

## Post-op Guidelines

### Acromioclavicular Joint Reconstruction

**Definition:** The **acromioclavicular (AC) joint** is the articulation between the scapula and the clavicle. An AC joint **separation or dislocation** occurs when the restraints that normally secure this joint are traumatically ruptured.

**Reconstruction** of the AC joint stabilizes this important joint by utilizing multiple new restraints established surgically.

#### **Phase I: Immobilization Phase (0 to 6 weeks)**

Goals: Allow healing of soft tissue, early-protected ROM, retard muscle atrophy, decrease pain/inflammation

**Ultrasling for 6 weeks total. The arm must never be unsupported when the patient is in the upright position for the first 6 weeks. The weight of the arm and scapula places tremendous static forces on the ligament reconstruction.**

For the first 2 weeks, the patient may carefully remove the Ultrasling only for hygiene.

At 2 weeks, the patient may additionally remove Ultrasling daily in order to perform the exercises that follow:

PROM with patient supine:

- 1) Gradual increase in **flexion and abduction** in the scapular plane; limit flexion to 70 degrees and abduction to 70 degrees for the first 4 weeks; then, increase as tolerated.
- 2) No restrictions on glenohumeral **internal and external rotation**.
- 3) Restrict glenohumeral **extension**, because extension causes the largest amount of stress on the reconstructed ligaments.

**(Continued)**

Very gentle mobilizations and manual stretching by therapist.

Begin deltoid and rotator cuff isometric exercises in Week 4.

**Phase II: Intermediate Phase (7 to 12 weeks)**

Criteria: Minimal pain and inflammation

Goals: Gradual increase in ROM, improve strength, decrease pain/inflammation

The Ultrasling may be discontinued.

Continue deltoid and rotator cuff isometric exercises.

**AAROM progression (Weeks 7 and 8).**

**AROM progression (Weeks 9 to 12).**

Glenohumeral extension is unrestricted after Week 10.

Full ROM (including extension) should be achieved by Week 12.

Continue to avoid contact activities.

**Phase III: Strengthening Phase (12 weeks to 18 weeks)**

Criteria: Minimal pain, nearly complete ROM

Goals: Normalize ROM, improve strength, improve neuromuscular control, normalize arthrokinematics

Start resisted glenohumeral and scapular exercises with light weights.

**Emphasis should be placed on strengthening the scapular stabilizers.**

Graduate strengthening activities as tolerated.

No pressing activities or lifting from the floor, such as a dead lift.

Continue to avoid contact activities.

**Phase IV: Return to Activity Phase (4 1/2 months)**

Criteria: Full painless ROM, satisfactory clinical exam, muscle strength that fulfills work/sport requirements

Progress previous strengthening program – continue to increase weight resistance with isotonics.

Add total body conditioning, including strength and endurance training if appropriate (athlete or required by pt's job)  
Initiate sport/work specific drills or activities.

**Initiate appropriate interval throwing, pitching, tennis, and golf program as appropriate.**

**Power athletes may require 6 to 9 months to return to peak strength.**

Return to sport, work, and prior activity level unrestricted based on physician approval and completion of rehab.

**Red Flags:**

OK to have mild discomfort with exercises, but if it persists > 1 hour, the intensity of the exercises must be decreased.

If there is an increase in night pain, the program must be altered to decrease the intensity.