

ACJ RECONSTRUCTION SURGERY REHABILITATION

Please give to your physiotherapist

0 to 6 weeks

Sling to be worn when walking or travelling.

The hand can be used for eating, computer and paperwork etc.

It's important to move the fingers, hand and elbow as normal as possible.

Commence gentle passive elevation 0-90°, using the opposite hand to support the elbow, beginning supine, then progressing to the erect position. Aim for 180 degrees by week 12.

Gentle passive external rotation, aiming for 100% by week 12

Active elbow, wrist, hand and movements

Begin static active deltoid and scapular stabiliser toning exercises.

Pain Control

You will be given strong pain killers when you leave the hospital, like Panadeine Forte or Endone to take as breakthrough pain killers or on going to bed at night

You can take anti-inflammatories for 1 week.

However almost all the post-op pain is better controlled with regular Panadol every 6 hours and Nurofen 6 hourly, 3 hours after the Panadol.

Make the arm comfortable by positioning it out of the sling, resting it on your tummy or a pillow.

Sleep in a reclining chair and / or with a body hugging pillow, often sleeping in the sling for 3-6 weeks is more comfortable and safe.

Regular icing with the ice pack: 30mins, 4 times daily and after exercises or physio is very helpful

From 2 weeks, when the wound has healed; let the arm float about gently in a pool with to & fro movements

2 weeks (see Dr Burrow in his rooms at 2 weeks Post-Op)

Introduce active assisted then active movements of forward elevation, external and internal rotation, beginning supine (lying down)

6 to 12 weeks (see Dr Burrow in his rooms at 8 weeks Post-Op)

Remove sling, you may need to wear the sling if in a rowdy crowd setting.

Continue passive stretching programme for elevation, external and internal rotation.

Continue active assisted then active movements of forward elevation, external and internal rotation, progressing to erect.

No abduction exercises of any form; until all other shoulder movement is normal including scapulo-thoracic rhythm (premature abduction with a stiff shoulder can result in recurrence of impingement).

Return to light manual labour

12 to 16 weeks (see Dr Burrow in his rooms at 16 weeks Post-Op)

Work toward full active range of elevation, external and internal rotation.

Continue terminal stretching including posterior stretches gradually.

Begin resistance strengthening using Theraband.

Avoid repetitive overhead use of the arm.

Progress to advanced stretching and strengthening gradually as tolerated by the patient.

Gradually increase overhead use of the arm.

Patient to continue their own stretching and strengthening program by themselves as part of their own daily exercise regime.

Work, sport and driving

Most people can:

After 7-10 days: Return to office or light duties (2kg lifting / mobile phone, no use of the arm at chest height or above, no repetitive duties eg. process line work).

2-6 weeks: Only household walking for first 2 weeks, then gentle exercise walking in a sling.

2-6 weeks: Start driving 15-30 minutes as you feel safe and confident.

No truck driving until 4 months

Increase weights at work gradually looking to a trial return to heavy labour around 4 months.

Return to contact sports when strength is equal to un-operated side.

No heavy lifting, particularly above chest height for 4 months.

GREGGORY BURROW