

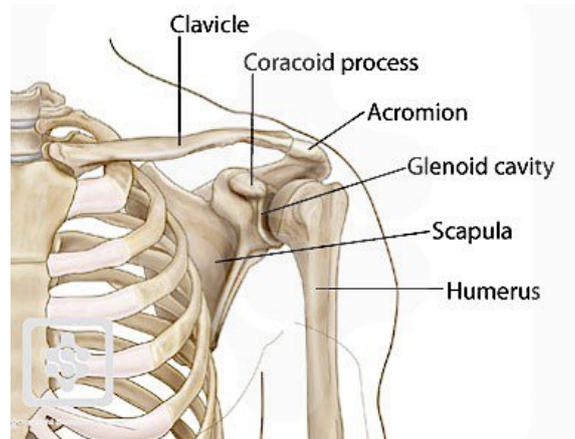
LARS ligament stabilisation for the acromioclavicular joint

Introduction

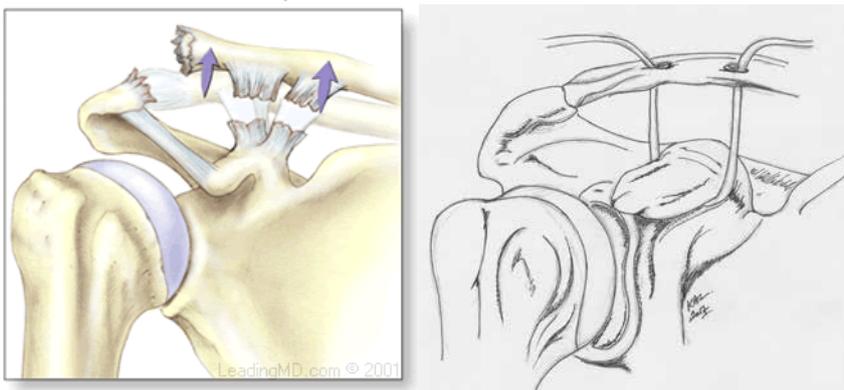
Dislocation of the acromio-clavicular (AC) joint results in rupture of the ligaments which hold the clavicle (collar bone) against the acromion (part of the shoulder blade).

A 3-5cm incision is made extending up from the front of the shoulder over the clavicle. The acromio-clavicular 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



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 with a body belt. It should be worn under your clothes for two weeks. You will be shown how to loosen the sling in order to do the exercises shown to you by your physiotherapist but the sling is not to be removed for any reason. After two to three weeks the sling can be removed and should no longer be required.

The wound

There will be a 3-5cms 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.

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

Driving

You may return to driving at three to four weeks if you feel competent / safe to do so.

Returning to work

This will depend on your occupation. Light duties as tolerated from 3 weeks, heavy activities, including lifting, from three months.

Leisure activities

Swimming: breast stroke can be started at eight weeks but freestyle should be left for three months. Golf can begin at three months and collision / contact sports i.e. football, martial arts, horse riding from 3 to 6 months.

Follow up appointment

An appointment to return to the shoulder clinic 3 months after your surgery will be made for you by the ward. You will be seen by a shoulder physiotherapist in a special post op shoulder group within 1 week of the surgery; further physiotherapy will be arranged after this and will continue for as long as necessary.

Posture

Before starting any activity/exercise it is important to position your shoulders correctly. This allows normal shoulder function. Gently move your shoulder blades down and in towards the spine but not in a braced back position.

Exercises 0 – 2/3 weeks

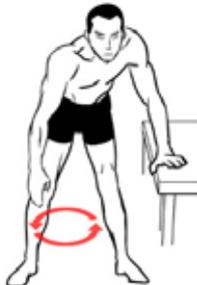
(Illustrations don't show a sling but please remember to wear yours!)

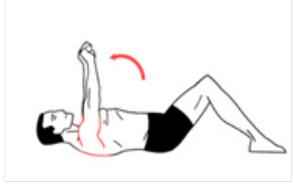
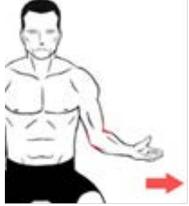
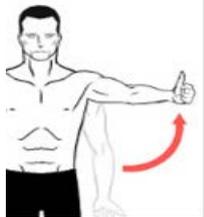
<p>Begin shoulder girdle exercises:</p> <ul style="list-style-type: none"> • Pull the shoulder blades gently back and down. • As if taking a deep breath in. 	
<p>Begin elbow exercises:</p> <ul style="list-style-type: none"> • Bend and straighten the elbow with assistance of the good arm. • With a bent 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. 	

