

Acromioclavicular Joint Reconstruction Rehabilitation Protocol

General Guidelines:

- 1) Avoid the force of gravity on the repair for the first 6 weeks
- 2) No lifting objects over 3 pounds with surgical arm for first 6 weeks
- 3) Sling use for 6 weeks post op. May remove if sitting for periods of time after week 4

Week 1-3:

- 1) Sling use with abduction pillow beneath sling to support arm and eliminate gravity
- 2) Elbow, wrist, hand ROM. Squeeze ball.
- 3) No pendulums
- 4) May remove sling for hygiene

Week 3-6:

- 1) Continue sling use. May remove for sedentary periods. Continue with nighttime use.
- 2) Progress SUPINE PROM to AAROM: forward flexion to 90 degrees, internal/external rotation as tolerated. No forceful stretching.
- 3) Gentle scapular retraction exercises for postural awareness. No shoulder shrugs.

Week 6-12:

- 1) Wean out of sling as tolerated. Consider public use for 1-2 weeks. May remove for sleep.
- 2) Progress AAROM to AROM as tolerated. No forceful stretching or manipulations. No terminal end range stretching.
- 3) Begin rotator cuff isometrics and progress to light therabands (yellow→ red) at week 8.
- 4) Begin gentle scapular stabilization exercises
- 5) No overhead lifting.
- 6) No jogging

Week 12 and Beyond

- 1) May begin more aggressive stretching for any deficits
- 2) Progress RTC and scapular strengthening program
- 3) May progress non contact cardio exercises as tolerated.

Anticipate return to overhead activities (ie tennis, swimming) at 5 months, contact sports at 6 months.

These protocols are a guide to the physical therapy required following surgery. Please note these are meant to be guidelines for rehabilitation to be followed by a certified physical therapist and that specific recommendations may be made by your doctor to modify the protocol due to special circumstances related to your surgical procedure