

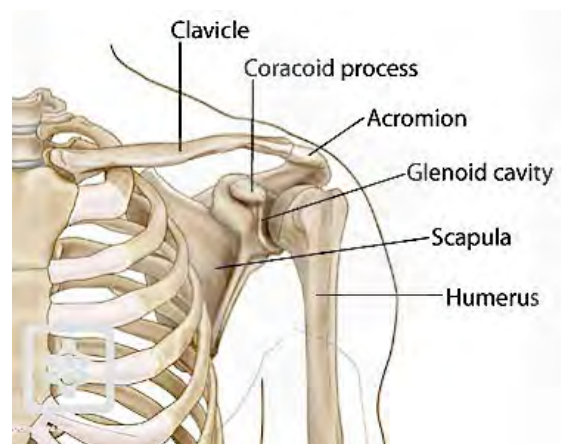
LARS ligament stabilisation for the acromioclavicular joint advice and exercises

This information gives advice and exercises to help you get back to full fitness as quickly as possible after your operation.

Before you leave hospital a physiotherapist will teach you all the exercises in this leaflet and make sure that you do not have any problems.

Why do I need this operation?

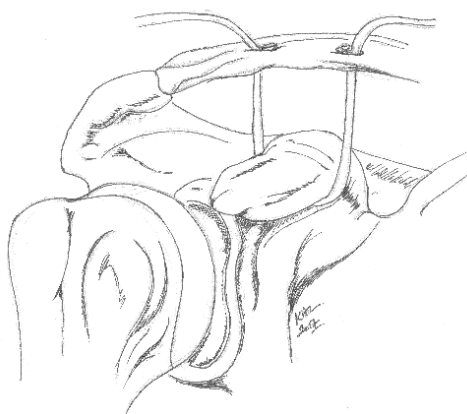
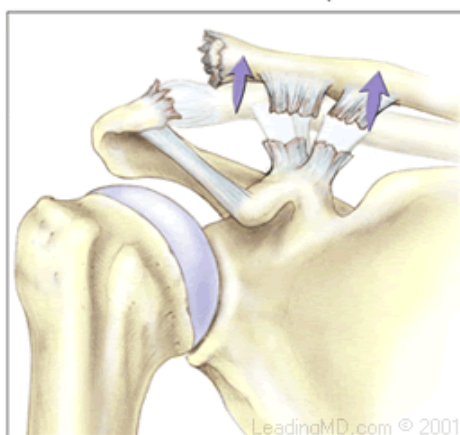
Dislocation of the acromioclavicular (AC) joint can result in rupture of the ligaments which hold the clavicle (collar bone) against the acromion (part of the shoulder blade). This can cause pain and swelling over the top of your shoulder and could cause the AC joint to become unstable. Sometimes, it can be improved with physiotherapy, but if it continues to limit your shoulder function or your shoulder is deemed to be unstable, then this operation can help improve the symptoms.



What is a LARS ligament stabilisation?

A 3-5cm incision is made extending up from the front of the shoulder over the clavicle. The acromioclavicular joint, the end of the clavicle and coracoid process of the shoulder blade are exposed. Two tunnels are drilled in the clavicle either side of the coracoid process. A LARS (Ligament Advanced Reinforcement System) ligament is passed under the coracoid and through the tunnels in the clavicle. The clavicle is then aligned with the acromion, and titanium screws are placed in the tunnels in order to keep the clavicle in place. The ends of the ligament are trimmed flush to the clavicle in order to avoid any irritating projections. The coracoacromial ligament is also detached from the coracoid and attached to the end of the clavicle. The wound is then closed.

Grade 3 Acromioclavicular separation



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General guidelines

Pain: A nerve block may be used during the procedure, which means that immediately after the operation the shoulder and arm can feel numb for a few hours. The shoulder will be sore when this wears off and this may last for the first few weeks. It is important to take your painkillers regularly. Ice packs may also help to reduce pain. Wrap frozen peas/crushed ice in a damp towel and place it on the shoulder for up to 10 minutes, making sure the wound is covered with something waterproof i.e. cling film until the wound is healed. Allow at least 20 minutes between each application of the ice packs.

