



Bradley Smith, MD
5316 S. Woodrow St. #200
Murray, UT 84107
 Office: (801) 747-1020
 Fax: (801) 747-1023



Rehabilitation Protocol for Acromioclavicular Joint Reconstruction

PHASE I: *Immediate Post-Op (0-6 WEEKS AFTER SURGERY)*

Rehabilitation Goals	<ul style="list-style-type: none"> ● Protect the surgical repair ● Control pain and swelling ● Protect wound healing ● Prevent shoulder stiffness
Sling/Precautions	<ul style="list-style-type: none"> ● Sling <ul style="list-style-type: none"> ○ Wear it most of the time for the first 2 weeks. ○ Sleep with the sling on. ○ More instructions will be given at the first post-op appt. ○ Remove the sling to shower and for PT exercises. ○ For washing under the affected arm, bend forward at the waist and let the arm hang passively, same position at the pendulum exercise. ● Avoid active shoulder range of motion ● Avoid reaching behind the back ● Avoid reaching across the body ● Avoid passive shoulder range of motion >90 degrees in any direction ● Avoid lifting of objects ● Avoid supporting of body weight ● Ice as needed for pain control
Interventions	<p><i>Manual Therapy</i></p> <ul style="list-style-type: none"> ● Soft tissue mobilization as indicated ● GH, ST joint mobilization as indicated ● Scar mobilization once incision healed <p><i>Mobility/ROM</i></p> <ul style="list-style-type: none"> ● Pendulum ● Supine assisted shoulder flexion to 90 degrees ● Supine assisted shoulder external rotation ● Isometric shoulder internal rotation ● Isometric shoulder external rotation ● Elbow and forearm AROM ● Scapular retraction
Criteria to Progress	<ul style="list-style-type: none"> ● Has achieved 90 degrees of passive shoulder flexion in the plane of the scapula. ● Has achieved 30 degrees of passive shoulder ER in the plane of the scapula. ● Tolerating range of motion and isometrics exercises.

PHASE II: Intermediate Post-Op (7-12 WEEKS AFTER SURGERY)

<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> ● Protect the surgical repair ● Improve shoulder range of motion ● Minimize muscle atrophy ● Improve neuromuscular control
<p>Sling/Precautions</p>	<ul style="list-style-type: none"> ● Sling: wean out of the sling unless otherwise instructed ● No lifting objects heavier than 1lb ● Avoid forceful pulling/pushing ● Avoid reaching behind your back
<p>Interventions -Continue with Phase I interventions</p>	<p><i>Mobility/ROM</i></p> <ul style="list-style-type: none"> ● Countertop slides into flexion ● Wall walks/slides ● Sidelying internal rotation stretch (Sleeper stretch) <p><i>Strengthening</i></p> <ul style="list-style-type: none"> ● Sidelying external rotation ● Prone row ● Prone shoulder extension ● Prone 'T' ● Prone 'Y' ● Standing scaption ● Theraband Strengthening <ul style="list-style-type: none"> ○ Internal rotation ○ External rotation ○ Biceps curls ○ Serratus punch
<p>Criteria to Progress</p>	<ul style="list-style-type: none"> ● Tolerates P/AAROM/AROM program progression ● Has achieved at least 140 degrees PROM flexion in the scapular plane ● Has achieved at least 60 degrees PROM into ER in the scapular plane ● Can actively flex shoulder in the scapular plane against gravity to at least 100 degrees with good mechanics

PHASE III: Late Post-Op (13-18 WEEKS AFTER SURGERY)

<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> ● Protect the surgical repair ● Regain full range of motion ● Improve strength and stability
<p>Precautions</p>	<ul style="list-style-type: none"> ● Avoid lifting objects heavier than 2-3 pounds ● Avoid any weighted lifting overhead ● Avoid forceful pushing/pulling
<p>Interventions -Continue with Phase I-II interventions</p>	<p><i>Manual Therapy</i></p> <ul style="list-style-type: none"> ● Rhythmic stabilization, proprioception, and scapulohumeral rhythm exercises performed in clinic

	<p><i>Mobility/ROM</i></p> <ul style="list-style-type: none"> • Hands-behind-head stretch • Behind the back internal rotation • Cross-body stretch <p><i>Strengthening Progression</i></p> <ul style="list-style-type: none"> • Add progressive resistance 1-5 pounds to sidelying external rotation, prone row, prone shoulder extension, prone T, prone Y, standing scaption • W's • External rotation and internal rotation at 90 degrees scaption <p><i>Closed Kinetic Chain Strengthening</i></p> <ul style="list-style-type: none"> • Wall pushups
Criteria to Progress	<ul style="list-style-type: none"> • Tolerates progression of stretching/ROM/strengthening • Active and passive shoulder motion within functional limits in all directions

PHASE IV: Advanced Strengthening (19+ WEEKS AFTER SURGERY)

Rehabilitation Goals	<ul style="list-style-type: none"> • Maintain full range of motion • Continue strengthening • Improve tolerance for functional activities • Advance sports and recreational activity (when recommended)
Interventions -Continue with Phase II-III interventions	<p><i>Closed Kinetic Chain Strengthening/Plyometrics</i></p> <ul style="list-style-type: none"> • Pushup progression: progress to traditional, then to unstable surface • Ball on wall • Rebounder throws at side, progress to weighted ball • Wall dribbles – overhead, circles
Criteria to Progress	<ul style="list-style-type: none"> • Independent self-management of symptoms • Demonstrate appropriate understanding of condition and maintenance to prevent risk of recurrence
Return to Sport	<ul style="list-style-type: none"> • For the recreational or competitive athlete, return-to-sport decision making should be individualized and based upon factors including level of demand on the upper extremity, contact vs non-contact sport, frequency of participation, etc. Encourage close discussion with the referring surgeon prior to advancing to a return-to-sport rehabilitation program.

Protocol adapted from Mass General Sports Medicine Physical Therapy Rehabilitation Protocols. See <https://www.massgeneral.org/orthopaedics/sports-medicine/physical-therapy/sports-rehab-protocols>