

## ***Acromioclavicular (AC) Joint Reconstruction Rehabilitation Protocol***

### **PHASE I – INFLAMMATION & SWELLING CONTROL - Weeks 0-6**

**Goals:** Initiate range of motion of motion below shoulder height (90 degrees of forward elevation/flexion, abduction) - progressing motion above shoulder height before 6 weeks from surgery results in higher rates of reconstruction loosening/failure  
Decrease pain and inflammation  
Slow muscular atrophy

#### **Range of Motion Exercises:**

- NO ACTIVE ROM in forward flexion, abduction - passive and active assist only NOT ABOVE SHOULDER HEIGHT
- This should focus on internal and external rotation - passive, active assist, active
- Restrict any motion to shoulder height only
- Rope and pulley scaption
- Pendulum exercises
- Self-capsular stretches

*\*Note – Restrict horizontal Abduction/Adduction (often painful)*

#### **Strengthening Exercises:**

- Isometrics
  - ER, IR, Biceps, Triceps
- Initiate ER/IR with exercise tubing at 0 degrees abduction when pain free (usually week 2)

*\*Note – No resisted shoulder flexion, abduction*

#### **Decrease Pain/Inflammation:**

- Ice, NSAIDS, modalities
- Ice applied directly over AC joint

### **PHASE II – RANGE OF MOTION - Weeks 6-12**

**Goals:** Gradually progress ROM  
Regain and improve muscular strength  
Normalize arthrokinematics  
Improve neuromuscular control of shoulder complex

#### **Criteria to Progress to Phase II:**

1. Nearly full ROM in ER/IR
2. Minimal pain and tenderness
3. Stable AC joint on clinical exam
4. Good (4/5) MMT of ER/IR/Abd

#### **Weeks 6-9**

- Range of motion exercises
  - Continue AAROM with L-bar
  - Begin forward elevation, abduction beyond shoulder height (90 degrees)
- Strengthening exercises
  - Initiate isotonic strengthening (light resistance)
  - Shoulder abduction



Physical therapy protocols, post-operative instructions, and other information can all be accessed at any time at [www.frantzorthopedics.com](http://www.frantzorthopedics.com)

- Shoulder extension
  - Shoulder ER/IR tubing
  - Sidelying ER
  - Biceps/triceps
  - Prone horizontal abduction
  - Prone rowing
  - Prone extension
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- Initiate neuromuscular control exercises (PNF)
  - Initiate manual resistance
  - Continue use of modalities, ice as needed

#### **Weeks 9-12**

- Range of motion exercises
  - Continue stretching program
  - Ok for all AROM
- Strengthening exercises
  - Continue all strengthening exercises listed above
  - Initiate light resistance shoulder flexion
  - Initiate upper extremity endurance exercises
  - Initiate light isotonic resistance progression
  - NO shoulder press or bench press or pec deck or pullovers
  - Rhythmic stabilization exercise for shoulder flexion/extension
  - Program all shoulder and scapular strengthening exercises

### **PHASE III – STRENGTHENING - Weeks 12-24**

**Goals:** Improve strength/power/endurance  
Improve neuromuscular control/dynamic stability to the AC joint  
Prepare athlete for overhead motion

#### **Criteria to Enter Phase III:**

1. Full or nearly full nonpainful ROM
2. No pain or tenderness
3. Strength 70% of contralateral side

#### **Strengthening Exercises:**

- Continue isotonic strengthening exercises
  - Bench press, military press, pushups, etc - should be last strengthening exercises to return; should begin at very light weight and low reps
  - Continue with resistance exercises for:
    - Shoulder abduction
    - Shoulder ER/IR
    - Shoulder flexion
    - Latissimus dorsi (rowing, pull-downs)
    - Biceps/triceps
  - Initiate tubing PNF patterns
  - Initiate ER/IR at 90 degrees abduction
  - Scapular strengthening (4 directions)
  - Emphasis on scapular retractors, elevators
  - Neuromuscular control exercises for glenohumeral and scapulothoracic joints



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- Rhythmic stabilization
  - Shoulder flexion/extension
  - Shoulder ER/IR (90/90)
  - Shoulder abduction/adduction
  - PNF D<sub>2</sub> patterns
  - Scapular retract/protract
  - Scapular elev/depress
- Program to plyometric upper extremity exercises
- Continue stretching to maintain mobility

**PHASE IV – RETURN TO ACTIVITY (Week 16 at the earliest, usually closer to 20-24 weeks)**

**Goals:** Progressively increase activities to prepare patient/athlete to full functional return

**Criteria to Progress to Phase IV:**

1. Full nonpainful ROM
  2. No pain or tenderness
  3. Isokinetic test that fulfills criteria (Shoulder F/E, Abd/Add)
  4. Satisfactory clinical exam
- Initiate Interval Sports Program
  - Continue all exercises listed in Phase III
  - Begin bench press, military press, pushups, etc if not yet performing, starting light weight and low reps
  - Progress resistance exercise levels and stretching



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