

Post-Operative Rehabilitation Protocol for AC Joint Reconstruction

These guidelines are designed to assist clinicians in managing the post-operative recovery process for patients undergoing acromioclavicular joint reconstruction, with or without coracoclavicular ligament reconstruction. The guidelines are structured around both time-based criteria, reflecting tissue healing, and individualized criteria. Interventions should be tailored to the patient's specific needs, taking into account clinical findings and decision-making. Expected outcomes may differ depending on the surgeon's preferences, additional procedures, and any complications. Clinicians should consult with the referring surgeon if there are any uncertainties about patient progress.

The interventions outlined in these guidelines are not exhaustive. Therapeutic strategies should be adapted based on the patient's progress and the clinician's discretion.

Considerations for Post-operative Care in Acromioclavicular Joint Reconstruction

Several factors affect rehabilitation outcomes following acromioclavicular joint reconstruction, especially if coracoclavicular ligament reconstruction is involved. It is essential for clinicians to work closely with the referring physician to adjust the rehabilitation plan as needed.

Post-Operative Complications

If you experience any of the following symptoms; fever, unresolving numbness/tingling, excessive drainage from the incision, uncontrolled pain, or any other symptoms please contact your referring physician.

PHASE I: IMMEDIATE POST-OP (WEEKS 0-6 AFTER SURGERY)

<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> • Protect the surgical repair • Control pain and swelling • Protect wound healing • Prevent shoulder stiffness
<p>Weight Bearing</p>	<p><i>Sling</i></p> <ul style="list-style-type: none"> o Wear it most of the time for the first 2 weeks. o Sleep with the sling on. o More instructions will be given at the first post-op appt. o Remove the sling to shower and for PT exercises. o For washing under the affected arm, bend forward at the waist and let the arm hang passively, same position at the pendulum exercise. <ul style="list-style-type: none"> • Avoid active shoulder range of motion • Avoid reaching behind the back • Avoid reaching across the body • Avoid passive shoulder range of motion >90 degrees in any direction • Avoid lifting of objects • Avoid supporting of body weight • Ice as needed for pain control

PHASE I: IMMEDIATE POST-OP
(WEEKS 0-6 AFTER SURGERY) CONTINUED

<p>Intervention</p>	<p><i>Manual Therapy</i></p> <ul style="list-style-type: none"> • Soft tissue mobilization as indicated • GH, ST joint mobilization as indicated • Scar mobilization once incision healed <p><i>Mobility/ROM</i></p> <ul style="list-style-type: none"> • Pendulum • Supine assisted shoulder flexion to 90 degrees • Supine assisted shoulder external rotation • Isometric shoulder internal rotation • Isometric shoulder external rotation • Elbow and forearm AROM • Scapular retraction
<p>Criteria to Progress</p>	<ul style="list-style-type: none"> • Has achieved 90 degrees of passive shoulder flexion in the plane of the scapula. • Has achieved 30 degrees of passive shoulder ER in the plane of the scapula. • Tolerating range of motion and isometrics exercises.

PHASE II: INTERMEDIATE POST-OP
(WEEKS 7-12 AFTER SURGERY)

<p>Rehabilitation Goals</p>	<ul style="list-style-type: none"> • Protect the surgical repair • Improve shoulder range of motion • Minimize muscle atrophy • Improve neuromuscular control
<p>Sling / Precautions</p>	<ul style="list-style-type: none"> • Sling: wean out of the sling unless otherwise instructed • No lifting objects heavier than 1lb • Avoid forceful pulling/pushing • Avoid reaching behind your back
<p>Additional Intervention *Continue with Phase I interventions</p>	<p><i>Mobility/ROM</i></p> <ul style="list-style-type: none"> • Counter top slides into flexion • Wall walks/slides • Sidelying internal rotation stretch <p><i>Strengthening</i></p> <ul style="list-style-type: none"> • Sidelying external rotation • Prone row • Prone shoulder extension • Prone 'T' • Prone 'Y' • Standing scaption <ul style="list-style-type: none"> ◦ Theraband Strengthening <ul style="list-style-type: none"> • Internal rotation • External rotation • Biceps curls • Serratus punch

PHASE II: INTERMEDIATE POST-OP
(WEEKS 7-12 AFTER SURGERY) CONTINUED

Criteria to Progress	<ul style="list-style-type: none"> • Tolerates P/AAROM/AROM program progression. • Has achieved at least 140 degrees PROM flexion in the scapular plane. • Has achieved at least 60 degrees PROM into ER in the scapular plane. • Can actively flex shoulder in the scapular plane against gravity to at least 100 degrees with good mechanics.
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PHASE III: LATE POST-OP
(13-18 WEEKS AFTER SURGERY)

Rehabilitation Goals	<ul style="list-style-type: none"> • Protect the surgical repair • Regain full range of motion • Improve strength and stability
Precautions	<ul style="list-style-type: none"> • Avoid lifting objects heavier than 2-3 pounds • Avoid any weighted lifting overhead • Avoid forceful pushing/pulling
Additional Interventions *Continue with Phase I-II Interventions	<p><i>Manual Therapy</i></p> <ul style="list-style-type: none"> • Rhythmic stabilization, proprioception, and scapulohumeral rhythm exercises performed in clinic <p><i>Mobility/ROM</i></p> <ul style="list-style-type: none"> • Hands-behind-head stretch • Behind the back internal rotation • Cross-body stretch <p><i>Strengthening Progression</i></p> <ul style="list-style-type: none"> • Add progressive resistance 1-5 pounds to sidelying external rotation, prone row, prone shoulder extension, prone T, prone Y, standing scaption • W's • External rotation and internal rotation at 90 degrees scaption <p><i>Closed Kinetic Chain Strengthening</i></p> <ul style="list-style-type: none"> • Wall pushups
Criteria to Progress	<ul style="list-style-type: none"> • Tolerates progression of stretching/ROM/strengthening • Active and passive shoulder motion within functional limits in all directions

PHASE IV: ADVANCED STRENGTHENING
(19+ WEEKS AFTER SURGERY)

Rehabilitation Goals	<ul style="list-style-type: none"> • Maintain full range of motion • Continue strengthening • Improve tolerance for functional activities • Advance sports and recreational activity (when recommended)
Additional Interventions *Continue with Phase II-III interventions	<p><i>Closed Kinetic Chain Strengthening/Plyometrics</i></p> <ul style="list-style-type: none"> • Pushup progression: progress to traditional, then to unstable surface • Ball on wall • Rebounder throws at side, progress to weighted ball • Wall dribbles - overhead, circles
Criteria to Progress	<ul style="list-style-type: none"> • Independent self-management of symptoms. • Demonstrate appropriate understanding of condition and maintenance to prevent risk of recurrence.

For further assistance or to schedule an appointment, please contact **iOrtho - The Orthopedic Institute** at **833-464-6784** or visit our website at **iorthomd.com** to text/email us. Our team is dedicated to providing personalized care and guidance throughout your rehabilitation journey.