Wearing a sling: You will return from theatre wearing a sling. It should be worn for two weeks and can be worn over the top of clothing, to allow you to dress normally. The sling needs to be worn both day and night, so initially you will only remove the sling for specific exercises and to wash / dress. Your physiotherapist will advise you of how to loosen the sling for the exercises and the easiest way to self-care. After two to three weeks the sling can be removed and should no longer be required.

Hygiene: You are likely to need assistance to wash and dress, so it is advisable to try and organise some help from family and friends prior to admission. The easiest way to self-care will be shown to you in the post-op shoulder group.

The wound

There will be a 3-5cm incision over the top of the shoulder. Any stitches are dissolvable but may require trimming at 3 weeks. Keep the wound dry until it is well healed, this usually takes around 1-2 weeks for most people but can sometimes take longer.

If the wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature, contact your GP as soon as possible as you may have an infection.

Follow-up appointment

You will be expected to attend the 11am shoulder group at the Royal Berkshire Hospital on the first Friday following your surgery; this is for a wound check and to make sure you are comfortable and understand your exercises. Following this a referral will then be forwarded to your local physiotherapy department for further rehabilitation around 2-3 weeks after the operation.

You will be also be reviewed in the Shoulder (Orthopaedic) Clinic 6 weeks after your surgery and this includes having an x-ray on arrival.

Exercises

Throughout your rehabilitation you must always be guided by your pain and it is highly likely you will find you are more tired than usual initially. It is important to ensure you adopt a sensible balance between activity and rest.

Do not force, stretch or stress the repair by forcing the shoulder into positions of high resistance or pain.

Try and do the exercises little and often spread throughout the day, as you are likely to find this easier and more tolerable than sustained (long) exercise sessions, e.g. x 5-10 reps of an exercise. Try and ensure you do all the (appropriate) exercises at least a few times a day. Perseverance is key, rehabilitation after a LARS ligament stabilisation usually takes between 3-9 months but in some cases it may take longer. We understand this may sound like a long time, but your physiotherapist can explain why this is a normal expectation.

Exercises 0 – 2/3 weeks

Postural awareness: • Standing or sitting – Pull the shoulder blades gently back and down, with the chest bone (sternum) naturally coming forwards, as if taking a deep breath in.	
Elbow exercises: • Standing – Bend and straighten the elbow fully, using assistance of the good arm if needed. • Standing or sitting – With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction (palm up, then palm down).	

Wrist and hand exercises:

- Bend your wrist in a forwards and then a backwards movement, and then side to side.
- Circle the wrist in a clockwise and then an anticlockwise direction.
- Squeeze and make a fist. You can use a small ball if you have one.



Begin assisted shoulder movement:

- Sitting or standing – Use the good arm to support the operated arm and gently lift the operated arm up away from the body, **only to shoulder height**.
- Sitting at a table – Put a cloth or small ball underneath the operated arm (hand).
- Gently slide the operated arm away from the body, using the table to take the full weight of the arm.
- **Do not** lean your body forward into the table.



From 2-6 weeks

You can now remove the sling and begin the following exercises as pain allows but it is very important that you **do not lift the arm above shoulder height**.

