

Physical Therapy Protocol: Acromioclavicular (AC) Joint Reconstruction

Phase 1: Weeks 0 through 6 – Reconstruction Protection

Physician Goals: Protect the AC joint reconstruction, which is at its most vulnerable during this time; decrease pain; prevent significant stiffness

Exercises: Active elbow, wrist, and hand range of motion 3 to 5 times per day. Otherwise, no shoulder range of motion. No pendulums.

Comments: Sling with abduction pillow is to be worn at all times, including sleep, except when doing home exercises or showering. Driving not recommended until sling is discontinued.

Total Visits: 0 – No formal PT for the first 6 weeks

Phase 2: Weeks 6 through 12 – Early Motion Recovery

Physician Goals: Continue to protect the AC joint reconstruction, which is still not yet fully healed; regain functional range of motion; continue to avoid traction through the AC joint (no heavy weights with the arm at the side)

Exercises: Passive stretching in all planes with goal of 90° forward elevation, 45° abduction with the arm at the side; cuff isometrics with the arm at the side, upper body ergometer; begin strengthening scapular stabilizers

Comments: Wean from sling after 6 week follow up visit; no lifting anything heavier than a cup of coffee; return to work on a case-by-case basis, OK to drive once sling is discontinued, OK for aquatic therapy; OK to begin low impact activity like jogging, elliptical, lower body weight training; no cross body adduction; no resisted shoulder forward elevation

Total Visits: 18 – Two to three times per week with daily home stretching

Phase 3: Weeks 12 through 24+ – Final Motion Recovery, Strength Recovery

Physician Goals: Regain normal shoulder range of motion; Return to normal function of the shoulder beginning with activities of daily living and progressing to all activities without restrictions

Exercises: Continue passive stretching and joint mobilization as needed to regain/maintain full range of motion in all planes, continue strengthening scapular stabilizers, once passive range of motion is full, begin active assisted and transition to active range of motion without restrictions; when active range of motion is full, begin resistance work with light hand weights or bands and progress as tolerated, increase weight/resistance when 30 repetitions are easy and painless; two hand plyometrics beginning at 4.5 months postop, transition to one as tolerated

Comments: Goal of PT is to regain strength needed to perform all ADLs and recreational activities without pain, transition to HEP or school ATC when ready; Golfers may begin putting at 3 months, chipping at 4.5 months and progress to full golf by 6 months; Light tennis/pickleball at 4.5 months; overhead throwers (baseball/football) begin throwing program at 6 months, contact sports at 6 months, unrestricted weight lifting at 6 months

Total Visits: 24 – One to two times per week with daily home stretching; strengthening 3x per week including PT