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.
- 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.