

## AC Joint Reconstruction

### Phase I (1 – 5 days post-op)

- Modalities: PRN for pain and inflammation (ice, IFC)
- Sling: Until 4 weeks, Ultrasling worn continuously except in therapy or during exercise sessions
- ROM:
  - Scapular retractions, pendulums
  - AROM/PROM of the elbow, wrist and digits

### Phase II (5 days – 4 weeks post-op)

- Modalities: PRN for pain and inflammation (ice, IFC)
- Sling: Until 4 weeks, Ultrasling worn continuously except in therapy or during exercise sessions
- ROM: Continue Phase I
  - AAROM
    - Supine flexion with cane
      - Until 2 weeks post-op, limit to 60 degrees
      - At 2 weeks, progress to 90 degrees
  - Pulleys: flexion, scaption, and abduction to 90 degrees
  - PROM to AAROM to AROM
    - Supine ER to neutral as tolerated
- Exercises:
  - Isometrics: IR/ER at neutral, bicep, and tricep

### Phase III (4 weeks – 10 weeks post-op)

- Wound care: Monitor site/scar management techniques
- Modalities: PRN for pain and inflammation (ice, IFC)
- Sling:
  - At 4 weeks, DC pillow. Continue to wear sling outdoors and in public setting for an additional 2 weeks
  - At 6 weeks, DC sling
- ROM:
  - At 6 weeks:
    - Begin PROM of shoulder to 90 degrees of flexion/abduction
    - PROM IR and ER: as tolerated in pain-free range with arm at 0 – 45 degrees of abduction, progressing to 90 degrees of abduction at 8 weeks post-op
    - **RESTRICT HORIZONTAL ABDUCTION AND ADDUCTION OF THE SHOULDER**
  - At 7 weeks:
    - Gradually progress to full pain-free AAROM then AROM
      - Wall slides, Elevation in scapular plane, Hands behind head stretch
      - Sidelying sleeper IR stretch
  - Weeks 8 – 10:

- Gradually progress to full pain-free PROM
- Begin PROM IR/ER stretching at 90 degrees of abduction
- Strengthening:
  - Continue isometrics, adding shoulder abduction, flexion, and extension
  - Theraband IR to neutral and ER within tolerable range
  - Weeks 8 – 10:
    - Gradually progress to full AROM
    - Begin *light* resisted shoulder flexion
    - Begin rhythmic stabilization exercises for the shoulder for flexion and extension avoiding resisted horizontal abd/adduction
    - IR/ER strengthening below 90 degrees of shoulder elevation
    - May begin UBE and PNF
    - Initiate *light* isotonic resistance program
    - NO shoulder press, bench press, pectoral deck, pullovers, resisted horizontal abd/adduction

#### Phase IV (10+ weeks post-op)

- Strengthening:
  - Week 10:
    - Continue with progressive resisted strengthening for the shoulder
    - Initiate light bench press and shoulder press with dumbbells (progress weight slowly)
    - Initiate lat pull downs and rows
    - Progress resisted PNF patterns
    - Initiate strengthening of ER/IR at 90 degrees of abduction
  - Week 12:
    - Progress resistance exercise levels and stretching
    - Progress to closed chain strengthening activities
    - Per physician approval:
      - Transition to weight room strengthening and initiate interval sports program
      - Progress to work conditioning program or sport specific training

Adapted From:

- 1) Reinold MM, Wilk KE et. Al. Current Concepts in the Rehabilitation following Acromioclavicular joint stabilization using biodegradable material. J Orthop Sports Physical Therapy 2006; 242-243.
- 2) Shoulderdock. Acromioclavicular joint stabilization (Weaver Dunn), available at: <http://www.shoulderdock.co.uk/article.asp?article=72&section=206> Accessed 10-20-2008.
- 3) Mass General: <https://www.massgeneral.org/assets/MGH/pdf/orthopaedics/sports-medicine/physical-therapy/rehabilitation-protocol-for-AC-joint-reconstruction.pdf>
- 4) Kevin Wilk, Advanced CEU, 2010.
- 5) Wilk KE, Reinold MM, Andrews, JR. Acromioclavicular Joint Reconstruction Using Synthetic Material Accelerated Rehabilitation Protocol (for Athletes). Winchester MA: Advanced Continuing Education Institute, 2004

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