

Exercises following modified Weaver Dunn procedure

Introduction

The acromio-clavicular joint (ACJ) is part of the shoulder complex. It is situated on top of the shoulder joining the clavicle (the collar bone) to the scapular (shoulder blade). The joint can be separated (dislocated) as a result of injury. Ligaments are torn and in severe cases surgery is required to stabilise the joint.

The operation

The modified Weaver Dunn procedure involves using sound ligaments to stabilise the joint.

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 that you continue to take the painkillers as advised by hospital. Ice packs may also help reduce pain. Wrap frozen peas / crushed ice in a damp, cold towel and place on the shoulder for up to 10 minutes. Allow at least 20 minutes before reapplying the ice pack again.

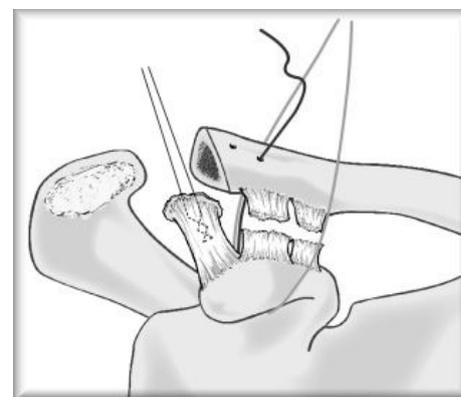
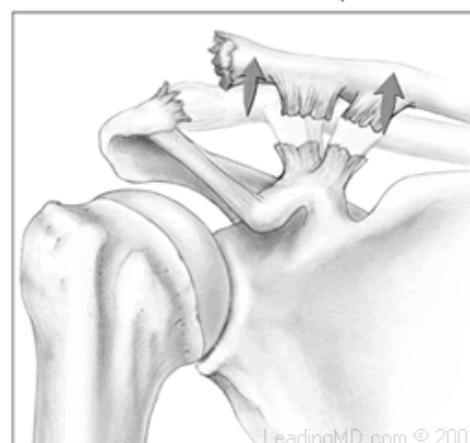
Wearing a sling

You will return from theatre wearing a sling with a body belt. It should be worn under your clothes for 3 weeks. Only very gentle movements will be allowed under the guidelines of your physiotherapist i.e. for hygiene. After 3 weeks the body belt can be removed.

Hygiene

You will be unable to bath or shower for 6 weeks and will need to strip wash, you are very likely to need assistance to wash your back so it is advisable to try and organise some help from family and friends prior to admission. If this is not possible we can organise a package of care prior to discharge if required. It is possible by leaning forward slightly to get a baby wipe or face cloth under the armpit of the side in the sling.

Grade 3 Acromioclavicular separation



The wound

There is an incision at the top of the shoulder approximately 5-7cms long. Any stitches are dissolvable but may require trimming at 10-14 days. Keep the wound dry until it is well healed. The wound should be covered by a waterproof dressing and this should remain intact until you see your practice nurse unless told otherwise by the nursing staff.

If your wound changes in appearance, weeps fluid or pus, or you feel unwell with a high temperature, contact your GP.

Follow up appointments

You will be expected to attend the 11am shoulder group at the RBH 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 rehab at 6 weeks post op.

You will be given a shoulder clinic appointment with your surgeon/specialist physio at 3 months post-op but this can be moved forward if you have any significant problems.

Following a modified Weaver Dunn procedure it is important you follow a strict period of rest in a sling before beginning a regime of exercises (outlined below). You must wear the sling for six weeks. For the first twelve weeks after the operation you must not lift the arm above shoulder height. The exercises should be done a minimum of ten times each, three times a day.

You will begin physiotherapy six weeks after the surgery. You can begin hydrotherapy from six weeks after the surgery.

Day 1 – 6 weeks

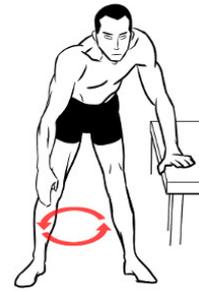
<p>Begin elbow exercises:</p> <ul style="list-style-type: none"> - Bend and straighten the elbow. - With a bent elbow turn the forearm over in a clockwise and anti-clockwise direction. 	
<p>Begin wrist and hand exercises:</p> <ul style="list-style-type: none"> - Bend the wrist forwards and backwards - Tilt the wrist from side to side. - Circle the wrist in a clockwise and anticlockwise direction. - Squeeze and make a fist. - Ensure you maintain a good upright posture in your sling. 	

