

Physiotherapy - Orthopaedics

Acromioclavicular joint (ACJ) excision

This leaflet is for patients after an Acromioclavicular joint (ACJ) excision.

What to expect after surgery

An ACJ excision is performed when an overgrowth of bone at the shoulder end of the collar bone causes compression and associated pain. A small portion of the end of the bone is removed without affecting the stability of the joint.

Pain

A nerve block is used during the operation which means that immediately after the operation the shoulder and arm may feel numb. This may last for a few hours. After this the shoulder may be sore. You will be given painkillers to help this whilst in hospital. These should be continued after you are discharged home as prescribed and advised.

Sling

You will return from theatre wearing a sling. This is for comfort only and can be discarded within the first one to two days when you have full feeling and control of your arm.



Patient Information

Exercises

The success of your operation will often depend on you following your post-operative guidelines and exercises given.

Although your shoulder may be sore after the operation it is important that you start moving your arm, **no higher than 90 degrees**, or elbow to shoulder height, in order to prevent your shoulder from becoming stiff.

Before being discharged you will be seen by a physiotherapist who will advise and explain the exercises you need to carry out to for the best outcome of your surgery.

It is important for you to do the recommended exercises three times per day or you may not make a full recovery.

You may experience discomfort when doing these exercises, this is normal. If, however, you feel a sharp pain, stop and try again later.

Neck exercises

Repeat 10 times

Look up and down, look left and right, bend ear to shoulder on both sides.



Patient Information

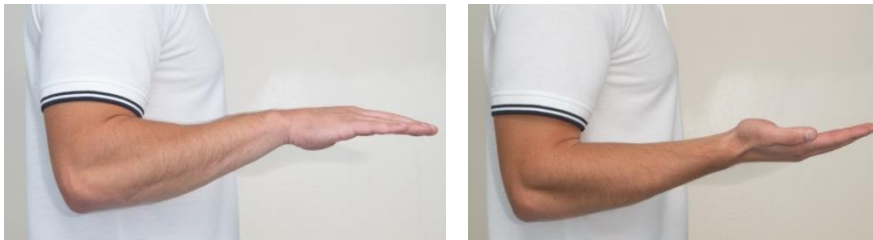
Elbow exercises

Repeat 10 times

Take your arm out of the sling, straighten elbow fully, and then bend fully.



Turn your hand over palm down, then palm up as far as it can go.
Repeat 10 times



Wrist and hand exercises

Repeat each 10 times

Bend the wrist up and down, touch each fingertip to your thumb, then make a fist and stretch out your fingers.



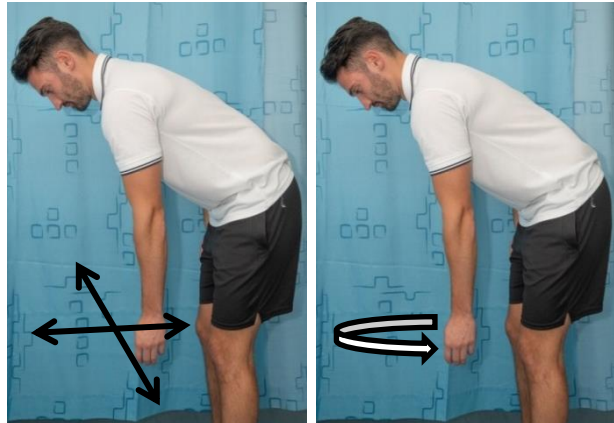
Patient Information

Pendular hang

Repeat 10 times

With the sling taken off, support yourself on the arm of a chair or a table and bend over slightly. Allow the operated arm to hang down under the effect of gravity. Firstly, swing your arm gently backwards and forwards, then side to side.

Secondly slowly rotate your arm in a circular motion progressively getting bigger. Repeat in other direction.



Wall Slides

Repeat 10 times

Stand side on to a wall and place your palm on it, use something to help your hand slide. Hold the elbow of your operated side with your other hand. Slowly, slide your palm up the wall, no higher than elbow level with shoulder, and then slide back to the starting position.

