

“Acromioclavicular (AC) Joint Reconstruction”

Post-Operative Physical Therapy Protocol

Philip A. Davidson M.D.

General Considerations:

- 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 4 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.
- Use Cryocompression (Game Ready) device when available, if not... Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation.
- An arm sling/support is used for 6 weeks post-op whenever standing, you may take this off when not standing
- Maintain good upright shoulder girdle posture at all times and especially during sling use.

Week 1: Home PT begins.

-Exercises (3x per day): 1) Pendulum exercises with short lever arm, 2) squeeze ball, 3) triceps and biceps training with Thera-band, 4) isometric rotator cuff external and internal rotations with arm at side, 5) isometric shoulder abduction, adduction, extension and flexion with arm at side.

Weeks 2 - 3: Outpatient PT typically begins

- Use of strapping tape for secondary AC compression and support (optional).
- Soft tissue treatments for associated shoulder and neck musculature for comfort.
- Passive and VERY light active ROM with no stress to AC area. Support rendered to Scapula/Acromion in the cephalad direction.

Weeks 4 - 6:

-At Week 4: start mid-range of motion (ROM) rotator cuff external and internal rotations active and light resistance exercises (through 75% of ROM as patient's symptoms permit) without shoulder elevation and avoiding extreme end ROM.

-Strive for progressive gains to 90 degrees of shoulder flexion and abduction.

Weeks 6 - 12: -Seek gentle full shoulder ROM in all planes-- especially with flexion, abduction, external rotation and internal rotation.

-Increase manual mobilizations of soft tissue as well as glenohumeral and scapulothoracic joints for ROM.

-Exercises: wand exercises, ROM shoulder pulleys, scapular training (rows, protractions, lower trapezius work, etc), PNF.

-No overhead lifting.

Weeks 12 and beyond: -Start a more aggressive rotator cuff program as tolerated.

-Start progressive resistance exercises with weights as tolerated.

-Continue to seek full shoulder range of motion in all planes.

-Increase the intensity of strength and functional training for gradual return to activities and sports.

-Return to specific sports is determined by the physical therapist through functional testing specific to the targeted sport.

-Goal is return to many sports at 4 months, contact sports 6 months