Weeks 6 – 12+

Continue elbow, wrist and hand mobility exercises.

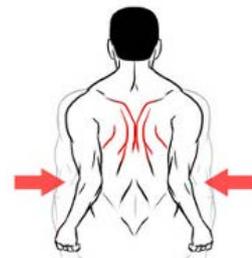
Begin gentle pendulum exercises:

- In a standing position, lean forwards and allow the arm to hang pointing towards the floor.
- Then gently circle the arm.



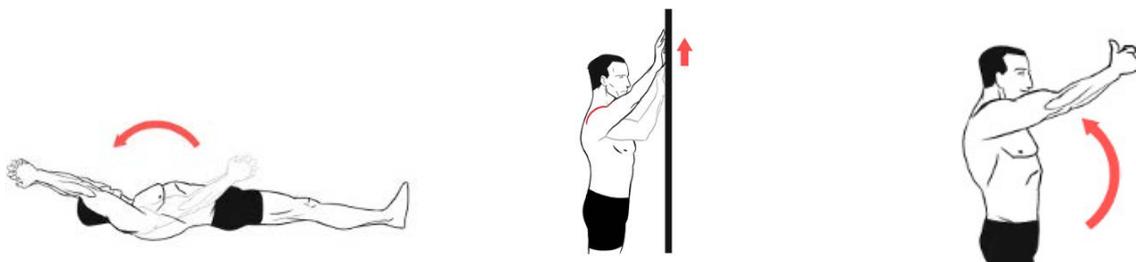
Begin shoulder girdle exercises:

- Shrug the shoulders up to the ears.
- Roll the shoulders backwards.
- Squeeze the shoulder blades together.

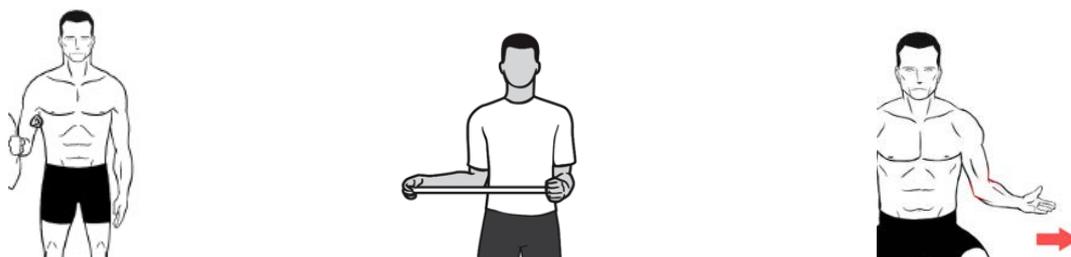


Begin passive shoulder exercises, progressing to active assisted, then active as comfort allows (remembering not to lift the arm above shoulder height):

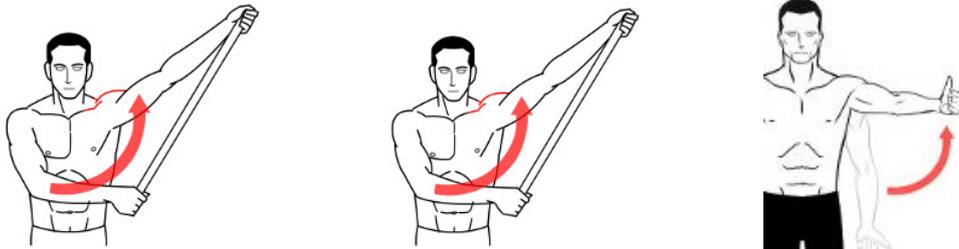
- Laying on your back use the good arm to support the bad arm and lift it straight above your head.
- Standing, slide the operated arm up the wall in front of you.
- Standing, lift the operated arm above your head unassisted.



