



## Post-op Guidelines Acromioclavicular Joint Reconstruction

**Definition:** The acromioclavicular (AC) joint is the articulation between the scapula and the clavicle. An AC joint **separation or dislocation** occurs when the restraints that normally secure this joint are traumatically ruptured. **Reconstruction** of the AC joint stabilizes this important joint by utilizing multiple new restraints established surgically.

### ● Phase I: Immobilization Phase (0 to 6 weeks)

**Goals:** Allow healing of soft tissue, early-protected ROM, retard muscle atrophy, decrease pain/inflammation

**Ultrasling for 6 weeks total. The arm must never be unsupported when the patient is in the upright position for the first 6 weeks. The weight of the arm and scapula places tremendous static forces on the ligament reconstruction.**

For the first 2 weeks, the patient may carefully remove the Ultrasling only for hygiene.

At 2 weeks, the patient may additionally remove Ultrasling daily in order to perform the exercises that follow:

PROM with patient supine:

- 1) Gradual increase in **flexion and abduction** in the scapular plane; limit flexion to 70 degrees and abduction to 70 degrees for the first 4 weeks; then, increase as tolerated.
- 2) No restrictions on glenohumeral **internal and external rotation**.
- 3) Restrict glenohumeral **extension**, because extension causes the largest amount of stress on the reconstructed ligaments.

(Continued)

Very gentle mobilizations and manual stretching by therapist.

Begin deltoid and rotator cuff isometric exercises in Week 4.

🟡 **Phase II: Intermediate Phase (7 to 12 weeks)**

Criteria: Minimal pain and inflammation

Goals: Gradual increase in ROM, improve strength, decrease pain/inflammation

The Ultrasling may be discontinued.

Continue deltoid and rotator cuff isometric exercises.

**AAROM progression (Weeks 7 and 8).**

**AROM progression (Weeks 9 to 12).**

Glenohumeral extension is unrestricted after Week 10.

Full ROM (including extension) should be achieved by Week 12.

Continue to avoid contact activities.

🟡 **Phase III: Strengthening Phase (12 weeks to 18 weeks)**

Criteria: Minimal pain, nearly complete ROM

Goals: Normalize ROM, improve strength, improve neuromuscular control, normalize arthrokinematics

Start resisted glenohumeral and scapular exercises with light weights.

**Emphasis should be placed on strengthening the scapular stabilizers.**

Graduate strengthening activities as tolerated.

No pressing activities or lifting from the floor, such as a dead lift.

Continue to avoid contact activities.

#### ● **Phase IV: Return to Activity Phase (4 1/2 months)**

Criteria: Full painless ROM, satisfactory clinical exam, muscle strength that fulfills work/sport requirements

Progress previous strengthening program - continue to increase weight resistance with isotonics.

Add total body conditioning, including strength and endurance training if appropriate (athlete or required by pt's job)  
Initiate sport/work specific drills or activities.

**Initiate appropriate interval throwing, pitching, tennis, and golf program as appropriate.**

**Power athletes may require 6 to 9 months to return to peak strength.**

Return to sport, work, and prior activity level unrestricted based on physician approval and completion of rehab.

#### ● **Red Flags:**

OK to have mild discomfort with exercises, but if it persists > 1 hour, the intensity of the exercises must be decreased.

If there is an increase in night pain, the program must be altered to decrease the intensity.