

AC JOINT RECONSTRUCTION/STABILIZATION REHABILITATION PROTOCOL

The following Post-Operative Guidelines were developed for patients undergoing AC joint stabilization surgery. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression and will be dependent on adequate soft tissue healing time. The program should balance the aspects of tissue healing and appropriate interventions to maximize function.

Typically, patients are discharged from the hospital on the day of surgery. The arm is placed in a sling to protect the repair. You may shower 48 hours after surgery, but please keep the white band aids (steri strips) in place. Patients should begin physical therapy the first week after surgery. You will discuss this during your pre-operative visit with Dr. Kent. Patients are kept non-weight bearing and no active ROM for 4 weeks. During this period, they are encouraged to elevate the arm and control swelling.

Phase I, 0-3 weeks. NO ACTIVE shoulder ROM against gravity until 6 weeks after surgery

PRECAUTIONS	<ul style="list-style-type: none"> - Avoid weight bearing on operative upper extremity (no lifting) - No shoulder active range of motion (AROM) - Avoid pain during passive ROM exercises - Use sling at all times for 4 weeks except when bathing, dressing, icing or performing home exercise program (HEP) - Use pillows to support operative arm when sitting or sleeping
Emphasize	<ul style="list-style-type: none"> - Pain and edema control; Cryotherapy and elevation - Proper sling positioning and compliance - Pain-free, daily HEP
Assessment	<ul style="list-style-type: none"> - Quick Disabilities of Arm, Shoulder and Hand (Quick DASH) - American Shoulder and Elbow Surgeons Score (ASES) - Numeric Pain Rating Scale (NPRS) - Pain, Wound status, Swelling, Mental status - Static scapular assessment (Kibler grading) - Cervical mobility - Post-anesthesia neurovascular screening - Functional status – ADLs and mobility
Treatment Recommendations	<ul style="list-style-type: none"> - Passive range of motion (PROM) - Sidelying scapular stabilization and strengthening program - Pain-free distal AROM: Elbow and wrist AROM - Instruct in semi-reclined sleeping position, avoid lying on operative side - ADL training - Initiate and emphasize importance of HEP
Criteria for Advancement	<ul style="list-style-type: none"> - Decreasing discomfort at rest - Independent with sling management, or caregiver independent in assisting - Independent with ADLs - Independent with home exercise program (HEP)

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Phase II, 4-8 weeks. Discontinue sling at 6 weeks, and restore full ROM.

PRECAUTIONS	<ul style="list-style-type: none"> - Avoid weight bearing on operative upper extremity (no lifting) - No shoulder active range of motion (AROM) until 6 weeks - Avoid pain during passive ROM exercises - Use sling at all times for 6 weeks except when bathing, dressing, icing or performing home exercise program (HEP)
Emphasize	<ul style="list-style-type: none"> - Pain and edema control; Cryotherapy and elevation - Protect surgical repair - Restore ROM - Pain-free, daily HEP
Treatment Recommendations	<ul style="list-style-type: none"> - Discontinue sling at 6 weeks - No external rotation (ER) >45° until 6 weeks - No forward flexion (FF) >120° until 6 weeks - Sidelying scapular stabilization and strengthening program - Supine deltoid, biceps, triceps, rotator cuff isometrics (gravity removed) - Supine PROM: FF 120°, ER 45° - Pain-free distal AROM: Elbow and wrist AROM - Initiate and emphasize importance of HEP
Criteria for Advancement	<ul style="list-style-type: none"> - Decreasing discomfort with exercises - Full ROM - Independent with ADLs - Independent with home exercise program (HEP)

Phase III, 8-16 weeks. Restore full range of motion and strength.

PRECAUTIONS	<ul style="list-style-type: none"> - Normalize scapulohumeral rhythm throughout ROM - Restore strength 5/5 - Avoid painful ADL's - Avoid rotator cuff inflammation - Avoid excessive passive stretching
Emphasize	<ul style="list-style-type: none"> - Avoid too much too soon - Restore ROM - Pain-free, daily HEP - OK to cycle/run at 12 weeks
Treatment Recommendations	<ul style="list-style-type: none"> - AROM as tolerated in PRONE position until 12 weeks - AA/PROM no limits at 8 weeks - Begin upright AROM without limits at 12 weeks - Continue scapular stabilization - Begin upright resistive strengthening for scapula, biceps, triceps, and rotator cuff (at 12 weeks) - Endurance: Begin UBE at 12 weeks - Initiate and emphasize importance of HEP
Criteria for Advancement	<ul style="list-style-type: none"> - No pain with exercises - Full ROM - Nearing full strength - Independent with ADLs - Independent with home exercise program (HEP)

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Phase IV, 16-24 weeks. Return to all activities.

PRECAUTIONS	<ul style="list-style-type: none">- Slow progression back to full activity- Restore strength 5/5- Avoid painful ADL's- Avoid rotator cuff inflammation
Emphasize	<ul style="list-style-type: none">- Avoid too much too soon- Full ROM and strength- Improve endurance- Prevent re-injury- Avoid painful activities- Return to sport (MD directed)
Treatment Recommendations	<ul style="list-style-type: none">- Advance eccentric training- Initiate double and single arm plyometrics- Advance endurance training- Sport specific activities- Throwing/racquet program ~5 months (i.e. Thrower's Ten)- Contact sports 6+ months
Criteria for Advancement	<ul style="list-style-type: none">- No pain with impact activity- Full and equal strength bilaterally