

Acromioclavicular Joint Reconstruction Protocol

Maximal Protective Phase

Week 0-1:

- Patient to remain in sling at all times except dressing/bathing/PT
- Sling use ~6weeks (or as determined by MD) however even when allowed out of sling, best to still be used in crowds and unsafe/uncontrolled situations
- PROM 70-90 degrees flexion, abduction (MD preference)
- Instruction in dressing/bathing/etc within precautions
- Codmans, table stretch within precautions for dressing/hygiene
- AROM elbow, wrist and hand, gentle stretching
- Gentle isometrics Week 2-3
- Manual therapy/Modalities for shoulder/neck musculature as needed
- Light bicep/tricep/wrist PREs (elbow supported to protect shoulder)
- AROM IR/ER
- Begin easy lower extremity strength and abdominal training (Protect shoulder)
- Stationary bike when incisions well healed

Moderate Protective Phase

Week 3-6:

- May begin gentle IR/ER strength ~75% of range (elbow near side)
- Progress scapulothoracic stabilization and mobilization within precautions

Minimal Protective Phase

Week 6-12:

- Continue Rotator cuff, scapular, elbow, wrist and hand exercises
- Continue total body conditioning
- Progress flexion, abduction ROM = goal full passive motion week 8
- Light AOL use below shoulder level
- 8 weeks = with MD clearance = supine shoulder strengthening overhead (ie PNF) or standing light dumbbells below shoulder level

>3 months:

- Progress general shoulder strengthening
- Avoid heavy loads placing distraction on AC (ie. heavy shrugs) for 4-6 months (surgeon preference)
- Initiate dynamic stabilization program

Return to Sport Program

(if cleared by MD: based on ROM, strength, endurance)

4-5 months:

- Begin Interval throwing program

6-7 months:

- Begin throwing from the mound as tolerated (1/2 to $\frac{3}{4}$ speed)

7-9 months:

- Progress to full velocity throwing as tolerated

The above protocol may be modified at the discretion of the surgeon or therapist based upon the patient's progress and surgical findings.