

## AC Joint Reconstruction Protocol

Name \_\_\_\_\_ Date \_\_\_\_\_

Procedure \_\_\_\_\_

Procedure Date \_\_\_\_\_

Frequency 1 2 3 4 5 times/week    Duration 1 2 3 4 5 6 weeks

### Weeks 0-4:

- Sling in neutral rotation for 6 weeks
  - Must wear padded abduction pillow with sling for 4 weeks then may remove and continue sling only for 2 additional weeks for a total of 6 weeks
- Codman exercises, elbow and wrist ROM
- Wrist and grip strengthening
- No shoulder motions for 4 weeks

### Weeks 4-6:

- Begin gentle PROM → AAROM with no end range stretching
- Pulleys / wand
- Wand ER with arm at side as tolerated
- Begin isometrics with arm at side – FF/ER/IR/ABD/ADD
- Start scapular stabilization exercises (traps/rhomboids/lev.scap./etc)
- No cross-arm adduction, follow ROM restrictions
- Heat before treatment, ice after treatment per therapist's discretion
- DC sling at 6 weeks

### Weeks 6-12:

- Progress from AAROM → AROM
- Advance to full ROM

### Months 3-12:

- Advance to PRE strengthening
- Begin closed chain exercises
- Begin resisted motions, plyometrics (ex. Weighted ball toss), proprioception (ex. body blade)
- Begin sports related rehab at 3 months, including advanced conditioning

- Gradually return to throwing at 4 ½ months – beginning with throwing mechanics
- Throw from pitcher’s mound at 6 months
- MMI is usually at 12 months post-op

**Comments:**

**Teach HEP** \_\_\_\_\_

**Modalities PRN**

**Every patient’s therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient’s outcome do not hesitate to call.**

**Patient’s recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_