

AC Joint Reconstruction Protocol

Preoperative

Goals:

1. *Patient is independent in their post op home exercise program*
2. *Patient understands instructions for post operative use of ice*
3. *patient understands restrictions post operatively*

Treatment:

- Initiation of post operative HEP to include:
 - o Pendulum exercises: Small arc, short lever
 - o Ball squeezes
 - o Bicep and Tricep training (TBand)
 - o Isometric External Rotation and Internal Rotation exercise
 - o Isometric flexion/extension/abduction/adduction exercises
- Post operative care instruction to include precautions and contraindication
 - o DO NOT let weight of arm pull on surgical area
 - o DO NOT elevate surgical arm above 90 degrees in any plane for the first 4 weeks post operative.
 - o DO NOT lift any objects over 5 pounds with the surgical arm for 6 weeks
 - o Caution to avoid over excessive reaching in any plane for the first 6 weeks
 - o Use sling if standing or walking for the first 6 weeks
 - o Use good posture.

Postoperative Week 1

Goal:

1. *Initiate HEP post operatively*
2. *Protect surgical site*
3. *Control symptoms*
4. *Maintain cardiovascular fitness*

Treatment:

- Perform exercises noted above 3 times per day
- Use ice for 15 minutes per application to control pain and swelling.
- Maintain good posture when standing or sitting
- Walking or exercise bike (in sling)
- LE resistance exercises if able to protect surgical area.
- Core therapeutic exercises if able to protect surgical area

Postoperative Week 2 – 3

Goal:

1. *Improve functionality of all associated musculature*
2. *Progress mobility off the involved Upper extremity.*
3. *Maintain cardiovascular fitness*

4. Control symptoms

Treatment:

- Soft tissue treatment to scapular/cervical and upper arm musculature
- Initiate PROM and light mobilization to the G-H Joint while stabilizing the AC joint proximally.
- Continue walking/ exercise bike for fitness
- LE strengthening exercise
- Core work
- Modalities to control pain

Postoperative Week 4 – 6

Goals:

- 1. 90° of shoulder flexion and abduction**
- 2. Initiation of AROM**
- 3. Maintain cardiovascular fitness and LE/trunk strength**
- 4. Control symptoms**

Treatment:

- AROM through the mid ranges
- Consider pool if surgical site is well healed
- AROM and very light resistance for internal and external rotation through 75% of total ROM
- Continue cardiovascular exercise, LE/Core strengthening
- Modalities to control pain

Note: Avoid shoulder elevation and extreme end ranges of motion

Postoperative Week 6 – 12

Goals:

- 1. Full ROM active and passive.**
- 2. Normalized gleno-humeral and scapulo-thoracic mobility**
- 3. Progress Active assist and Active ROM exercises**
- 4. Maintain/progress cardiovascular fitness and LE/trunk strength and stability**
- 5. Control symptoms**

Treatment:

- Add A/AROM and AROM exercises through full ROM all planes
 - o Wand exercises
 - o Shoulder pulleys
 - o Mild resistance scapular training
 - o PNF
 - o Pool
- Avoid overhead lifting and tractioning of the surgical site.
- UBE at chest level 0-mild resistance**
- Joint mobilizations GH and ST joints
- Continue walking, exercise bike, add elliptical and consider jogging
- Modalities for pain and symptom control

Postoperative Week 12 on

Goals:

- 1. Full ROM with normalized strength all planes**
- 2. Return to sport/work related activities**
- 3. Independent exercise program**
- 4. Resume sports participation at 4 months (6 months if contact sport)**

Treatment:

- PRE's through all planes of movement to tolerance including
 - o Rotator Cuff
 - o Scapular musculatures
 - o Shoulder joint proper
- Increased intensity of cardio/LE/Trunk strengthening
- Begin and progress sport specific activity.
- If a thrower, initiate Return to throwing program once full ROM and strength is restored

The above is a guideline for progressions with therapy. Patient response is individual and may not coincide with progressions noted. A patient should not progress faster than the guidelines noted above. Return to sports is determinant of the surgeon approval after the patient is able to demonstrate full ROM and full strength through required functional use of their sport or work.

**UBE not to be used with Dr. Auerbach patients

Reviewed 4/22/2011