Patient information

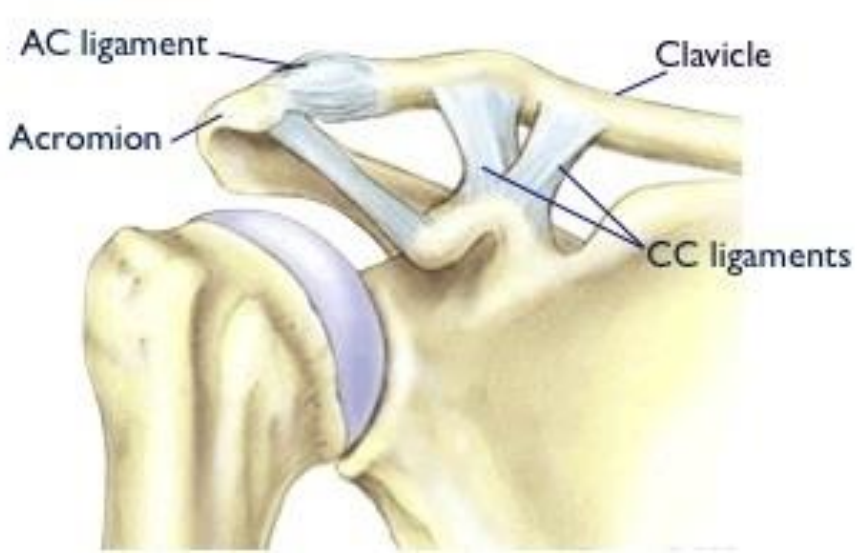
Acromioclavicular joint (ACJ) stabilisation

Physiotherapy advice for patients

This booklet will provide you with physiotherapy advice to help your rehabilitation. It is a guide only and the therapy you need may vary.

Physiotherapy aims to improve movement, function and strength in your limbs following your surgery. You have a very important role in your own recovery, so it is important that you follow the advice we give you.

The ACJ is situated at the end of the clavicle (collar bone) and the acromion (tip of the shoulder blade).



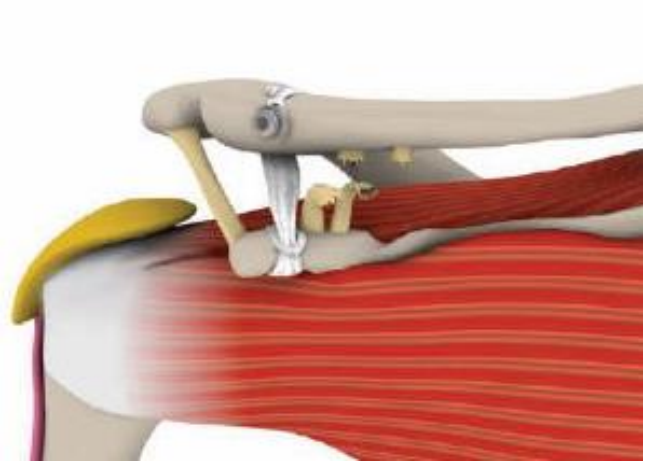
There are two main ligaments which help to stabilise the ACJ: acromioclavicular ligament and coraco-clavicular ligament.

Injury to the ACJ is caused by a downward force on the acromion, either by something hitting the top of the acromion or falling directly onto the shoulder or an outstretched hand. This can cause one or both ligaments to be torn.

ACJ injuries are classified using a scale of type 1 - 6. Types 1 - 3 gradually increase from minor ligament damage to complete tear and raised prominence and can often be managed without an operation. Types 4 - 6 are more severe with greater ligament injury and further movement of the clavicle. Following discussion with an orthopaedic surgeon an operation may be appropriate.

ACJ stabilisation

The aim of the surgery is to stabilise the joint. This is achieved using an artificial polyester ligament with loops around the clavicle and the coracoid bone (a bony prominence at the front of the shoulder) replacing the torn ligaments. This will require an incision on the top of the shoulder and the ligament is secured with a screw.



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What are the risks?

Risks can be related to both the anaesthetic and the procedure itself. In most cases a general anaesthetic will be combined with local anaesthesia, which may be injected in and around the shoulder. You will be able to discuss this with the anaesthetist before surgery and they will identify the best method for you.

ACJ stabilisation is a commonly performed, and generally safe procedure. Before suggesting the operation, your consultant will consider that the benefits of the procedure outweigh any disadvantages.

To make an informed decision and give your informed consent, you need to be aware of the possible side effects risks/complications. These include the following:

- Infection
- Nerve injury
- Bleeding
- Thrombosis / blood clot
- Stiffness of the shoulder
- Appearance
- Reconstruction failure
- Irritation of the skin
- Fracture of the bone

Are there any alternatives to surgery?

Depending on the type of dislocation, surgery may be recommended. Sometimes however, rest and physiotherapy are a good alternative to surgery.

