

AC JOINT RECONSTRUCTION POST OPERATIVE PROTOCOL

	Time Frame (Weeks)	Guidelines	Goals
PHASE I	0 to 4	<p>SLING: x 4 weeks ROM: No shoulder ROM x 4 weeks</p> <p>EXERCISE PROGRESSION</p> <ul style="list-style-type: none"> • Ice and modalities to reduce pain and inflammation • Cervical ROM, basic deep neck flexor activation (chin tucks) • Active hand and wrist range of motion. • PROM biceps x 6 wks • Walks, low intensity cardio exercise to promote healing. <p>MANUAL INTERVENTION</p> <ul style="list-style-type: none"> • STM – effleurage to forearm and upper arm as needed. 	<ul style="list-style-type: none"> • Reduce inflammation • Decrease pain • Postural education
PHASE II	4 to 6	<p>EXERCISE PROGRESSION</p> <ul style="list-style-type: none"> • Progress to full ROM flexion and external rotation as tolerated (Use combination of wand, pulleys, wall walks or table slides to ensure compliance) • Gradual internal rotation using shoulder extensions (stick off back). • Serratus activation; Ceiling punch (weight of arm) many initially need assistance. • Scapular strengthening – prone scapular series (rows and l's). Emphasize scapular strengthening under 90°. • External rotation on side (no resistance). • Supine progressing to standing PNF • Cervical ROM as needed to maintain full mobility. • DNF and proper HNS alignment with all RC/SS exercises. • Low/moderate cardio exercise; Elliptical OK, no running <p>MANUAL INTERVENTION</p> <ul style="list-style-type: none"> • STM – global shoulder and CT junction. Scar tissue mobilization. Graded GH mobilizations. ST mobilizations. Gentle CR/RS to gain ROM while respecting repaired tissue. 	<ul style="list-style-type: none"> • Discontinue sling as instructed. • Postural education. • Begin AROM – full all planes.
PHASE III	6 to 12	<ul style="list-style-type: none"> • Continue with combined PROM/AROM to push full ROM. • Internal rotation with thumb up back and sleeper stretch. • Continue with ceiling punch adding weight as tolerated. • RC isotonic at 0° and 90° as strength permits. • Advance prone series to include T's and Y's as tolerated. • Add seated rows and front lat pulls. • Biceps and triceps PRE. • Scaption; normalize ST arthrokinematics. • CKC progression – Quadruped, ball compression, counter weight shift, knee scapular push-ups, knee push-ups; all as tolerated. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position. • 8-10 weeks – gym strengthening program to include chest fly and pressing motions. • PNF patterns; add resistance as appropriate. <p>MANUAL INTERVENTION</p> <ul style="list-style-type: none"> • STM and Joint mobilization to CT junction, GHJ and STJ as needed. CR/RS to gain ROM while respecting repaired tissue. Manual perturbations. PNF patterns. 	<ul style="list-style-type: none"> • Full AROM • Normalize GH/ST arthrokinematics. • Activate RC/SS with isometric and isotonic progression.

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PHASE III	12 to 16	<p>EXERCISE PROGRESSION</p> <ul style="list-style-type: none"> • Full range of motion all planes – emphasize terminal stretching. • Advance strengthening at or above 90° with prone or standing Y's, D2 diagonal patterns and 90/90 as scapular control and ROM permit. Patient health, physical condition and goals/objectives determine. • Gym strengthening program; gradual progression with pressing and overhead activity. • Progress closed kinetic chain program to include push-up progression beginning with counter, knee then – gradual progression to full as appropriate. • Initiate plyometric and rebounder drills as appropriate. <p>MANUAL INTERVENTION</p> <ul style="list-style-type: none"> • STM and Joint mobilization to CT junction, GHJ and STJ as needed. • CR/RS to gain ROM while respecting repaired tissue. • Manual perturbations. • PNF patterns. <p>RETURN TO FULL ACTIVITY</p> <ul style="list-style-type: none"> • Progress RC and scapular strengthening program. • Continue with closed chain quadruped perturbations; add open chain as strength permits. • Advance gym strengthening program. • RTS testing for interval programs; microfet dynamometer. • Follow-up examination with the physician (3-4 months) for release to full activity. 	<ul style="list-style-type: none"> • Begin RTS progression. • Evaluation with physician for clearance to full activity.