Week 6 to 10

- Progress active-assisted to active flexion, depending on the degree of pain
- Sub maximal isometrics of rotator cuff with arm in neutral
- Active assisted abduction below 60 degrees
- Wean out sling at the end of 6 weeks
- Light activities within field of vision

Milestones to aim for:

- Full flexion 130 degrees
- External rotation restore to normal range

Week 10 to 12

- Work towards full active assisted flexion and then start active movements as able in all directions
- Proprioceptive exercises
- To start at 12 weeks to increase resistance training

Milestones to aim for:

- Driving when comfortable
- Cycling, swimming, golf etc from 12 weeks
- Contact sports from 6 months onwards

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NHS
Royal United Hospitals Bath
NHS Foundation Trust

Information for Physiotherapists

Guidelines: ACJ Stabilisation (Weaver Dunn, Tight rope)

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The physiotherapy programme will need to be individualised for each patient and the details of the restrictions will be in the post-operative instructions.

Regaining full movement of the shoulder as rapidly as possible is the top priority in the rehabilitation programme after surgery. There may need to be restrictions on certain movements for up to six weeks but in general terms it is a mistake not to get early movement, both because it is very difficult to get it later and because it actually results in less pain. The second priority is to regain scapula control and normal glenohumeral rhythm. Restoring strength is also important, but it is low priority in the early stages of rehabilitation.

An open procedure involves transferring the coracoacromial ligament to replace the torn corcoclavicular ligament. The ligament is then inserted into the clavicle to provide stability. The ligament transfer is protected by an artificial ligament running from the coracoid to the clavicle.

The movement of abduction is not particularly important because most functional movements rely on forward flexion. Activities such as driving and cleaning the teeth do require some shoulder abduction, but it is almost never necessary to go over 90 degrees for any functional movement. Abduction over 90 degrees should not be attempted until the third stage of rehabilitation.

No flexion above 90 degrees for 6 weeks or horizontal flexion/ cross body abduction for 8 weeks

The guidelines that follow are a framework of basic exercises that should be carried out at each of the three different stages of the rehabilitation programme and based on the type of stabilisation done. The milestones may be used to assess whether you feel the patient is making good progress or not.

Week 0 to 6

- Check postoperative instructions
- Active assisted flexion i.e. through pendulum exercises with the arm supported (cradling technique)
- Active assisted external rotation (as post-operative notes indicate)
- Sleeping position advice
- Adequate and efficient pain control
- Scar massage
- Avoid extension and horizontal flexion

Milestones to aim for:

- Passive flexion to 60 degrees at two weeks and 90 degrees at 6 weeks
- Passive abduction to 30 degrees at 2 weeks and 60 degrees at 6 weeks
- External rotation full movement as pain allows