

## Post-operative rehabilitation protocol

# Acromioclavicular joint (ACJ) excision

Keyhole removal of the arthritic outer end of the collarbone. For patients, physiotherapists, and GPs.

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## The plan at a glance

A small amount of bone is removed so the joint surfaces no longer rub. Nothing is repaired, so movement starts early. Loading across the chest waits longest.

|                 | Phase 1<br>Weeks 0 to 2                            | Phase 2<br>Weeks 2 to 6             | Phase 3<br>Weeks 6 to 12                           | Phase 4<br>After 12 weeks |
|-----------------|----------------------------------------------------|-------------------------------------|----------------------------------------------------|---------------------------|
| <b>Sling</b>    | For comfort, a few days to 2 weeks                 | None                                | None                                               | None                      |
| <b>Movement</b> | Pendulums, assisted then active, as comfort allows | Full active range                   | Full range                                         | Full range                |
| <b>Load</b>     | A cup of tea                                       | Up to 2 kg. Light bands from week 4 | Progressive strengthening. Pressing exercises last | Unrestricted              |
| <b>Review</b>   | Wound check at 10 to 14 days                       | Clinic at 6 weeks                   | Clinic at 12 weeks if needed                       | Discharge                 |

Darker shading means tighter restriction. Times are guides. Your surgeon's instructions take precedence where they differ.

## Seek advice urgently if

- The wound becomes red, hot, or swollen, or it leaks or opens.
- You have a fever or feel unwell.
- Pain suddenly increases after a lift or a fall.
- The end of the collarbone becomes prominent or moves up and down.
- New numbness, tingling, or weakness develops in the arm or hand.
- The hand becomes cold, pale, or blue.

**Call 999 or go to the Emergency Department for shortness of breath or chest pain.**

For anything else on this list, contact your surgical team the same day. Out of hours, call NHS 111.

## Phase 1

# Protect: weeks 0 to 2

Aims: control pain, start movement, let the wounds heal.

### Do

- Wear the sling for comfort. Take it off as soon as the arm is comfortable without it.
- Move the fingers, wrist, and elbow fully.
- Start pendulum exercises from day one.
- Lift the arm with help from the other hand, then unaided, as comfort allows.
- Keep the shoulder blades set back.
- Sleep propped up on pillows for the first week or two.
- Keep the wounds dry until the wound check.

### Avoid

- Lifting anything heavier than a cup of tea.
- Reaching across the body to the opposite shoulder.
- Lying on the operated side.
- Driving until out of the sling and comfortable.

### Expected in this phase

The shoulder swells with the fluid used during keyhole surgery. This settles in a few days. The top of the shoulder is sore to touch for several weeks.

## Phase 2

# Move: weeks 2 to 6

Aims: full active movement, light daily use, early strengthening.

### Do

- Regain full active movement in all directions.
- Add static (isometric) rotator cuff exercises.
- Start light resistance bands from week four, below shoulder height.
- Work on shoulder blade control and posture.
- Return to light daily tasks, including overhead reaching.

### Avoid

- Lifting more than 2 kg.
- Loaded movement across the body.
- Pressing exercises: press-ups, bench press, dips.
- Heavy overhead lifting.
- Carrying a heavy bag on the operated shoulder.

### Move on to Phase 3 when

Movement is full and the top of the shoulder is comfortable with daily tasks.

### Phase 3

## Strengthen: weeks 6 to 12

Aims: restore strength and control, return to non-contact exercise.

### Do

- Progress resistance work with bands, then weights.
- Strengthen the rotator cuff, deltoid, and shoulder blade muscles.
- Start pulling exercises before pressing exercises.
- Introduce press-ups against a wall, then an incline, then the floor from week ten.
- Return to swimming and running.

### Avoid

- Heavy bench press and dips until 12 weeks.
- Contact sport.
- Heavy manual work until strength allows.

### Move on to Phase 4 when

Strength is close to the other side and pressing movements are pain-free.

### Phase 4

## Return: after 12 weeks

Aims: full work, full sport, no restrictions.

- Return to heavy lifting, including bench press and overhead work.
- Return to contact sport.
- Keep up shoulder blade and rotator cuff strengthening.

### What to expect

Most of the gain comes by three months. Some ache with heavy pressing or sleeping on that side can last six months.

# Return to activity

Typical times from surgery. Each depends on comfort, movement, and healing.

| Activity                         | From          | Condition                                   |
|----------------------------------|---------------|---------------------------------------------|
| Desk work                        | 1 week        | When pain is controlled                     |
| Driving                          | 1 to 2 weeks  | Out of the sling, able to control the wheel |
| Running                          | 3 to 4 weeks  | Comfortable arm swing                       |
| Light manual work                | 4 weeks       | Within the 2 kg limit, then building        |
| Swimming, breaststroke           | 4 weeks       | Wounds healed                               |
| Light gym resistance             | 4 to 6 weeks  | Pulling before pressing                     |
| Golf                             | 6 to 8 weeks  | Full comfortable range                      |
| Swimming, front crawl            | 8 weeks       | Full comfortable range                      |
| Racket sports                    | 8 weeks       | Good strength                               |
| Heavy manual work                | 8 to 12 weeks | Good strength                               |
| Bench press, dips, contact sport | 12 weeks      | Pain-free pressing                          |

## When to slow the protocol

Some patients need more time. Your surgeon will tell you if any of these apply.

- **Open excision.** The muscle cover over the joint is repaired. The sling stays on for three weeks. Resistance work waits until six weeks.
- **Rotator cuff repair at the same operation.** Follow the cuff repair protocol. It takes precedence.
- **Subacromial decompression at the same operation.** The same phases apply.
- **Smoking and diabetes.** Both slow healing. Stop smoking and vaping nicotine. Keep blood sugar well controlled.

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This protocol is general guidance for uncomplicated arthroscopic excision of the acromioclavicular joint. It is not a substitute for individual medical advice. Instructions from your own surgeon and therapist take precedence.

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