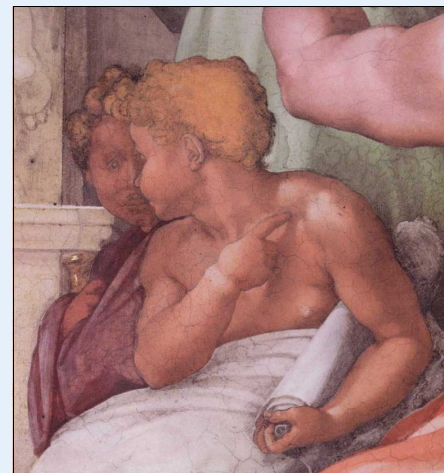


## MODIFIED-WEAVER DUNN PROCEDURE

The Modified Weaver-Dunn procedure is designed to improve pain and function in cases of acromioclavicular joint dislocation. The procedure utilises the coracoacromial ligament on a synthetic graft to reconstruct and stabilise the acromioclavicular joint. This reconstruction is supported by an absorbable cord. This stabilises the acromioclavicular joint, improving pain, stability and function.



### INPATIENT GUIDELINES:

#### Physiotherapy follow up appointment:

!!!!ALWAYS CHECK AN APPOINTMENT HAS BEEN MADE!!!!

Prior to admission an appointment should be arranged to attend a post-operative group in the outpatient physiotherapy department 1-7 days after the procedure. Local physiotherapy will be arranged at 6 weeks post op from this class.

If this appointment has not been made an appointment needs to be made as soon as possible.

#### Clinic follow up appointment:

- 3 months

\*\*\* If patient not progressing as expected, arrange review prior to follow-up. \*\*\*

#### Sling use:

Master sling with body belt must be worn for 6 weeks.

\*\*Body belt can be removed at 3 weeks\*\*

#### Contraindications/ risks (for 6 weeks):

- Use of the operated arm is contraindicated till 6 weeks post op.
- Elevation over 90° is contraindicated till 12 weeks post op.
- Shoulder girdle exercises are contraindicated till 6 weeks post op.

### Discharge summary/ Ward physiotherapist responsibilities:

- Ensure patient has a physiotherapy and clinic appointment arranged.
- Issue patient with advice on analgesia, contraindications and sling use (6 weeks)
- Teach day 1 to week 6 exercises as per protocol

## MODIFIED-WEAVER DUNN PROCEDURE

Day 1	<ul style="list-style-type: none"> <li>• Master sling and body belt fitted in theatre</li> <li>• Ice packs applied to shoulder</li> <li>• Begin elbow, wrist and hand mobility exercises and postural awareness</li> <li>• Ensure physiotherapy and clinic appointment arranged</li> <li>• Advise patient on analgesia use, contraindications and sling use.</li> </ul>
Day 2 – discharge	<ul style="list-style-type: none"> <li>• Continue to wear Master sling and body belt</li> <li>• Continue to use ice packs</li> <li>• Teach auxiliary hygiene</li> <li>• Continue elbow, wrist and hand mobility exercises and postural awareness</li> </ul>
Week 1 – 6	<ul style="list-style-type: none"> <li>• Continue to wear Master sling and body belt (Remove body belt at week 3)</li> <li>• Continue to use ice packs</li> <li>• Issue analgesia and pacing advice</li> <li>• Review post op contraindications</li> <li>• Continue elbow, wrist and hand mobility exercises and postural awareness</li> </ul>
Week 6 – 12+ (Review by Physiotherapist) (Consider patient for hydrotherapy)	<ul style="list-style-type: none"> <li>• Commence physiotherapy. <b>Do not force or stretch the repair or elevate the arm above 90° for 12 weeks.</b></li> <li>• Gradually wean off sling</li> <li>• Continue elbow, wrist and hand mobility exercises</li> <li>• Begin pendulum exercises</li> <li>• Begin shoulder girdle exercises</li> <li>• Begin passive flexion, extension, internal and external rotation; Progress to active assisted, then active when able.</li> <li>• Begin gentle cuff isometric exercises as pain allows; gradually progress rotator cuff strengthening</li> <li>• Begin anterior deltoid exercises as range allows</li> <li>• Encourage ADL's under 90 degrees</li> <li>• Begin proprioceptive exercises and core stability work as appropriate</li> </ul>
Week 12+	<ul style="list-style-type: none"> <li>• Encourage functional movement within pain limits over 90°</li> <li>• Progress active movement above 90°</li> </ul>

## MODIFIED-WEAVER DUNN PROCEDURE

Consideration should always be given to the individual patients' ability. The patient will attend the first available post-operative shoulder group (usually Friday following surgery) for education, advice, sling and wound checks. From here follow up treatment will be arranged.

Progression should be tailored to the individual patient but the times quoted should be the earliest for elevation over 90° and shoulder girdle exercises. Contraindications must be followed for the full 12 weeks.

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities may commence:

- Driving 6 weeks
- Swimming (Breaststroke: 8 weeks                      Front crawl: 3 months)
- Golf 3 months
- Contact Sport: E.g. Horse riding, football, martial arts, racket sports and rock climbing: 6 months
- Lifting: Light lifting can begin at 3 weeks. Avoid lifting heavy items for 3 months.
- Return to work: dependant upon the patient's occupation.

Sedentary: As tolerated

Manual: 6 months

**Note: These are guideline protocols only.**

*For questions or concerns please contact:*

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*For further information: <http://www.readingshoulderunit.com>*

*Protocol for Prof O. Levy—Royal Berkshire Hospital*

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