

ACROMIOCLAVICULAR JOINT RECONSTRUCTION PROTOCOL

Immobilization Phase (0-6 weeks)

- Full time in abduction sling----The arm must not be unsupported when the patient is in the upright position for the first 6 weeks.
- During the first 2 weeks, patient may carefully remove the abduction sling for hygiene and supported Codman's only.
- After 2 weeks, the patient may remove the sling daily for home exercises following all restrictions.
- PROM in supine:
 - Flexion and abduction limited to 90° for the first 4 weeks, then increase as tolerated.
 - Internal and external rotation as tolerated.
 - Restricted shoulder extension.
 - Active elbow flexion and extension.
- Begin gentle Isometrics for deltoid and rotator cuff as tolerated in week 4.
- Ice for pain and swelling

Intermediate Phase (7-12 weeks)

- May gradually discontinue sling at 6 weeks if comfortable.
- Motions that increase stress on the AC joint (i.e. IR behind the back, cross-body adduction, and end-range flexion) are to be approached cautiously and within the patient's own pain threshold.
- Continue deltoid and rotator cuff isometric exercises in multiple planes.
- AAROM: (weeks 7-8)
 - Begin supine AAROM flexion as tolerated.
 - Pulleys in planes of flexion, scaption and abduction.
- AROM: (weeks 9-12)
 - CKC table slides graduating to a wall slide as tolerated.
 - Shoulder extension unrestricted after week 10.
- If pain level is not decreasing, decreased intensity and volume of exercise
- Modalities for pain, as needed

Strengthening Phase (12-16 weeks)

- Continue passive and active assisted stretches to achieve full ROM in all planes if not already achieved.
- Begin strengthening exercises only if overall pain level is low.
- Exercises:
 - Begin UBE, below shoulder level.

R. JOHN ELLIS, JR., M.D.
MARK E. PETRIK, M.D.
LAWRENCE A. SCHAPER, M.D.
MARK G. SMITH, M.D.
G. JEFFREY POPHAM, M.D.
AKBAR NAWAB, M.D.
MICHAEL SALAMON, M.D.
MATTHEW PRICE, M.D.
DANIEL RUEFF, M.D.



ORTHOPAEDIC SURGERY
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- Progress to light weight/light Theraband resistance for rotator cuff and scapular strengthening.

- Supine kinesthetic awareness exercises.
- Begin multilevel rows with Theraband for scapular stabilization.
- Begin IR behind the back towel stretch maintaining scapular retraction.
- Modalities for pain as needed.

Return to Activity Phase (4-6 months)

- Exercises:
 - Advance strengthening for rotator cuff and scapular muscles, increasing reps and weight as tolerated.
 - And total body conditioning, including strength and endurance training if appropriate.
 - Advance with proprioception exercises
 - Initiate sports/work specific drills and or activities.
 - If there is an increase in night pain or mild discomfort with any of the exercises that persists > 1 hour, the program must be altered to decrease the intensity.