

ACJ Stabilisation Protocol- Surgilig/LARS ligament

Procedure Summary

Technique: Surgilig/LARS ligament

Open reconstruction of coraco-clavicular ligaments. Surgical dissection involves partial disruption of the attachment of the anterior deltoid to the clavicle, which is sutured back at the end. A synthetic ligament is looped around the base of the coracoid and over the top of the clavicle and secured with a screw (Surgilig) or through bone tunnels in the clavicle and secured with interference screws (LARS ligament).

Notes:

- This is appropriate for both acute and chronic disruptions as the implant encourages tissue ingrowth and becomes a “biological” fixation over time, i.e. replicates the original coraco-clavicular ligaments.
- The fixation itself is very strong but initial rehab is geared towards protecting the repair of the deltoid attachment.

AIM: At 3 months: full active ROM and starting sport specific rehab.

Sling

6/52 (do not allow the arm to be unsupported)

Day 1 to 6 weeks:

- Importance of pain control.
- Ice pack use + +
- Sling use.
- Sleeping position.
- Washing and dressing.
- Postural advice and scapular setting.

Exercises taught on ward:

Pendulum in sling

AA/active shoulder ER to 30 degrees wearing sling

Passive/light AA flexion to 90 degrees

Hand, wrist and elbow ROM with arm supported

NOTE - no unassisted active flexion for 4 weeks as deltoid is partially detached during the surgery.

Follow-up Physiotherapy

Usually at 2/52 post op.

4 Weeks:

Start active shoulder flexion to 90°.

6 weeks to 3 months:

Continue rehab though Phase 1 and start Phase 2 - no restrictions.

Phase 1 Aim: to increase joint ROM passive to active

Range of movement progressing gradually through the following.

1a Passive ROM (controlled by the patient)

1b Active assisted ROM

1c Active ROM

NOTE - encourage SCAPTION rather than pure abduction.
- progress using short to long lever principles.

PHASE 2 Aim: Stretching at end of range and strengthening

2a Stretches at end of range

- encourage stretches to be done by the patient using a broom handle etc rather than by physiotherapist.
- attention to posterior capsule stretch (within relevant restrictions).

2b Strengthening against resistance only once patient is achieving functional AROM and no pain to resisted muscle testing.

- include strengthening of rotator cuff, UFT, LFT, serratus anterior, biceps, triceps, deltoid as per assessment.

3 months:

Start Phase 3.

PHASE 3 Aim: full active rehab/ higher level function

Start sport specific rehab.

Patients can return back to competitive sports when achieving full AROM and normal strength.

General guidelines

Consultant post op follow up

All patients are normally followed up in clinic with consultant at 2-6/52 post op

Driving

Usually possible post op at 4-6/52.