OUTPATIENT POST-OPERATIVE PHYSIOTHERAPY GUIDELINES

ACJ reconstruction for instability

Please remember, individual patients will progress differently and progression onto the next level should be based on clinical judgement.

This protocol is for use with patients who have had a ACJ reconstruction for instability. Surgery is performed for symptoms of pain and/or functional disruption – failure to improve with non-operative treatment. Usually this will be 6 months + following injury.

If a patient has atypical findings or any additional procedures, post-operative notes will need to be adhered to (i.e. no longer 'routine')

Surgery is most commonly performed using a synthetic ligament and reconstruction device, These are designed to mimic the normal anatomic ligament fibres and are produced by a number of manufacturers but all rely on the same principles. The artificial ligaments replace the torn coraco-clavicular ligaments by connecting the coracoid to the clavicle. Typically the artificial ligaments have longitudinal-running fibres that match the structure of native human tissue. They therefore are able to act as a scaffold for fibroblastic culture and good healing.

The anterior Deltoid has been split and flexion is protected for 4 weeks (no loaded flexion). Avoid heavy lifting for 6 weeks. Avoid scapula movements for 3 weeks to allow bony healing of the coracoid and clavicle.

General guidelines for rehabilitation

Depending on the surgery patients may be on treatment for 1-3 months to help optimise range and activity of the shoulder.

Pre Operative Assessment

Evaluate	**Complications and precautions**
• Check for pre-morbid issues • Educate rehabilitation pathway • Ensure patient has information booklet Bullet	• Infection • Rupture/Loosening • Nerve damage • Pain

Phase I – Inpatient stay

Immediate post op precautions	**Goals**

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• Check post op instructions	• Pain controlled • Protect surgical repair • (2 weeks sling for comfort) • Teach axillary hygiene • Patient taught supine hand, elbow, neck, thoracic ROM exercises • Protect scapula and GH joint movement i.e. immobilise • Education on rehabilitation and expectations • Confidence with shoulder positioning and sling management. • Sleep position advice • Physiotherapy follow up arranged for 2-3 weeks post-op • Clinic follow up in the shoulder review clinic arranged for 3 weeks.

Phase II - Early Out patient treatment ***<u>Week 2 – 6</u>***

Aims	Suggested Treatment
• Reduce pain and swelling • Begin active assisted movement – supine to sitting • Wean out of sling • Functional use of arm – light tasks • Begin isometric strengthening all muscle groups • Improve scar mobility • Return to moderate work / school if swelling controlled • Driving as comfortable from 3-4 wks.	• Sling for 2 weeks for comfort • Sleep position advice • AROM • Shoulder flexion to 90 degrees • ER and IR, resisted as tolerated • Abduction in plane of scapula • Early scapula mobility and stability work • Early ADL advice • Movement re-education as required • Closed and open chain work. • Core stability exercises as appropriate

Phase III Intermediate outpatient treatment ***<u>Week 6 – 8</u>***

Aims	Suggested Treatment
• Progress scapula control/stability , • Improve quality of movement and	• AROM through range as symptoms allow.

Aims	Suggested Treatment
endurance • Maximise active movements – correct abnormal patterning if able • Increase use of arm for functional tasks • Progress strengthening – all muscle groups • Relate rehabilitation to functional demands • Progress weight bearing exercises as appropriate •	• Scapula stability and motor movement control work as required • Increase rotator cuff work • Correct and modify ergonomics as necessary. • Strengthen • Progress core stability exercises • Incorporate sports-specific rehabilitation • Plyometric and perturbation training
Restrictions	**Key Milestones to Achieve**
• No heavy lifting • No sudden lifting or pushing activities No sudden jerking motions	• Good pain control • Full AAROM and AROM • Complete strengthening • Return to work Functional independence

Phase IV- Late stage outpatient treatment ***<u>12 weeks onwards</u>***

Aims	Suggested Treatment
• Minimal pain and swelling • Enhance functional use of upper extremity • Improve muscular strength, power and endurance • Gradual return to more advanced functional activities • Good dynamic proprioception	• Rotator cuff and scapula stability work – open chain • Increase proprioception through open & closed chain exercise • Increase challenging functional activities • Increase return to sporting activities with appropriate training/strengthening. – sports specific drills as necessary. • Plyometric exercises • Functional work progressions. • Start lifting heavier weights.
Restrictions	**Key Milestones to Achieve**
• Avoid heavy use of arm and lifting if muscular strength is NOT adequate	• Full AROM • Good shoulder stability, control and strength • Return to contact sports • Patient able to maintain non painful

Aims	Suggested Treatment
	AROM • Maximised functional use of upper extremity Return to work Functional independence

Advice on Return to Activity

- **Driving:** Not before 4-6 weeks. When adequate ROM and safe to control the car. Able to react in the event of an emergency i.e. able to perform an emergency stop.

- **Work:** Those in desk based roles should be able to return to work in approximately 4-6 weeks as tolerated, providing the employer approves. If the job role involves lifting or sustained overhead postures then patients may take a little longer (8-12 weeks)

- **Non contact sport :**

- Swimming - Breaststroke: 6 weeks
  - Freestyle: 12 weeks

- Golf and non contact sport 3 months.
- **Contact Sport**: E.g. Horse riding, football, martial arts, racket sports and rock climbing: 3 – 6 months depending on degree of likely impact.

Expectations

Frequently the Acromio clavicular joint can remain more pronounced even following surgery. The aim is to improve pain and not necessarily appearance.

80% of patients feel an improvement in pain symptoms within 3 months. However, symptoms can improve for up to one year.

Ref:

Nottingham University Hospitals Lockdown acromioclavicular joint stabilisation rehabilitation protocol.

Shoulder doc.com