If this does not stabilise the joint, then surgery may be required.

Consent: Asking for your consent

We want to involve you in the decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the surgery and you understand what it involves. If you require further information about our consent process, please speak to a member of the team caring for you.

Your post-operative instructions are:

Weight–bearing status ……

Polysling ……

Restrictions ……

Your consultant is ……

Other …..……

Polysling

When you return from theatre following your surgery, your arm will be in a Polysling. This is to support the weight of your arm and help alleviate any discomfort you may have.

You will need to wear your sling for the time period in which the consultant specifies, and your physiotherapist will give you further guidance on this.

You may remove your sling when sitting down or when in bed. Place pillows under your arm to support the weight of it, provide comfort and help alleviate any discomfort you may have.

When you are in bed, having your hand above shoulder level can reduce swelling, you can achieve this by placing pillows under your whole arm.

You may remove your sling during the day for tasks such as washing your face, cleaning your teeth, eating, drinking, and writing.

You will need to remove your sling when you are completing your exercises.

Putting on and removing your polysling

When putting your sling on, your arm should be across your body, as the picture above demonstrates.

Putting your sling on:

1. In sitting (either bed or chair), place your arm on a pillow for support.
2. Put the sling on your arm ensuring your elbow is back in the sling as far as it will go
3. Velcro the strap across your forearm
4. Ensure the strap from the elbow is across your back and over your shoulder and not pulling on your neck
5. Clip the buckle or Velcro together at the front of the sling at the wrist

Taking your sling off:

1. In sitting (either bed or chair), place your arm on a pillow for support.
2. Unclip the buckle or Velcro at the wrist, removing the shoulder strap
3. Undo the Velcro strap across your forearm
4. Slowly slide the sling downwards pushing into the pillows, removing it from your arm.

Pain control

It is important your pain is well controlled to allow you to engage in your therapy

- A nerve block may be used during your surgery, this means that immediately after the surgery, your arm will feel numb for a few hours.
- It is expected that you will experience some pain or discomfort following your surgery.
- It is essential your pain is well controlled: when you are lying or sitting still, moving in the bed, getting out of the bed and especially while walking.
- If your pain relief is making you feel sick or unwell, please let the nurses know, or the GP if you are at home.
- If you feel your pain is going to stop you doing an activity or a movement, you need to ask the nursing staff for pain relief. If you are at home, ask your GP for a pain review.

Ice therapy

Ice is beneficial for temporary pain relief and for the management of swelling as it helps to reduce inflammation which can cause pain.

You can apply ice to the area of your surgery for 20 minutes every 2 hours; ensuring it is wrapped in a damp towel.

Make sure you look after your skin when using ice. If it remains red and sore following ice therapy, seek medical advice.

Washing and dressing

You must not bath or shower for the first 10 days following your surgery and will need to strip wash. You can do this at the sink in your bathroom. This is to keep the dressing and the wound dry and reduce chance of infection.

You may find it difficult to wash under your arms. A good technique to use, is to lean forward letting your arm hang down (towards the floor). You can now wash your underarm without actively moving the arm at the shoulder.

You may need some assistance to wash your back. It is advisable to organise help from family or friends to support with this.

When getting dressed, it is advisable to have loose clothing. Lead with your operated limb followed by your non-operated limb. When undressing, lead with your non-operated limb, followed by your operated limb.

If you struggle with this, our occupational therapy team can discuss discharge options with you before you go home.

The wound

The nursing staff will provide you with the information you require to look after your wound.

It is important to keep the wound dry until it is well healed and leave the dressing in place.

If your dressing starts to come away, once you are home, please contact your GP as this should be re-dressed for reducing infection.

What should I do if I have a problem?

Please contact your surgical team if you experience any of the following:

- Increasing pain that is not controlled with pain relief
- Increasing redness, swelling or oozing around the wound site
- Fever (temperature above 37.5ºC)

Will I have a follow-up appointment?

The inpatient physiotherapy team will refer you to out-patients physiotherapy on discharge.

Two weeks after your surgery you will attend the outpatients' department for a wound check and removal of stitches.

You may not see the consultant, but you will see a member of their team.

Exercises

You play a very important role in your own recovery, so it is important that you do all the exercises and follow the advice we give you. If at any time during your rehabilitation you have difficulty following our advice or exercises, please contact the team.

You should commence your exercises when you return from your operation and complete them as prescribed: 10 repetitions, three times a day for the first two weeks or until you are reviewed by the physiotherapist in an outpatient setting reviews you.

The exercises should be completed in a smooth and controlled manner. Stop the exercise if you feel unable to complete it safely you should stop exercising if you have increased pain not eased by rest / pain relief or ice therapy and seek medical advice.

