

AC Joint Reconstruction Rehabilitation Program

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Diagnosis: Right / Left AC Joint Dislocation _____

Date of Surgery:

Stretching exercises to regain motion are performed in sets of 5 repetitions, for 10seconds, 5 times per day.

The exercises are to be initiated at the first therapy visit.

All exercises are intended for home rehabilitation.

Week 2:

- Pendulum circumduction exercises
- Begin passive self-assisted supine external rotation without limitation.
- Begin postural exercises with rhomboid and trapezius contraction
- Neck range of motion to prevent cervical spine soreness

Week 4:

- Begin supine self-assisted passive forward elevation to 90°.

Week 7:

- Discontinue use of the sling at the end of week 6 and begin light active use.
- No lifting > 1-2lbs
- Advance passive self assisted motion and work towards full active range of motion exercises
- Isometrics deltoid, internal rotation, external rotation
- Scapula stabilization

Week 12-18:

- Safely use the arm for normal daily activities involved with dressing, bathing and self-care.
- Theraband strengthening/progressive resistive strengthening; closed chain strengthening.
- No lifting > 5lbs

Week 19-28:

- Progression of functional activities
- Maintain full range of motion
- Continue progressive strengthening
- Advance sports and recreational activity per surgeon

Rehabilitation Guidelines after Acromioclavicular Joint Reconstruction

Post-op phase	Sling	Range of Motion	Therapeutic exercises		Precautions
<p>Phase 1 0 to 6 weeks after surgery <u>Goals:</u> *Allow healing of repaired tissue *Initiate early protected and restricted range of motion. *Minimize muscular atrophy. *Decrease pain/inflammation. * Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation.</p>	<p>Per MD instructions. An arm sling/support is used for 6 weeks post-op whenever standing</p>	<p>*Flexion to 90 degrees as tolerated *ER @ 0° as tolerated, *IR and ER@ 90° to 45 *No IR behind back, *No horizontal adduction</p>	<p>No stretching 0-6 weeks *Pendulum exercises *Supine forward flexion with wand to 90 * shoulder abduction limit 90 *Supine ER at neutral *Scapular retraction</p>	<p>*Isometrics: ER, IR, FLX, EXT, ABD *Ball squeeze *Elbow and forearm exercises *<u>Theraband exercises</u> ER, IR (limit IR to neutral)</p>	<p>-DO NOT let weight of arm pull on fixation device x 6 weeks -DO NOT elevate surgical arm above 90 degrees in any plane for the first 6 weeks post-op. -DO NOT lift any objects over 5 pounds with the surgical arm for the first 6 weeks. -AVOID EXCESSIVE reaching and external/internal rotation for the first 6 weeks.</p>
<p>Phase 2 7 to 12 weeks after surgery <u>Goals:</u> *Gradually restore range of motion *Increase strength *Improve neuromuscular control *Enhance proprioception and kinesthesia</p>	<p>D/C</p>	<p>*In general, increase ROMs in increments of 15° per week *Shoulder flexion and abduction to tolerance (full by week 12) *Horizontal adduction active only *progressive IR and ER as tolerated</p>	<p>*Gradually improve ROM all planes *Elevation in scapular plane *Wall slide *IR behind back to beltline only *Horizontal adduction active reach only *Hands behind-the-head stretch *ER @ 90° abduction stretch *Side lying IR @ 90° * Standing External Rotation</p>	<p><u>Theraband exercises:</u> Continue phase 1 Biceps curl Row Forward punch (Serratus punch) <u>Dynamic exercises:</u> *Side lying ER *Prone row *Prone extension * Standing forward flexion to 90° *Prone 'T's *Standing scaption *Isotonic biceps curl *Prone 'Y's *Rhythmic stabilization *Proprioception drills *Scapulohumeral Rhythm exercises</p>	<p>No push-ups or pushing movements No lifting of weighted objects overhead or across the body</p>

Post-op Phase	Therapeutic Exercises		Notes	Precautions
<p>Phase 3 13-18 weeks after surgery</p> <p><u>Goals:</u> * Progress to full ROM *Improve: strength/power/endurance *Improve neuromuscular control *Improve dynamic stability *Improve scapular muscular strength</p>	<p>*Progress to full ROM</p> <p>*Horizontal adduction stretch</p> <p>*IR behind back full</p> <p>* External rotation at 90° Abduction stretch</p>	<p>*Continue theraband and dynamic exercises from phase 1 and 2</p> <p><u>Theraband:</u> add 'T's, diagonal up and down, External rotation at 90°, Internal rotation at 90°</p> <p><u>Dynamic:</u> *Continue previous Progressive resistance limit to 5 lb</p> <p>*Initiate push-ups into wall at week 12 (then push-up progression per MD)</p> <p>*Weight training can begin at 16 weeks. *Machine resistance (limited ROM): *Biceps and Triceps *Front pull downs *Seated row *Seated bench press at week 16 *other weight training per surgeon's permission</p>	<p>PRE 1-5 lb as tolerated</p> <p>Gradual return to recreational activities without force on the arm</p>	<p>Continue to avoid forceful pushing pulling and lifting overhead</p>
<p>Phase 4 19-28 weeks after surgery onward</p> <p><u>Goals:</u> Progressively increase activities to prepare patient for unrestricted functional return</p>	<p>Full ROM</p>	<p>*May progress CKC program: *Ball on wall *Pushup on unstable surface at 20 weeks</p> <p>Plyometric exercises for throwers: *Rebounder throws arm at side *Wall dribbles overhead *Rebounder throws with weighted ball, *Decelerations, wall dribbles at 90° *Wall dribble circles</p>	<p>Interval sports programs can begin and Strength athletes can gradually resume regular training between 28-32 weeks</p>	<p>Weight training precautions. Shoulder brace sometimes for collision sports.</p>