

# AC Joint Reconstruction

Rehab Protocol  
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## PHASE 1: Generally 0-6 Weeks Post-Op

**GOALS:**

- 1) Protect surgical repair
- 2) Avoid a “stiff” shoulder
- 3) Restore ROM
- 4) Pain Control and edema reduction

**PRECAUTIONS:**

**NO** lifting greater than 1-2 lbs for 6 weeks  
**NO** jogging/running  
**NO** internal rotation behind back and horizontal abduction

Week	Forward Flexion	ER in Scaption	IR In Scaption	Abduction
Week 1-2	≤45°	≤60°	≤60°	≤45°
Week 2-8	≤90°			≤90°
Week 9-10	≤120°	Full	Full	≤120°
Week 10-12	Full	Full	Full	Full

**SLING/IMMOBILIZER:**

Sling/Immobilizer must be worn (even during sleep) except during rehabilitation  
 Sling/Immobilizer continues for 6-8 weeks, as prescribed by your surgeon

**WOUND:**

Bandage/dressing to stay on for 48 hours after surgery  
 May begin showering after post-op day #2 (no need to cover incision site)  
**Do NOT** submerge shoulder in tub or pool for 4 weeks  
 Suture/staple removal @ 10-14 days post-op, per Ortho/PT

**CRYOTHERAPY:**

Cold with compression/elevation (e.g CryoCuff, ice with compression wrap)

- Every hour for 15 minutes for the first 24 hours, until acute inflammation is controlled
- After acute inflammation is controlled: 3x per day for 15 minutes, or longer as tolerated

**REHABILITATION:**

Frequent use of CryoCuff and/or ice with extremity elevated  
 Begin scar massage after incision site sloughs/scar is formed  
 Begin the following exercises

~ Days 1-7

Hand squeeze exercises  
 Elbow and wrist AROM with shoulder in neutral at side  
 Supported pendulum exercises

~ Weeks 1-2

AAROM supine with wand  
 Gentle shoulder shrugs/scapular retraction without resistance  
 1-2 finger isometrics x 6 internal/external rotation at neutral  
 Stationary bike wearing sling  
 Pendulum exercises  
 Treadmill: progressive walking program

~ Weeks 2-6

Prone scapular stabilization/strengthening

	Rhythmic Stabilization Biceps and supine triceps PREs with light weight Elliptical trainer with <b>LEs only</b>
<b>FOLLOW-UP:</b>	Supervised rehabilitation: 2-3x per week PT re-evaluation: monthly Orthopedic re-evaluation: 2 & 6 weeks post-operatively
<b>CRITERIA FOR PROGRESSION:</b>	ROM: no significant pain within the ROM limits

**PHASE 2: Generally 6-12 Weeks Post-Op**

<b>GOALS:</b>	1) ROM: full shoulder flexion and internal rotation; ~90% full ER 2) Minimize pain and swelling 3) Pain free ADLs															
<b>PRECAUTIONS:</b>	<b>NO</b> repetitive overhead shoulder use <b>NO</b> pushups, heavy lifting, or other sports participation Avoid reaching behind back  <table border="1" data-bbox="597 720 1398 894"> <thead> <tr> <th>Week</th> <th>Forward Flexion</th> <th>ER in Scaption</th> <th>IR in Scaption</th> <th>Abduction</th> </tr> </thead> <tbody> <tr> <td>Week 6-9</td> <td>≤120°</td> <td>Full</td> <td>Full</td> <td>≤120°</td> </tr> <tr> <td>Week 9-12</td> <td>Full</td> <td>Full</td> <td>Full</td> <td>Full</td> </tr> </tbody> </table>	Week	Forward Flexion	ER in Scaption	IR in Scaption	Abduction	Week 6-9	≤120°	Full	Full	≤120°	Week 9-12	Full	Full	Full	Full
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<b>CRYOTHERAPY:</b>	Cold with compression/elevation (e.g CryoCuff, ice with compression wrap)															
<b>REHABILITATION:</b>	Continue Phase I exercises as needed Progress the exercises and increase intensity gradually when patient is ready. <b>DO NOT</b> increase if shoulder pain and/or stiffness remains from prior exercise session															
~ Weeks 6-8	Shoulder AAROM and AROM Light theraband exercises - ER and IR w/ pillow/towel under arm - Flexion, extension, abduction, scaption to 60 degrees Standing rows with theraband UBE forwards and backwards at low resistance Prone scapular retraction (light weight) Ball on wall (arcs, alphabet) BAPS on hands Stairmaster Pool walking/running – <b>NO</b> UE resistive exercises															
~ Weeks 9-12	AROM, AAROM, PROM/mobilizations as needed to regain full motion Ball toss with arm at side Pool therapy – with UE resistance															
<b>FOLLOW-UP:</b>	Supervised rehabilitation: 2-3x per week PT re-evaluation: monthly Orthopedic re-evaluation: 3-4 months post-operatively															
<b>CRITERIA FOR PROGRESSION:</b>	ROM: no significant pain within the rehab limits															

**PHASE 3: Generally 3-6 Months Post-Op**

<b>GOALS:</b>	1) Pushups at own pace without pain 2) 90% internal/external rotation strength return
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	3) Run 2 miles at easy pace
<b>PRECAUTIONS:</b>	<b>NO</b> participation in contact/collision sports or military schools until 6-9 months post op
<b>REHABILITATION:</b>	Continue Phase II exercises as needed Progress to the following exercises and increase intensity gradually when patient is ready.
~ Months 3-4	Begin Push-up progression – wall to table Ball toss overhead Fitter on hands Weight training with light weight Treadmill – running progression program
~ Months 4-6	Push-ups-continue progression Sit-ups Swimming Running progression TRX, battling ropes, C2 rowing ergometer, etc Quadruped activities (bear crawls, ladder drills) Progressive weight training program Transition to home/gym program Introduce plyometric exercises (rebounder throws with arm at side, wall dribbles overhead, rebounder throwing with weighted ball etc)
<b>FOLLOW-UP:</b>	Supervised rehabilitation: 2-3x per week PT re-evaluation: monthly Orthopedic re-evaluation: 3 & 6 months post-operatively
<b>MISCELLANEOUS:</b>	After 6 months postop: Exercises in Phase III are continued, gradually increasing intensity and duration as tolerated. It is recommended to wait until 12 months post-op to return to contact/collision sports or aggressive military training. This time period may be adjusted slightly by the surgeon and therapist according to patient progress.

These guidelines were created as a framework for the post-operative rehabilitation program. They DO NOT substitute for any specific restrictions or requirements that are determined through the necessary shared decision-making and collaboration between the operating surgeon and treating rehabilitation team.