

# Professor M. A. Imam MD, D.SportMed, PhD, FRCS (Tr and Orth) Subspecialist in Upper limb and Complex trauma reconstruction Tel: 020 3384 5588

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## **Acromioclavicular Joint reconstruction**

For Patients who had Anatomical Reconstruction of the Conoid and Trapezoid ligaments using LARS Ligament, Coracoacromial Ligament transfer to reconstruct the Superior ACJ ligament, Reconstruction of the DT Fascia and Distal clavicle excision or one of these variants.

# **Physiotherapy**

Post-op

Day 1 - 3 weeks

### **Level 1 Exercises**

Sling for 6 weeks in total.

Teach axillary hygiene

Teach postural awareness and scapular setting

Core stability exercises as appropriate)

Proprioceptive exercises (minimal weightbearing below 90 degrees)

Active assisted flexion as comfortable

Active assisted external rotation as comfortable

Do not force or stretch

## 3 - 6 weeks

Level 2-3 exercises Progress active assisted to active ROM as comfortable Do not force or stretch

### 6 - 12 Weeks

Progress Level 3+ exercises Regain scapula & glenohumeral stability working for shoulder joint control rather than range Gradually increase ROM

Strengthen

Increase proprioception through open & closed chain exercise

Progress core stability exercises

Incorporate sports-specific rehabilitation

Plyometrics and pertubation training

## Milestones

Week 6

Active elevation to pre-op level

Week 12

Minimum 80% range of external rotation compared to asymptomatic side

Normal movement patterns throughout the range

Failure to achieve milestone referral to Prof Imam

Return to functional activities: Return to work 3 months if a manual job. Driving:6-8 weeks

# **Discharge and Rehabilitation**

Immobilisation: Polysling 6 weeks

Rehab: See Above

Discharge: Today or tomorrow once mobile and safe and physiotherapists are happy.

Review at 2 weeks, XROA 6 weeks.