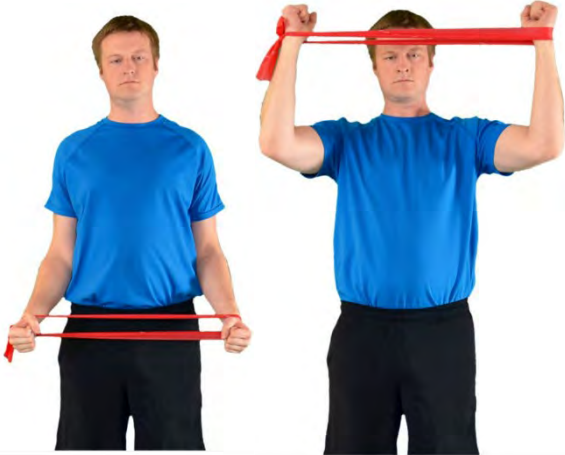
• Continue table slides (as above). • Do not lean your body forward into the table.	
• Lie on your back – Lift the operated arm up to a vertical position, using the other hand to assist if needed.	
• Standing or sitting – Lift the operated arm forward and up in front of you, to shoulder height unassisted.	
• Standing or sitting – Tucking your bent elbow into your side, turn your arm away from your body unassisted.	

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• Standing – Lift the arm unassisted away from the body and out to the side no further than shoulder height.	
• Standing – Start by holding a resistance band in both hands and keep your elbows tucked into your waist to start. • Pull your hands apart to tension the band, then keeping that tension on the band slowly lift your arms upwards until your elbows reach shoulder height. • Important: Do not let your elbows go above shoulder height.	
• Standing – Arm at your side, elbow bent to 90 degrees. • Stand with your back to the wall and push your elbow backwards against the doorframe.	
• Standing – Arm at your side, elbow bent to 90 degrees. • Stand next to the wall and push your hand against the doorframe as if you are turning the arm outwards.	

6 weeks onwards

You can now start movements above shoulder height.

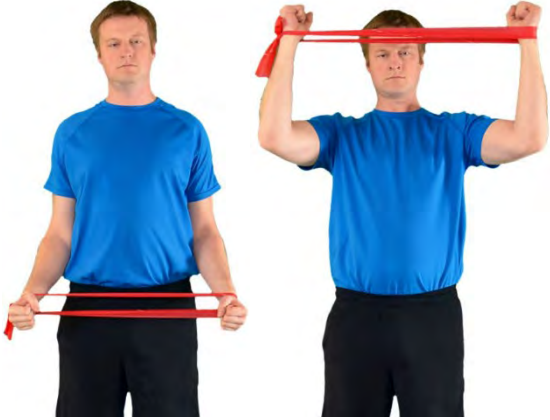
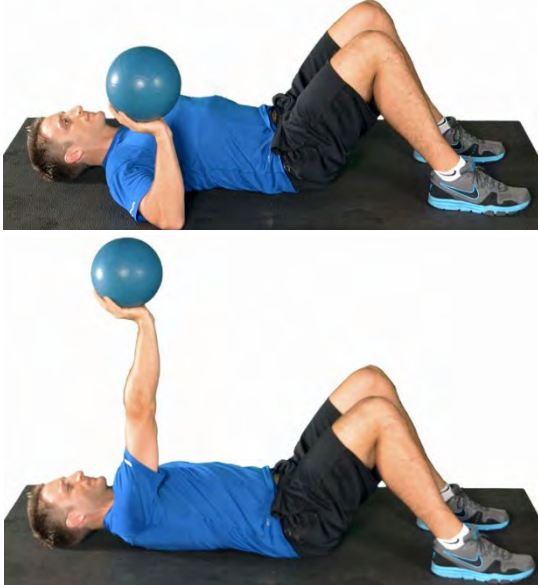
Lying on your back – Lift the operated arm up and over your head.	
Standing – Lift the operated arm upwards to a vertical position.	
- Standing – Put the operated arm behind your back at the bottom. - Using a towel, pull the operated arm slowly up your back, using the good arm at the top.	
- Standing – Facing a wall, start by pushing your forearms into the wall at all times. - Slowly slide your hands up in a 'Y' shape direction	

