

Shoulder acromioclavicular joint injury

Information for patients

Outpatient Fracture Care Team: Shared care plan

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This is a follow-up letter to your recent telephone consultation with the Fracture Care Team explaining the ongoing management of your injury. Your case has been reviewed by an Orthopaedic Consultant (bone specialist) and Fracture Care Extended Scope Physiotherapist.

You have sustained an injury to your acromioclavicular joint (ACJ). This normally takes between three to six weeks to heal, but soft tissue injuries can persist for up to three months. Use the sling (if provided) for up to three weeks and for comfort only. You may use the arm in the meantime; it is important to keep the shoulder moving to prevent stiffness but not to aggravate it. Follow the management/rehabilitation plan outlined below.

Take pain killers as prescribed. You may find it more comfortable to sleep propped up with pillows. If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please phone the Fracture Care Team for advice.

Please see the picture below to understand where this injury is



We do not routinely follow up patients with this type of injury. **If after three weeks** you are not close to achieving full movement in your shoulder please contact us using the details above.

We may arrange some physiotherapy to help with your exercises.

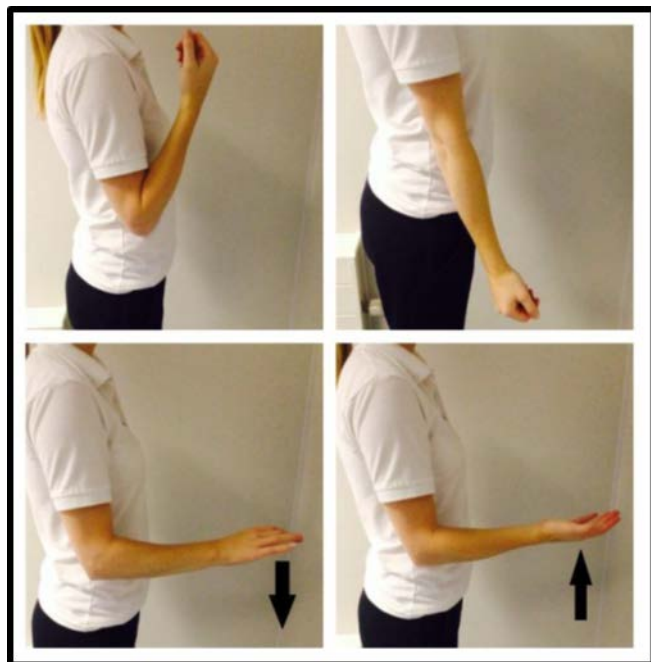
If you are experiencing pain and symptoms anywhere else other than at the site of the original injury or surrounding area, please get in touch using the telephone or email details at the top of this letter.

Please follow the management/rehabilitation plan shown below:

Weeks since injury	Rehabilitation plan
0-3	Wear the sling during the day except for exercises and personal hygiene. It is your choice if you wish to wear it at night. Start the 'Initial exercises'. Do not lift your elbow above shoulder height as this may be painful.
3-6	Try not to use the sling and begin normal light activities with the arm and shoulder. Increase movement as shown in the Stage 2 exercises. You should avoid heavy lifting for the full six weeks.
6-12	The injury should be largely united (healed) and you can resume normal activity but be governed by any pain you are experiencing. You should be able to carry out day-to-day activities although arduous tasks may cause discomfort. Start to lift your arm over-head. Begin Stage 3 exercises.
12	If you are still experiencing significant pain and stiffness then please contact us for further consultation

Initial exercises to do four to five times a day:

If you have stiffness in your elbow or hand from wearing the sling, you may wish to perform these exercises first. However, once they become easy you can start with the posture and pendulum exercises.



