



ACROMIOCLAVICULAR JOINT RECONSTRUCTION

REGENMD REHABILITATION PROTOCOL

REHABILITATION PROGRESSION

The following is a general guideline. Please consult Dr. Syal/Dr. Soswa if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation. Rehabilitation should be individualized according to patient status.

PRECAUTIONS

- functional shoulder brace to be worn immediately post-op and continued for first 4 weeks
- DO NOT attempt to pick up heavy objects with the hand of the operative side - may damage repair
- DO NOT elevate surgical arm above 70° in any plane for the first 4 weeks post-op

PHASE I (WEEK 1-2)

- stage 1 shoulder exercises – supported pendulums
- shoulder brace worn for comfort, removed for exercises
- supine passive ROM, pendulums in brace
- forward flexion to 70°, ER to neutral only, abduction to 45°
- 3 times daily elbow, hand and wrist ROM exercises to prevent stiffness
- cryotherapy for shoulder & modalities for inflammation as needed

PHASE 2 (WEEKS 2-6)

- stage 2 shoulder exercises – stretches/ROM + stage 1
- forward flexion to 90°
- ER as tolerated, abduction to 60°
- initiate ER/IR with exercise tubing at 0° abduction, biceps/triceps exercises
- transition supine to standing ROM exercises
- shoulder shrugs, sub-maximal isometric exercises
- scapular stabilization exercises
- cryotherapy for shoulder & modalities for inflammation as needed

PHASE 3 (WEEKS 6-16)

- stage 3 shoulder exercises – strength/ROM + stages 1 & 2
- full ROM allowed, IR unrestricted after 10 weeks
- initiate theraband strengthening and light weights
- isotonic exercises begun after 12 weeks
- towel stretching, wand activities in all planes after 10 weeks
- shoulder shrugs, retractions with resistance, prone exercises
- neuromuscular control exercises for GH and scapulothoracic joints



PHASE 4 (WEEKS 16-24)

- continue with ROM, strengthening, endurance and functional activities
- progress strengthening program with an increase in resistance & speed reps
- initiate press machine strength program, single arm plyotoss
- initiate interval sports programs: drills and functional activities
- interval throwing program weeks 16-24
- initiate plyometric program as appropriate for patient's functional goals
- functional progression, including but not limited to:
 - ▶ walk/job progression
 - ▶ throwing, running 1/2, 3/4, full speed
- NO CONTACT SPORTS FOR 6 MONTHS

SOURCES:

- Cote MP, et al. Rehabilitation of Acromioclavicular Joint Separations: Operative and Nonoperative Considerations. Clin Sports Med 29 (2010) 213-228.