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.