

POST-OPERATIVE PHYSIOTHERAPY GUIDELINES

“Weaver-Dunn” Procedure – for stabilisation of the acromio-clavicular joint

Indications

Pain and/or functional disruption – failure to improve with non-operative treatment. Usually will be 6 months + following injury.

Surgery

Open procedure – anterior deltoid split and small detachment from acromion.

Attachment of the coraco-acromial ligament is removed from the acromion with a segment of bone and inserted into the clavicle. The ligament transfer is protected by an absorbable sling placed around the coracoid and clavicle.

Contraindications

Protect anterior deltoid for 4 weeks (no loaded flexion)

Avoid scapula movements to allow bony healing for 3 weeks

Inpatient

Sling information

Protect scapular and GH joint movements i.e. immobilise

Neck, elbow & wrist movements.

Three weeks

Start mobilisation exercises gently – active assisted to active

Flexion to 60°

Abduction to 30° in plane of scapula

Scapular control exercises

Postural setting of scapula

Isometric cuff work – submaximal

Six weeks

Flexion to 90°

Abduction in scapula plane to 60°

Start isometric (submaximal) deltoid work

Progress scapula exercises

Eight weeks

Progress to full range of movement

Scapula movements

Cuff and scapula muscle control & strengthening

Guidelines for returning to activities

Driving at 3–4 weeks

Return to non contact sport (if range and control of movement allows) - 12 weeks

No contact sports for six months