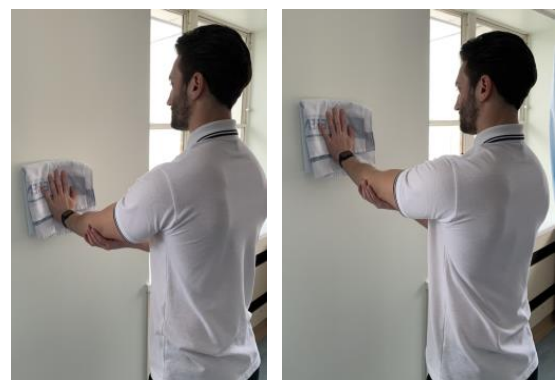
Try not to let your shoulder hitch up. If it does, return your arm to the starting position.



Stand facing a wall and place your palm on it, use something to help your hand slide. Hold the elbow of your operated side with your other hand. Slowly, slide your palm up the wall, no higher than elbow level with shoulder, and then slide back to the starting position.

Again, try not to let your shoulder hitch up. If it does, return your arm to the starting position.

Repeat 10 times.



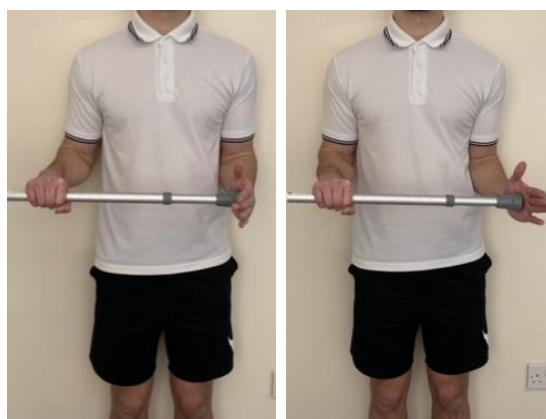
Patient Information

External rotation

Stand, holding the end of a stick or broom handle against the hand of your operated side.

Keep the elbow of the operated side against your body. Use your un-operated hand to push the operated one away. Return to the starting position.

Repeat 10 times



Active-Assisted Flexion

In standing or lying clasp your hands together with the hand of your un-operated arm underneath. Lift both arms up helping your operated arm with your un-operated arm. You should not push higher than shoulder height unless it is pain free. Return to the starting position.

Repeat 10 times



Hand behind Back

Stand or sit. It is important that you start gently and build up. Begin with your hand by your side, taking your hand backward and across behind your bottom. You can use your other hand to help. Hold this position for a few seconds.

Do not push further than this unless it is pain free. Your physiotherapist will advise you to progress.

Repeat 10 times



Patient Information

Discharge and follow up

You will usually be able to go home when you feel ready. You will need to arrange for someone to drive you home. You should try to have a friend or relative stay with you for the first 24 hours.

Physiotherapy is essential after the operation and you will be contacted with an outpatient physiotherapy appointment between 10-14 days after your surgery. If you have not heard from outpatient physiotherapy within a week please contact the department. Returning to work, driving and household activities will be guided by your outpatient physiotherapist.

Stitches (if you have them) will be removed between 10 and 14 days after surgery at your GP practice. The nursing team will discuss this with you.

Please use this number to leave a message 02476 968333. Any messages will be picked Mon-Fri 07:30-17:30 Sat-Sun 07:30-13:30 if the wound becomes:

- Red or inflamed (swollen or hot to touch)
- Begins to ooze or discharge
- Your wound bleeds or the discharge smells
- Your wound starts to smell

For out of hours support you will need to go to A&E or the Urgent Treatment Centre.

If you have any queries or concerns about your physiotherapy please telephone the Orthopaedic Therapy Department between 08:00 and 17:00:

Rugby St Cross: 01788 663054

University Hospital Coventry and Warwickshire: 02476 965106

Or Therapy Outpatient Department between 08:30 and 16:30 Monday to Friday:

Rugby St Cross: 01788 663257

Patient Information

University Hospital Coventry and Warwickshire 024 7696 6013

All the images taken within the Trust.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact your physiotherapy department and we will do our best to meet your needs.

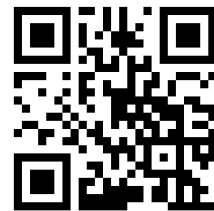
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