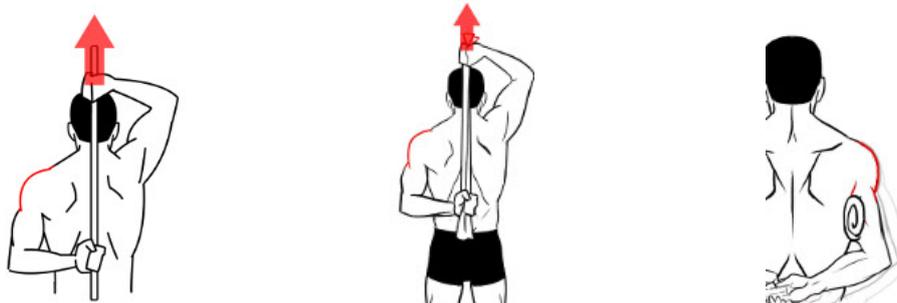
- Sitting or standing, tuck your elbows into your side, elbows bent hands grasped together. Use the good arm to push the bad arm away from the body as comfort allows.
- Sitting or standing, tuck your elbows into your side, elbows bent hold a stick or broom. Use the good arm to assist the bad arm away from the body as comfort allows.
- Standing or sitting, tuck your bent elbow into your side, turn the arm away from the body unassisted.



- Standing, holding a stick or broom, use the good arm to push the operated arm away from the body, around overhead.
- Standing, holding a stick or broom, use the good arm to assist the operated arm away from the body, around overhead.
- Standing, lift the away from the body, around overhead unassisted.

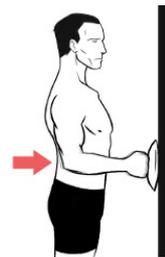


- Standing, lower the stick down your back using your good hand. Reach up behind your back grasping the stick in your operated side's hand. Use the good arm to gently lift the hand up the back.
- Standing, lower a towel down your back using your good hand. Reach up behind your back grasping the towel in your operated side's hand. Lift the bad arm as much as possible up behind the back, using the good arm to assist it.
- Standing, lift the bad arm up behind the back unassisted.

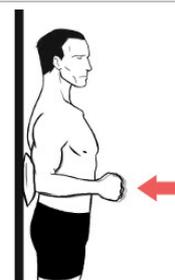


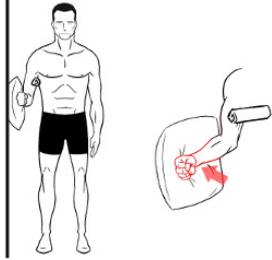
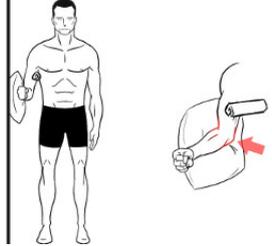
Begin gentle cuff isometric exercises as pain allows, do not force or push into pain:

- Arm at your side, elbow bent to 90 degrees, stand facing the wall.
- Apply pressure forwards through the wall.



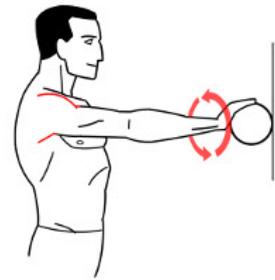
- Arm at your side, elbow bent to 90 degrees, stand with your back to the wall.
- Apply pressure back through the wall.



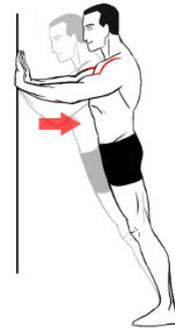
<ul style="list-style-type: none"> – Arm at your side, elbow bent to 90 degrees, stand next to the wall. – Apply pressure out through the wall as if turning the arm outwards. 	
<ul style="list-style-type: none"> – Arm at your side, elbow bent to 90 degrees, stand inside a door frame. – Apply pressure in against the door frame. 	
<ul style="list-style-type: none"> – Arm at your side, elbow bent to 90 degrees, stand next to the wall. – Apply an outward pressure into the wall through your elbow. 	
<p>Progress rotator cuff strengthening:</p> <ul style="list-style-type: none"> – Standing or sitting, attach Theraband to door handle, elbow tucked into side. A towel under the arm provides a small amount of traction and may make the exercise more comfortable but is not essential. – Grasp Theraband, pull band in to touch stomach slowly and controlled. – Return to start position. 	
<ul style="list-style-type: none"> – Standing or sitting, attach Theraband provided by your physio, to door handle, elbow tucked into side. – Grasp Theraband, rotate arm and pull band away from body slowly and controlled. – Return to start position. 	
<ul style="list-style-type: none"> – Lying on your good side, tuck your elbow into your side. – Hand pointed towards the ceiling, slowly rotate your arm, bringing your hand to your stomach. – Hold a light weight to increase difficulty. 	

