

OSWESTRY POST OPERATIVE REHABILITATION GUIDELINE **ASD and / or ACJ EXISION**

Indications

Evidence of inflammation or rubbing on the under surface of the acromion, coracoacromial ligament & on the bursal side of the rotator cuff.

Associated with OA changes AC joint

Not responded to >3/12 progressive physiotherapy and injection

Procedure

Removal of anterolateral inferior aspect of acromion and partial resection of the coraco-acromial ligament if necessary. Excision of distal end of clavicle as necessary. In some cases procedure may be performed whilst the patient is awake, but all patients will receive an interscalene block for pain relief which will last approximately 12-36 hours, this will also result in temporary muscle paralysis.

Associated Procedures

Assessment of glenohumeral joint

Rotator cuff repair

Biceps tenotomy

MUA/ capsular release

Post Op Protocol Summary

Wean off sling 2 – 3 days

Aim for ROM first 3/52 then strengthen through range

Do not be over vigorous with exercises particularly overhead as this may delay healing and increase pain

Post Operative Treatment

Day 1- 3

- Use polysling for comfort only, discard as soon as possible but may want to use initially when in public to act as visual aid
- Wrist, hand and finger exercises
- Elbow flexion/ extension/ pronation/ supination
- Shoulder girdle/ cervical spine exercises
- Scapula setting
- Teach postural awareness
- Active assisted ROM in all directions
- Ice therapy

Day 3 – 3 Weeks

- Continue as day 1 - 3
 - Progress to active ROM exercises in all directions as able
- NB Do not overstretch, over exercise or increase loading too quickly as this may result in inflammatory flare up**
- Level 1 exercises
 - Scapula stabilisation exercises ensuring scapula control through ROM
 - Commence scar management at 10 days
 - Encourage normal functional activity avoiding heavy lifting and activity at shoulder height and above

3 – 6 Weeks

- Level 2 exercises, progress to level 3 as pain and exercise tolerance allow, ensuring good scapula dynamic control throughout
- Begin stretching capsule/ manual therapy to improve range
- Emphasise correction of movement pattern in activities of daily living

RETURN TO FUNCTIONAL ACTIVITIES		
Driving:	When comfortable and safe ≈	2-3/52
Swimming	Gentle breaststroke	3/52 onwards
	Freestyle	12/52 onwards
Golf		6/52
Lifting	No heavy lifting	3/52
	Above shoulder height	6/52
Racquet sports	Avoid repetitive overhead shots	12/52
Return to work	Sedentary	2-3/52
	Manual	6/52 to 3/12

MILESTONES
Recovery can take 6 -9 months. Expect 80% improvement by 3/12
Full AROM by 6/52 = Pre op ROM.

Caution: Any significant increase in pain or decrease in ROM seek Senior Review

Treatment Note

Rehabilitation is essentially adapted on an individual basis depending on many factors. Before returning to work or sport ensure rehabilitation is complete with good inferior cuff control and endurance and good scapula control through full range.

If milestones are not being achieved seek early review with Clinical Specialist.

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Clinical Specialist Physiotherapists Upper Limb : June 2019

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