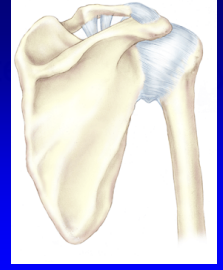




DR. TERRY HAMMOND

SHOULDER SURGEON



ACROMIO-CLAVICULAR JOINT DISLOCATION – PHYSIOTHERAPY PRINCIPLES

0-6 Weeks

Wound problems are not uncommon after surgery so all mobilization in the first two weeks has to be VERY gentle

Ensure adequate pain relief – may need to see me or GP for additional medication

May come out of sling, extend elbow and hang arm down. Can then lean forward to a maximum of 90 degrees. (“Dead arm hangs”)

Allow active and passive external rotation to comfortable range with elbow by side

Isometric external and internal rotation exercises – *very* gentle – muscle ‘setting’ only.

NO active forward flexion – can disrupt deltoid repair.

Hand, wrist, elbow exercises

Scapula stabilizing – shoulder shrugs and scapula retraction, work on posture

Cardiovascular conditioning

Stay in sling unless exercising or washing (sling to be worn at night in bed)

6-12 Weeks

Sling off and resume gentle ADLs - allow active movements within comfortable range

Gentle (30 - 50% strength) isometric rotation exercises with elbow by side

No stretching – allow range to return naturally (may take months)

Hand, wrist, elbow exercises

Cardiovascular conditioning

Core strengthening especially transversus abdominis, multifidus

Scapular mobilization / proprioception

>12 weeks

Allow further range to return naturally – no stretching

Continue cuff strengthening

Integrate functional activities

Cardiovascular conditioning

Core strengthening especially transversus abdominis, multifidus

Scapular mobilization / proprioception

GENERAL PRINCIPLES

Return to sport and work is individualized for each patient

No need to push range of motion – this should return naturally

This rehabilitation protocol can be used with or without surgery – but in non-operative patients the progression is usually faster