

Stabilisation of the Acromioclavicular Joint (ACJ) Physiotherapy Protocol

The ACJ is stabilised using the 'LockDown' device which is looped around the coracoid process, then threaded through itself and passed behind the lateral end of the clavicle and finally anchored on its anterior aspect with a cortical screw.

Aims of Physiotherapy

- Regain scapular and GHJ stability
- Regain full GHJ AROM, progressing proprioception through open and closed chain exercises
- Regain cuff strength

0 - 2 weeks

- Polysling for 2 weeks
- Patient education – post op restrictions and expectations, exercises – including scapula setting, posture, elbow F / E, wrist and hand movements
- Pain relief – medication, icing

2 weeks onward

- Removal of sling. Begin formal physiotherapy
- Aim for full AROM but avoid repeated end of range F and ABD initially
- Advise patient not to repeatedly push end of range movements too soon

3 months

- Can commence heavy lifting, heavier physical duties / activities

Return to functional activities / sports

- *Driving* earliest at 2 weeks, make patient aware they must be 'safe' drivers
- *Return to work* light duties as tolerated from 2 weeks, heavier duties from 3 months
- *Swimming* breaststroke at 8 weeks, freestyle at 3 months
- *Golf* from 3 months

MR HARRY BROWNLOW

Berkshire Shoulder Specialist

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Specialist Shoulder Clinic

- *Contact sports* from 3 - 6 months (football, martial arts, horse riding, racquet sports)

Consultant Clinic Follow up at 3 weeks post-op.