

ACROMIOCLAVICULAR JOINT RECONSTRUCTION REHAB PROTOCOL

The purpose of this protocol is to provide a guideline for the postoperative rehabilitation course of a patient that has undergone an AC joint reconstruction surgery. This protocol is not intended to be a substitute for one's clinical judgement regarding the progression of a patient's post-operative course based on their physical exam, progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.

Please Note: The given time frames are an approximate guide for progression.

NO UPPER BODY ERGOMETER AT ANY TIME

Phase I: First 4 weeks of therapy (typically begins 6-8 weeks after surgery)

- Wean out of sling at 4-6 weeks post-op. Most patients will be out of sling at start of therapy
- Immediate full AROM of elbow, wrist, fingers
- Begin shoulder PROM to AAROM up to 100° forward flexion
- PROM supine external rotation to 30°
- Avoid shoulder elevation; do not force end ranges of motion
- Cryotherapy and modalities as needed

GOAL: Gentle progression of shoulder PROM with minimal discomfort

Phase II: Weeks 4-6 of therapy

- Progress shoulder AAROM exercises to full ROM as tolerated-beginning with supine position
 - Extra caution with progressing ER. No forced ROM or stretching
- Initiate scapular AROM exercises

GOAL: Gentle transition from PROM to AAROM as tolerated

Phase III: Weeks 6-12 of therapy

- Progress shoulder AROM through full ROM all planes, progress as tolerated
- Initiate manual scapular side-lying stabilization exercises
- Progress scapular strengthening exercises
- Initiate posterior capsule stretching
- No shoulder or overhead strengthening.

GOAL: Progression from AAROM to pain-free full AROM through all planes. Achieve normal scapulohumeral rhythm

Phase IV: Beyond 12 weeks of therapy

- Achieve full non-painful shoulder AROM in all planes
- Strengthening
 - Continue scapular strengthening



- o May initiate biceps strengthening
- o No shoulder strengthening prior to 4-month-mark
- Initiate functional progression to work hardening OR sports specific activities after 4-month mark with surgeon approval
- Move towards independent HEP

GOAL: Restoration of adequate, pain-free ROM for desired activity, return to ADLs, gradual strengthening, initiation of work hardening or sports specific rehab program if applicable

*****Expected Recovery Time is approximately 6-9 Months*****

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office at 781-337-5555.

Culp LB, Romani WA. Physical Therapist Examination, Evaluation, and Intervention Following the Surgical Reconstruction of a Grade III Acromioclavicular Joint Separation. *Physical Therapy*. 2006;86(6):857-869

Reinold MM, Wilk KE et al. Current Concepts in the Rehabilitation Following Acromioclavicular Joint Stabilization Using Biodegradable Material. *Journal of Orthopaedic and Sports Physical Therapy* 2006; 242-243.