REHABILITATION GUIDELINES FOR ACROMIOCLAVICULAR (AC) JOINT RECONSTRUCTION

PHASE I (0 WEEKS TO 6 WEEKS) DATES:

Appointments	MD follow up at 2 and 6 weeks from date of surgery Begin physical therapy 3-5 days after surgery 1-2 x per week
Rehabilitation Goals	• Maintain integrity of the surgical repair • Diminish pain and inflammation • Prevent muscular inhibition • Independent with ADLs with modifications to protect repair

Precautions	• 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 PERFOMED <u>IN SUPINE</u> POSITION:**
	  o **Gentle passive scaption to full**
	  o **Gentle forward elevation to full**
	  o **ER with elbow <u>at the side</u> to full**

Suggested Therapeutic Exercises	• **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	• NA, safe walking while wearing sling okay
Progression Criteria	• Flexion and scaption to 90, ER to at least 30

PHASE II (*6 WEEKS TO 3 MONTHS*) DATES:

Appointments	Continue physical therapy 1-2 x week
Rehabilitation Goals	• Work towards full pain free PROM • Begin AAROM and AROM • ROM should be full by 3 months, if not, contact MD
Precautions	• Sling may be discontinued at 6 weeks • No significant distracting force pulling the arm down toward the floor (if standing) or compressive force across the AC joint (if doing something like a bench press/push up). • Recommend band resistance to avoid carrying weights and distractive/compressive forces to the AC joint.
Suggested Therapeutic Exercises	• PROM, AAROM, AROM exercises • Exercises may now be done in standing or seated • Start with isometric shoulder strengthening, and progress RC strength over time recommending band vs dumbbell resistance • Periscapular strengthening including serratus press and scapular retraction/depression, recommend band resistance
Cardiovascular Exercises	• UBE, beginning with AAROM progressing to resistance as tolerated • Walking
Progression Criteria	• Full ROM without compensation

PHASE III (3 TO 6 MONTHS) DATES:

Appointments	Continue physical therapy 1-2 x week
Rehabilitation Goals	• Full ROM • Progressing strength and function
Precautions	• Check with your MD on when you are cleared for weight bearing exercises and riding a bike
Suggested Therapeutic Exercises	• 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	• As tolerated
Progression Criteria	• 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
Rehabilitation Goals	• No compensatory movements present • Rehab geared toward return to sport or work
Precautions	• Gradual return to previous sports/activities/work duties under controlled conditions
Suggested Therapeutic Exercises	• 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	• As tolerated

Progression Criteria	• Full return to sports/activities/full work duties are pending MD approval based upon:
	  ○ Full functional ROM
	  ○ No pain or tenderness
	  ○ Symmetric muscular strength

References: Dr. Tim Crall's previous AC reconstruction protocol
PT Guideline Established by: Lance Georgeson, PT 9/2025; Dr. Timothy Crall 9/2025
Updated by Syd Knadler PT, DPT 10/2026; Approved by Dr. Crall 10/2026