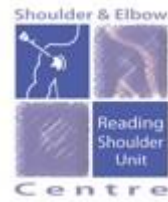




MR GIUSEPPE SFORZA
CONSULTANT ORTHOPAEDIC SURGEON



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 or a synthetic graft to reconstruct and stabilise the acromioclavicular joint. This reconstruction is supported by an absorbable cord or surgical device. This stabilises the acromioclavicular joint, improving pain, stability and function.

INPATIENT GUIDELINES:

Physiotherapy follow up appointment: an appointment should be arranged to attend the outpatient physiotherapy department 7 days after the procedure. Further follow up physiotherapy sessions will be arranged at 4 weeks post op.

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

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

Clinic follow up appointment: 3 weeks, 3 months (If patient not progressing as expected, arrange review prior to 3 month follow-up).

Sling use: Master sling with body belt must be worn for 4 weeks. Body belt can be removed at 3 weeks.

Contraindications/ risks: Use of the operated arm is contraindicated till 4 weeks post op. Elevation over 90° is contraindicated till 6 weeks post op. Shoulder girdle exercises are contraindicated till 4 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 (4 weeks)

Teach day 1 to week 4 exercises as per protocol

Day 1

Master sling and body belt fitted in theatre

Ice packs applied to shoulder

Begin elbow, wrist and hand mobility exercises and postural awareness

Ensure physiotherapy and clinic appointment arranged

Advise patient on analgesia use, contraindications and sling use.

Day 2 – discharge

Continue to wear Master sling and body belt

Continue to use ice packs

Teach auxiliary hygiene

Continue elbow, wrist and hand mobility exercises and postural awareness

Week 1 – 6

Continue to wear Master sling and body belt (Remove body belt at week 3)

Continue to use ice packs

Issue analgesia and pacing advice

Review post op contraindications

Continue elbow, wrist and hand mobility exercises and postural awareness

Week 4 – 6+ (Review by Physiotherapist) (Consider patient for hydrotherapy)

Commence physiotherapy. Do not force or stretch the repair or elevate the arm above 90° for 12 weeks.

Gradually wean off sling

Continue elbow, wrist and hand mobility exercises

Begin pendulum exercises

Begin shoulder girdle exercises

Begin passive flexion, extension, internal and external rotation; Progress to active assisted, then active when able.

Begin gentle cuff isometric exercises as pain allows; gradually progress rotator cuff strengthening

Begin anterior deltoid exercises as range allows

Encourage ADL's under 90 degrees

Begin proprioceptive exercises and core stability work as appropriate

Week 7+

Encourage functional movement within pain limits over 90°

Progress active movement above 90°

