

ACJ Stabilisation Protocol- Tightrope/Dogbone

Procedure Summary

Technique 1: Arthroscopic Tightrope

Normally performed for acute injuries only, within 2 weeks. A hole is drilled through the clavicle into the base of the coracoid process. An implant is passed through the holes ("tightrope") that has a button at either end and strong sutures running between them. The buttons sit on top of the clavicle and under the coracoid. Tightening the sutures brings the clavicle back into position and keeps it in place while the coraco-clavicular ligaments heal.

Notes:

- This is not in itself enough for chronic disruptions as the ligaments will not heal and the implant does not have any tissue ingrowth potential.
- Minimal soft tissue dissection is involved.
- Avoid completely unsupported arm weight for 4 – 6 weeks as this puts excessive stress on the implant.

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

Sling

Sling for 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

Passive shoulder flexion to 90°

AA shoulder ER to neutral wearing sling

Hand, wrist and elbow ROM with arm supported.

Follow-up Physiotherapy

Usually at 2/52 post op.

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 2/52 post op

Driving

Usually possible post op at 4-6/52.

