



From the office of:

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PHYSICAL THERAPY PROTOCOL PROCEDURE: AC JOINT RECONSTRUCTION

Weeks 0-4:

Home Program

Sling Immobilizer:

At all times except for showering and exercise

Exercises:

Hand/wrist/elbow ROM, Scapula "pinches"

Weeks 4-6:

Phase I

Sling Immobilizer:

At all times except for showering and exercise

Exercises:

Passive supine ER to neutral and extension to neutral
Passive supine FF in scapular plane to 100
AROM wrist/elbow/hand
Scapular "pinches"
Pain free submaximal deltoid isometrics

Weeks 6-12:

Phase II

Sling Immobilizer:

Begin to wean out of sling

Exercises:

Passive & Active assisted FF in scapular plane – limit 140 (wand exercises, pulleys)
Passive & Active assisted ER – no limits (go SLOW with ER)
Manual scapular side-lying stabilization exercises
IR/ER submaximal, pain free isometrics
Modalities as needed

Advancement Criteria:

FF to 140; ER to 40
Normal scapulohumeral rhythm
Minimal pain and inflammation

Weeks 12-16:

Phase III

Exercises:

AAROM for full FF and ER
AAROM for IR – no limits
IR/ER/FF isotonic strengthening
Scapular and latissimus strengthening
Humeral head stabilization exercises
Begin biceps strengthening
Progress IR/ER to 90/90 position if required
General upper extremity flexibility exercises

Advancement Criteria:

Normal scapulohumeral rhythm
Full upper extremity ROM
Isokinetic IR/ER strength 85% of uninvolved side
Minimal pain and inflammation

Weeks 16-20:

Phase IV

Exercises:

Continue full upper extremity strengthening program
Continue upper extremity flexibility exercises
Activity-specific plyometrics program
Begin sport or activity related program
Address trunk and lower extremity demands

Begin Throwing program

- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through
- Isokinetics at high speeds – with throwing wand if thrower, 240, 270, 300, 330, 360°/sec and up, 15 reps each speed
- Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)
- Continue strengthening and stretching programs
- Emphasize posterior capsule stretching

Note – A tight posterior-inferior capsule may initiate the pathologic cascade to a SLAP lesion, and that recurrence of the tightness can be expected to place the repair at risk in a throwing athlete.

Discharge Criteria: Isokinetic IR/ER strength equal to uninvolved side

Independent HEP

Independent, pain-free sport or activity specific program

For more information, please visit andrewblackmanmd.com

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