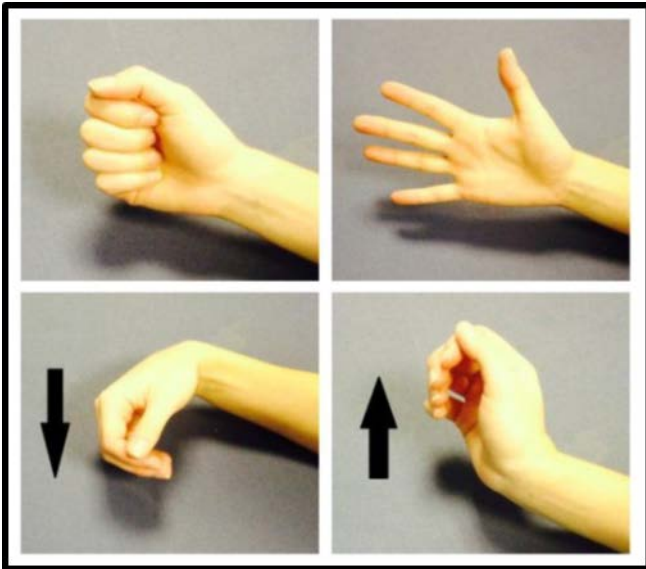
Elbow bend to straighten

Bend and straighten the elbow of your injured arm so you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push if it causes pain.

Forearm rotations

Put the elbow of your injured arm at your side. Bend it to 90 degrees. Slowly rotate your palm up and down until you feel a mild to moderate stretch. You can use your other arm to assist if necessary. Do not push if it causes pain.

Repeat both exercises 10-15 times provided there is no increase in symptoms.



Finger and wrist flexion and extension

Open and close the hand of your injured arm as shown 10-15 times; then move your wrist up and down 10-15 times.

After a few days, hold a soft ball or ball of socks. Squeeze the ball as hard as possible without it causing pain.

Hold for five seconds and repeat 10 times.



Postural awareness

Bring your shoulders back and squeeze your shoulder blades together as shown in the picture. Do this with or without your sling on.

Hold the position for 20-30 seconds and repeat five times provided there is no increase in symptoms.



Shoulder pendulum exercises

Stand and lean forwards, supporting yourself with the other hand. Try to relax your injured arm and let it hang down.

1. Swing your arm slowly and gently, forwards and backwards.
2. Swing your arm slowly and gently, side to side.
3. Swing your arm slowly and gently, in circles clockwise.

Continue for approximately one to two minutes in total provided there is no increase in symptoms. Remember to try and relax your arm.

Stage 2 exercises to do four to five times a day (to start at three weeks):

Active assisted shoulder flexion



Use your other hand to lift your injured arm up in front of you as shown in the pictures. Repeat 10 times provided there is no increase in symptoms.

Active assisted external rotation

Keep the elbow of your injured arm tucked into your side and your elbow bent. Hold onto a stick/umbrella/golf club or similar. Use your unaffected arm to push your injured hand outwards. Remember to keep your elbow tucked in. Push until you feel a stretch. If you don't have a stick you could simply hold the injured arm at the wrist and guide it outwards.



Hold for five seconds then return to the starting position. Repeat 10 times provided there is no increase in symptoms.

Stage 3 exercises to do four to five times a day (to start at six weeks or earlier if no pain is experienced during Stage 2 exercises):

When you have regained full range of movement during the above exercises without pain you can start to do the exercises **without** the support of your other hand; this is known as active range of movement. When you have regained your full range of movement without the support of the other arm you can start to build up your regular activities.



Active forward flexion:

With your thumb facing up, try to move your injured arm up, keeping it close beside your body.

Active abduction:

With your thumb facing up and outwards, try to move your injured arm in a big arc out to the side.



Active external rotation:


With the elbow of your injured arm by your side, rotate your forearm outwards, keeping your elbow at about 90 degrees in flexion.

Repeat all of these three exercises 10 times each, four to five times a day. Only go as far as you can naturally, without doing any trick movements to try to get further. This will increase over time and should not be forced.

If you are having problems progressing with the exercises and have a follow-up consultation booked, please do let the clinician know so that they can review the exercises and refer you on to Physiotherapy if necessary.



Further information and advice can be obtained from:

NHS 111
NHS Choices online

 **111**
www.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone:  01622 224960 or  01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

Issue date: December 2019
Database reference: RWF-TO-LEA-PAT-31

Review date: December 2022
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