Begin proprioceptive exercises and core stability work as appropriate, not over shoulder height:

- Standing, lift arm straight in front to shoulder height.
- Roll a ball in different directions along the wall.

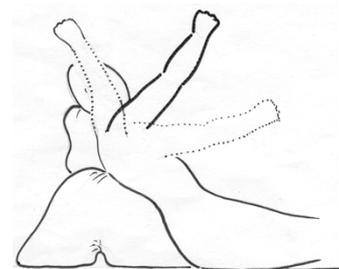
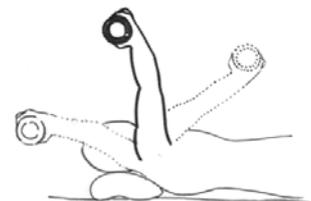


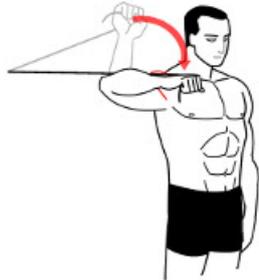
- Standing, hands shoulder width apart, shoulder height, resting on wall, lower body to wall.
- Push through arms.
- Return to starting position.



Begin anterior deltoid exercises as range allows, not over shoulder height:

- Lie down flat on your back with a pillow supporting your head.
- Raise your weak arm to 90 degrees vertical, using the stronger arm to assist if necessary.
- The elbow should be straight and in line with your ear.
- Hold your arm in this upright position with its own strength.
- Slowly with your fingers, wrist and elbow straight, move the arm forwards and backwards in line with the outside of the leg, as per diagram (gentle movement from both sides of the arm upright position).
- Keep the movement smooth and continuous for 5 minutes or until you get tired.
- As you get more confidence in controlling your shoulder movement, gradually increase the range of movement until your arm will move from the side of your thigh to above your head, touching the bed and returning.
- Keep the movement smooth and continuous for 5 minutes or until you get tired.
- As you get more confidence in controlling your shoulder movement, a light weight (e.g. tin of beans or small paperweight) should be held in the affected hand.
- At this stage you may recline the head of your bed or put some pillows underneath your back to recline your position.
- Having more confidence in controlling your shoulder movement, gradually go to sitting and eventually standing.



<p><u>Week 12+</u></p>	
<p>Progress all exercises to above shoulder height. Begin further strengthening and control exercises above shoulder height:</p> <ul style="list-style-type: none"> – Standing, tie a knot in the end of your Theraband. – Throw it over the top of a door and close the door holding the band in place. – Slowly rotate the arm, keeping the upper arm still and bringing the hand forwards towards the floor. 	
<ul style="list-style-type: none"> – Standing, tie a knot in the end of your Theraband. – Throw it over the top of a door and close the door holding the band in place. – Slowly rotate the arm, keeping the upper arm still and bring the hand back, finishing with the hand pointing towards the ceiling. 	
<ul style="list-style-type: none"> – Lying on your back, lift your arm out to the side to shoulder height. – Bend your elbow to 90 degrees, hand pointing towards the ceiling. – Slowly, in a controlled manner, rotate the arm, pushing the palm towards the bed. – Then slowly rotate backwards, pushing the back of the hand towards the bed. – Hold a light weight to increase difficulty. 	
<ul style="list-style-type: none"> – On hands and knees, or a press up position, lift one arm straight in front of body. – Slowly lower back to start position. – Repeat on opposite arm. – To increase difficulty, lift opposite leg at the same time. 	

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: 6 weeks
- Lifting: Can resume light lifting at 3 weeks. Avoid heavy lifting for 3 months.
- Swimming: breaststroke 8 weeks; front crawl 3 months
- Golf: 3 months
- Contact sports: 6 months

- Return to work: dependent upon your occupation – to be guided by your consultant at your three month follow-up appointment.

Note: These are guidelines only.

Further information

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Visit www.royalberkshire.nhs.uk www.readingshoulderunit.com

Images courtesy of <http://www.pt-helper.com>

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