From 2/3 weeks to 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 go beyond shoulder height.

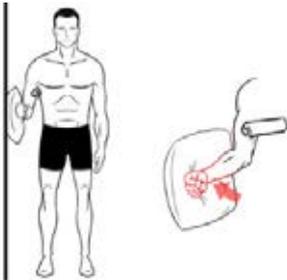
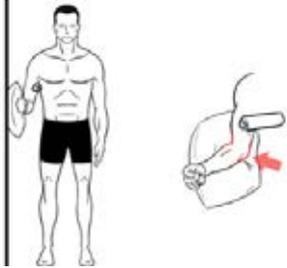
Repeat each exercise 5-10 times every two to three hours. Continue these exercises until otherwise advised by your physiotherapist.

<p>Begin gentle pendulum exercises:</p> <ul style="list-style-type: none"> • In a standing position, lean forwards and allow the arm to hang pointing towards the floor. • Then gently circle the arm. 	
<ul style="list-style-type: none"> • Stand holding onto solid surface if necessary. • Lean forward. Let your arm hang down. Swing your arm gently forwards and backwards. 	

<ul style="list-style-type: none"> Lying on your back. Support your operated arm with the other arm and lift it up to a vertical position. 	
<ul style="list-style-type: none"> Standing, slide the operated arm up the wall in front of you. 	
<ul style="list-style-type: none"> Standing, lift the operated <u>to shoulder height</u> unassisted. 	
<ul style="list-style-type: none"> Standing or sitting, tuck your bent elbow into your side, turn the arm away from the body unassisted. 	
<ul style="list-style-type: none"> Standing, lift the arm unassisted away from the body and out to the side no further than shoulder height. 	

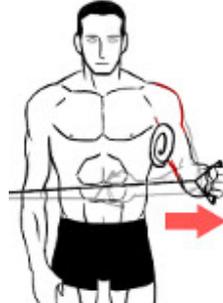
Begin gentle cuff isometric exercises as pain allows, do not force or push into pain:

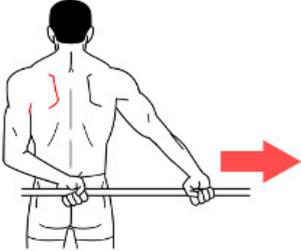
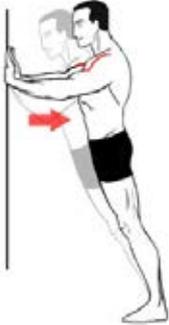
<ul style="list-style-type: none"> Arm at your side, elbow bent to 90 degrees, stand facing the wall. Apply pressure forwards through the wall. 	
<ul style="list-style-type: none"> Arm at your side, elbow bent to 90 degrees, stand with your back to the wall. Apply pressure back through the wall. 	

<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. 	

6 weeks onwards

You can now push for movements above shoulder height

<p>Progress rotator cuff strengthening:</p> <ul style="list-style-type: none"> • Standing or sitting, attach Theraband provided by your physio, 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 to door handle, elbow tucked into side. • Grasp Theraband, rotate arm and pull band away from body slowly and controlled. • Return to start position. 	

<p>Begin stretching of limited movements:</p> <ul style="list-style-type: none"> • If you are having trouble reaching across to your opposite shoulder, pull the arm across the body, add a stretch by pulling on the elbow. 	
<ul style="list-style-type: none"> • Standing, using a towel or stick, pull your operated arm across your lower back with the good arm. 	
<p>Proprioceptive exercises and core stability work:</p> <ul style="list-style-type: none"> • Standing, lift arm straight in front to shoulder height. • Roll a ball in different directions along the wall. 	
<ul style="list-style-type: none"> • Standing, hands shoulder width apart, shoulder height, resting on wall, lower body to wall. • Push through arms. • Return to starting position. 	
<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. 	

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

This document can be made available in other languages and formats upon request.

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