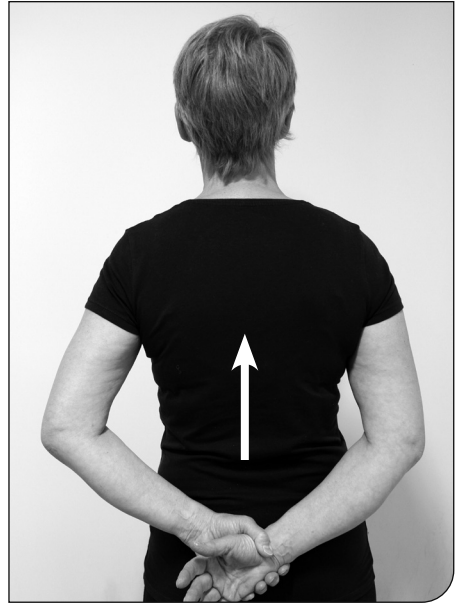
- Let your arm relax down straight.
Do not push it.
- Repeat 10 times.



Hand behind back slide ups

Stand with your arms by your side.

- Put your hands behind your back.
- Grasp the wrist of your operated arm with your other hand.
- Gently slide your hands up and down your back.
- Repeat 5 times.
- Do not force the movement.



Phases 3 and 4

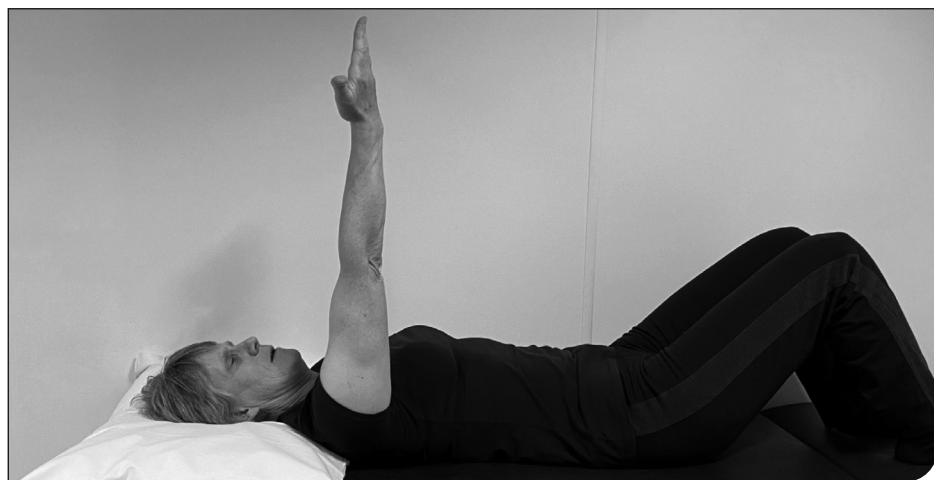
(6 weeks after your operation)

You can now start using the triceps muscle.

Elbow bends and head tapping

Lying down.

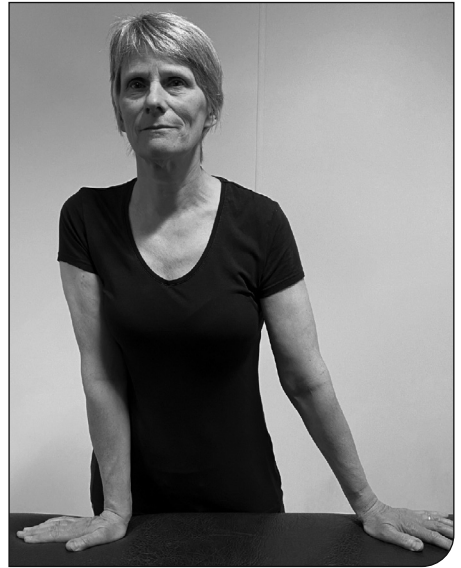
- Raise your arm up so your hand is pointing to the ceiling and your elbow is straight.
- Support your upper arm with your other hand if needed when first starting this exercise.
- Slowly lower your hand to rest on your forehead. Then try and straighten your arm back to the starting position.
- Repeat 5 times.



Hands on surface, elbow straightening

Sitting or standing.

- Place your hands on a table/ surface slightly wider apart than your shoulders.
- Try and straighten your arm,
- Put a little weight through the arm.
- Do not let the arm buckle.
- Do not push hard.
- Repeat 5 times.



Hand behind your head

- Try and place you hand behind your head.



Do exercises that you feel will help you to do the things that you wish to do day to day in your life. Not all of these exercises may be required.

Do not do weightlifting type exercises unless directed by a therapist.

If the movement does not change within 12 weeks, it may not change further. This will be the movement that you will have for daily activities. Keep the exercises going until you feel there is no more improvement. This may continue for a year to 18 months.

How to contact us

If you are unsure who to contact or if you have an appointment query, please telephone your Consultant's secretary between 8.30am and 5.00pm, Monday to Friday. They will contact the correct person, depending on the nature of your enquiry.

If your wound changes in appearance, weeps fluid or pus, or you feel unwell with a high temperature, contact your GP, out of hours' service or NHS 111 (dial 111 free from a landline or mobile).

If you have a query about exercises or movements, please contact the Physiotherapy department where you are having treatment.

For queries regarding self-care e.g. dressing, bathing, contact the **Occupational Therapy department**, direct line: **01865 737 551**.

Physiotherapy and Occupational Therapy Reception

(Nuffield Orthopaedic Centre)
Windmill Road
Headington
Oxford OX3 7LD

Telephone: **01865 738 074**
(9.00am to 4.00pm, Monday to Friday)

Physiotherapy Reception

(Horton General Hospital and Brackley Department)

Oxford Road

Banbury OX16 9AL

Telephone: **01295 229 432**

(8.00am to 4.00pm, Monday to Friday)

Physiotherapy Reception

(John Radcliffe Trauma Service)

John Radcliffe Hospital

Headley Way

Oxford OX3 9DU

Telephone: **01865 221 540**

(9.00am to 4.30pm, Monday to Friday)

Web links

www.ouh.nhs.uk/physiotherapy/information/physiotherapy-leaflets.aspx

www.ouh.nhs.uk/shoulderandelbow/information/patient-information.aspx

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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