Neck flexion

In sitting

Gently drop your chin to your chest, bring your head up and look up

Repeat 10 times

Neck lateral flexion

In sitting

Flex your head from side to side, slowly and gently

Repeat 10 times each way

Elbow flexion and extension (remove sling)

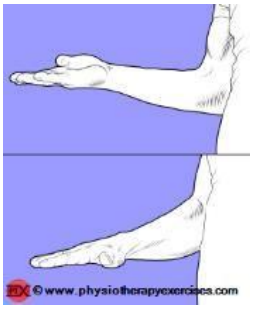
In sitting

Remove your sling as you have been advised

Bend and straighten your elbow as much as you can

Repeat 10 times

Palm up, palm down



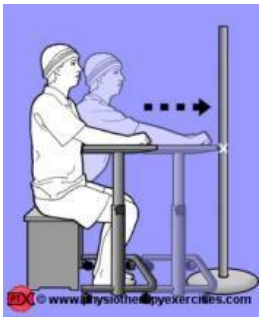
In sitting

You may keep your sling on for this exercise if you would like

Rotate your forearm so that your palm is facing upwards, then facing down

Repeat 10 times

Shoulder flex – use a duster on the table, no loading through the arm



Sitting at a table, using a duster / cloth, to move your arms forward, stretching through your elbow as far as you are able to.

You are not leaning on the table or putting weight through the arm*

Return to starting position, repeat 10 times

Pendular

Standing with support of the kitchen counter

Remove your arm from your sling and let your arm naturally hang down by your side

Leaning forward slightly, letting your arm continue to hang down to the floor, gently move your arm forward and backs and in small circles

Repeat 20 times for each movement

Active assisted shoulder flexion 90 degrees

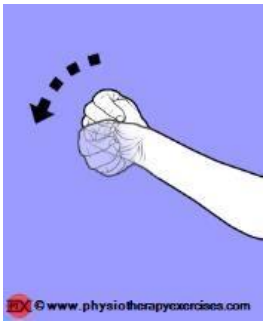
Lying in bed

Clasp your fingers together or hold on to a towel

Slowly and gently lift your arms up, aiming to get your hands no further than shoulder height (as picture demonstrates)

Slowly lower back to starting position

Wrist flexion and extension



In sitting

You may keep your sling on for this exercise

Gently flex and extend through your wrist

Repeat 10 times

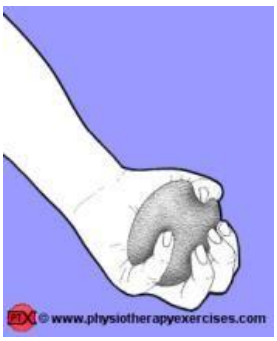
Finger / thumb opposition

In sitting, you may keep your sling on for this exercise

Touch the tip of your finger with your thumb, moving through all fingers

Repeat 5 times backwards and forwards

Grip strength exercise



Holding on to a sponge / flannel

Squeeze as hard as you can and then let go

Repeat 10 times

Rehabilitation guidelines following ACJ stabilisation

0 – 2 weeks

Goals

- Protect surgical repair (sling for 2 weeks)
- Pain control
- Post-op precautions
    - No shoulder elevation beyond 90 degrees for 6 weeks
    - No heavy lifting for 6 weeks

Treatment

- Teach active elbow range of movement (ROM)
- Shoulder pendulum exercises
- Functional advice. eg washing and dressing, sleep positions

2 – 6 weeks

Goals

- Good pain management
- Wean from sling
- Progress active assisted ROM and active ROM ranges
- Ensure good movement pattern

Treatment

- Commence assisted ROM exercises for abduction and flexion aiming for 90º by 6 weeks
- Maintain active elbow ROM
- Maintain active shoulder external rotation
- Commence Isometric exercises for all shoulder muscle groups
- Movement re-education as required
    - Closed and open chain work

6 - 8 weeks

Goals

- Full active ROM
- Progress strengthening
- Functional independence
- Return to work

Treatment

- Active ROM through range as symptoms allow
- Scapula stability exercises
- Shoulder strengthening through range

8 - 16 weeks

Goals

- Full active ROM
- Good shoulder stability, control and strength
- Return to sport specific training

Treatment

- Open chain / plyometric shoulder exercises
- Sports specific drills as necessary
- Advice about ongoing rehabilitation

Additional notes

- Driving can commence once adequate strength and movement ensuring full control of the vehicle.
- Return to work dependent on job demands. Office jobs 2 - 4 weeks. Manual physical jobs 6 - 12 weeks.
- Contact sport may commence at approximately 4 months.

Useful contact numbers

Ward F4 (elective ward)	01284 713290
Day Surgery Unit	01284 713050
Surgical care practitioner helpline	01284 713924
Orthopaedic physiotherapy department	01284 713570
Main hospital switchboard	01284 713000

You can contact your consultant via the hospital switchboard if required.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (formerly DisabledGo)
https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust

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