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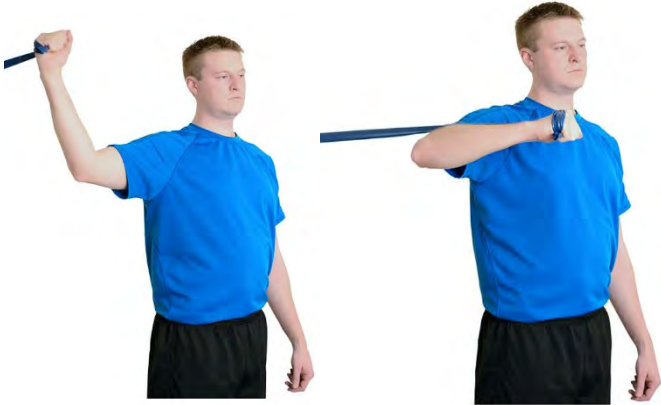
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• Standing – Holding a stick or mop in both hands. Keeping both elbows tucked in against your side at all times, use the good arm to gently push the operated arm away from the body. It should rotate away from the body – not lift directly outwards.	
• Standing – Put the operated arm resting against a wall or doorframe and gently lean forward away from the wall/ door frame, stretching the chest and front part of the shoulder.	
• Standing – Start by holding a resistance band in both hands and keep your elbows tucked into your waist to start. • Pull your hands apart to tension the band, then keeping that tension on the band slowly lift your arms upwards as far as you can.	
• Lying on your back – With a medicine ball in the operated hand, try and push it up towards the ceiling and back down. The challenge is to keep it controlled and as centred (balanced) as possible. • The slower you go, the harder it is.	

Harder exercises

• Standing – Tie a resistance band to a static (stable) object at one end and hold the band in the operated hand at the other end. • Start with your elbow bent, arm out to the side at shoulder height and forearm parallel to the floor. Slowly rotate your hand / forearm backwards, and up towards the ceiling (pulling against the band as you do). • Return to the starting position.	
• Standing – Tie a resistance band to a static (stable) object at one end and hold the band in the operated hand at the other end. • Start with your elbow bent, arm out to the side at shoulder height and forearm pointing up towards the ceiling. • Slowly rotate your hand/ forearm down towards the floor (pulling against the band as you do). • Return to starting position.	
• Standing – Lift your operated arm straight in front of you to shoulder height. • Roll a ball in different directions along the wall.	

• Standing – Place both hands on a cushion/ pillow or a wobble cushion, either kneeling on the floor, or standing at a kitchen work surface/ table. Lean onto your hands, putting weight through both arms. • If this is easy, try balancing through only the operated arm (lift the good arm off the surface) and lean your body over the cushion. • The more uneven or ‘wobbly’ the surface you are leaning through, the harder it is.	
• Kneeling on the floor – Keeping your knees bent and on the floor, try and do a press up (bend both elbows). Go as far as comfortable, and slowly increase the depth as able.	
• Kneeling on the floor – Slowly lift one arm off the floor up in front of you and then straighten the opposite leg out behind you. • (Don’t lift the arm and leg on the same side, it should always be the opposites!)	
• Standing – Facing a table or kitchen worktop, reach both hands as far as you can away from your body. Keeping your hands in the same place, slowly walk your feet backwards and bend at your hips.	

Images courtesy of <http://simpleset.net>

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Resuming normal activities

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, the earliest that these activities may commence are:

- **Driving:** you may return to driving at 3-4 weeks if you feel competent / safe to do so.
- **Lifting:** heavy lifting should not resume until at least three months post-op.
- **Swimming:** breast stroke can be started at 8 weeks but front crawl should be left for 3 months.
- **Golf:** from 6 weeks.
- **Contact sport:** from 3-6 months (football, rugby, horse riding, racquet sports), but may be at consultant's discretion.
- **Return to work:** light duties (desk based) from 3 weeks, heavier duties from 3 months. If you have a manual job, you should be guided by your consultant at your 3 month follow-up appointment.

Note: These are guidelines only. Please ask your physiotherapist or consultant for individual advice.

Contact us

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For questions or concerns please contact:

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To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Physiotherapy Department.

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