

REHABILITATION GUIDELINES FOR ACROMIOCLAVICULAR (AC) JOINT RECONSTRUCTION

PHASE I (0 WEEKS TO 6 WEEKS)

DATES:

Appointments	<p>MD follow up at 2 and 6 weeks from date of surgery</p> <p>Begin physical therapy 3-5 days after surgery 1-2 x per week</p>
Rehabilitation Goals	<ul style="list-style-type: none"> • Maintain integrity of the surgical repair • Diminish pain and inflammation • Prevent muscular inhibition • Independent with ADLs with modifications to protect repair
Precautions	<ul style="list-style-type: none"> • Keep wound clean and dry • Ice frequently or as indicated by pain and/or swelling • No supporting of body weight with hands • Sling at all times including sleep x 6 weeks (may be removed for PT exercise and showers) • Sling must support and lift arm underneath the elbow • Avoid any active abduction or forward elevation • EXERCISES MUST BE PERFORMED IN SUPINE POSITION: <ul style="list-style-type: none"> ○ Gentle passive scaption to full ○ Gentle forward elevation to full ○ ER with elbow <u>at the side</u> to full
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • NO PENDULUMS OR HANGING EXERCISES • AAROM supine flexion to 90 okay • Table slides • Active scapular retraction and depression • Active and passive ROM to the neck, elbow, wrist, and hand 5 x day
Cardiovascular Exercises	<ul style="list-style-type: none"> • NA, safe walking while wearing sling okay
Progression Criteria	<ul style="list-style-type: none"> • Flexion and scaption to 90, ER to at least 30

PHASE II (6 WEEKS TO 3 MONTHS)

DATES:

Appointments	Continue physical therapy 2 x week
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Rehabilitation Goals	<ul style="list-style-type: none"> • Work towards full pain free PROM • Begin AAROM and AROM • ROM should be full by 3 months, if not, contact MD
Precautions	<ul style="list-style-type: none"> • Sling may be discontinued at 6 weeks
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • PROM, AAROM, AROM exercises • Exercises may now be done in standing or seated • Start with isometric shoulder strengthening • Periscapular strengthening including serratus press and scapular retraction/depression (no weights) • Gentle, graduated rotator cuff strengthening can begin after achieving full active ROM
Cardiovascular Exercises	<ul style="list-style-type: none"> • Light UBE, beginning with AAROM progressing to resistance as tolerated • Walking
Progression Criteria	<ul style="list-style-type: none"> • Full ROM without compensation

PHASE III (3 TO 6 MONTHS)

DATES:

Appointments	Continue physical therapy 1-2 x week
Rehabilitation Goals	<ul style="list-style-type: none"> • Full ROM • Progressing strength and function
Precautions	<ul style="list-style-type: none"> • Check with your MD on when you are cleared for weight bearing exercises and riding a bike
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Active shoulder and periscapular muscle strengthening exercises are the focus of this period with emphasis on regaining full strength • Strengthening exercises should be high rep, low weights with dumbbells and bands • Avoid wide grip bench press or behind the neck military press
Cardiovascular Exercises	<ul style="list-style-type: none"> • As tolerated
Progression Criteria	<ul style="list-style-type: none"> • Full ROM without compensatory movements

PHASE IV (6 TO 9 MONTHS)

DATES:

Appointments	3-5 x week for home program, may need physical therapy supervision for functional training
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Rehabilitation Goals	<ul style="list-style-type: none"> • No compensatory movements present • Rehab geared toward return to sport or work
Precautions	<ul style="list-style-type: none"> • Begin gradual return to previous sports/activities/work duties under controlled conditions
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Advanced strengthening with weights, dumbbells, and bands to include muscles of the shoulder girdle, rotator cuff, and periscapular areas • Low repetitions and high weights should be avoided indefinitely • May begin functional training exercises including swimming, tennis, or an interval throwing program (if a thrower)
Cardiovascular Exercises	<ul style="list-style-type: none"> • As tolerated
Progression Criteria	<ul style="list-style-type: none"> • Full return to sports/activities/full work duties are pending MD approval based upon: <ul style="list-style-type: none"> ○ Full functional ROM ○ No pain or tenderness ○ Symmetric muscular strength

References: Dr. Tim Crall's previous AC reconstruction protocol

PT name and date: Ariel Duvall, March 2018

MD name and date: Dr. Timothy Crall 4/30/18

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