

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 <u>IN SUPINE POSITION</u>: <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
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
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

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