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1.0 Policy Statement

1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose

2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person undergoing Acromioclavicular Joint Reconstruction.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing Acromioclavicular Joint Reconstruction, community staff involved in the pre and post-operative care of the patient, the patient and their family.

4.0 Health & Safety

4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

5.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities

5.1 It is the responsibility of physiotherapists to implement this guideline.

6.0 Definitions and Abbreviations

ACJ Acromio-clavicular Joint
7.0 Guideline

7.1 This operative procedure aims to stabilize the acromio-clavicular joint (ACJ). It is known as the Modified Weaver-Dunn Procedure (Surgeon: Hannan Mullett).

7.2 Physiotherapists will refer to this guideline, the operation note, the surgeon’s instructions and their own clinical experience when rehabilitating patients undergoing Acromioclavicular Joint Reconstruction surgery.

7.3 Pre-Operative
7.3.1 Assessment as appropriate, to include shoulder, neck and scapular range of movement, muscle strength & general upper limb function.

7.4 Day 1
7.4.1 Master sling and body belt attached for 6 weeks.
7.4.2 Finger, wrist and Radio-ulnar movements.
7.4.3 Supported elbow flexion and extension in standing.
7.4.4 Teach auxiliary hygiene.
7.4.5 Teach postural awareness.
7.4.6 Home when comfortable.

7.5 3 Weeks
7.5.1 The patient is reviewed at the clinic. The arm remains in the Mastersling until week 6, but the bodybelt is removed.
7.5.2 Start gentle pendular exercises.

7.6 6 Weeks
7.6.1 The sling is removed and the patient begins formal physiotherapy.
7.6.2 Avoid all range of movement above shoulder height until 12 weeks.

7.7 Aims of Physiotherapy
7.7.1 Regain scapular and gleno-humeral stability working for shoulder joint control rather than range.
7.7.2 Gradually increase range of movement.
7.7.3 Strengthen the rotator cuff muscles.
7.7.4 Progress proprioception though open and closed chain exercises.
7.8 Return to Activities

- Driving  At 6 weeks
- Return to Work  Light duties as tolerate
- Heavy duties  At 4 months
- Swimming  Breaststroke, 8 weeks; freestyle, 3 months
- Golf  3 months
- Contact sport  6 months; including horse riding, football, martial arts, racket sports, and rock climbing
- Heavy Lifting  4 months

8.0 Related Documents

Individual Physio tools exercise sheets

9.0 Appendices

N/A

10.0 References

N/A