

Post Operative Guidelines -

ACJ Stabilisation- Soft tissue Reconstruction using synthetic ligament

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This surgery is undertaken to stabilise a symptomatic unstable ACJ following injury. It is an open procedure and it is vital to protect the repair

Goals

1. Protect surgical soft tissue repair.
2. Avoid re-dislocation secondary to failure or stretching out of the synthetic device prior to adequate healing
3. Gentle stretching and regaining range of motion.
4. Gentle strengthening
5. Return to sports

Phase I – Joint protection (0-6 weeks)

- Patients generally wear a sling for 3-week period followed by a further period of 3 weeks when patients wean out of sling but protect it against lifting etc.
- Regular cryotherapy
- Posture awareness and scapular setting.
- Patients can use the arm below the elbow e.g. using computer, reading immediately following surgery
- Active assisted flexion as comfortable.
- Active assisted ER to 30°
- Do not force or stretch

Phase II (6-12 weeks)

- Progress active assisted to active ROM. Gradually increase ROM but do not push overhead activities
- Glenohumeral stability; sub maximal isometrics rotator cuff in neutral
- Scapular stability; serratus anterior, upper and lower trapezius strength
- Proprioception through open and closed chain exercises
- Core stability

Phase III (12 weeks +)

- Progress strengthening. Isometrics in variable starting positions progressing to resisted through range strengthening
- Sport specific rehabilitation
- Plyometric and perturbation work

Functional Milestones

- Driving -depends on side and whether automatic generally after 4-6 weeks when patient has adequate control
- Swimming 16 weeks
- Cycling 8-12 weeks
- Golf 16 -20. weeks
- Rugby 4-6 months