

ACROMIOCLAVICULAR (AC) JOINT RECONSTRUCTION PROTOCOL

This protocol provides general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. The intent is to provide the therapist with a general framework. Twin Cities Orthopedics staff will provide contact information for further individual-specific rehabilitation progression consultation and general questions regarding specific patients. Please fax initial assessment and subsequent progress notes directly to Dr. Corey Wulf at 952-944-0460.

PHASE 1: Protection (Weeks 1-6)

Precautions

- Sling for 6 weeks. Avoid downward traction of shoulder for 12 weeks.

Range of Motion

- PROM with MD restrictions

Soft Tissue Mobilization

- Lymphatic drainage for swelling reduction

Scapula

- Active mobility (inf, sup, pro, ret)
- Sidelying scapular clocks
- Isometrics – submaximal, pain free

Strength

- Isometrics in neutral shoulder position – submaximal, pain free

Proprioception and joint position sense

- Gentle rhythmic stabilization in neutral shoulder position

Core and kinetic chain exercises

- Breathing re-education
- Basic core exercises in supine and hook lying positions involving LE movement only

CV conditioning

- Recumbent bike – no loading of the glenohumeral joint

PHASE 2: Muscular Endurance (Weeks 6-8)

Precautions

- Avoid cross-body movement for 8 weeks

Range of Motion

- AAROM progressing to AROM

Soft Tissue Mobilization

- Joint mobilization (GH joint), massage, stretches as needed – pec minor, scalenes, UTM, posterior capsule

Scapula

- CKC no loading – scapular clocks, wall plus, wall slides
- Scapular exercises – prone Ts, Is, Ys
- Sidelying ER

Strength

- High reps, no to low weight
- Isotonic exercises

Proprioception and joint position sense

- PNF D2 flexion/extension – no resistance (after week 8)
- Continue with rhythmic stabilization

Core and kinetic chain exercises

- Basic core exercises starting to involve UE and LE movement – dying bug
- Breathing assessment and exercises as needed

CV conditioning

- Recumbent bike – no loading of the glenohumeral joint

PHASE 3: Muscular Strength (Weeks 8-12)

Precautions

- Avoid bench press and push-ups for 12 weeks.

Range of Motion

- Full AROM, C and T spine, IR/ER at 90 degrees

Soft Tissue Mobilization

- Capsular stretches as needed, including cross-body

Scapula

- Diagonals, serratus punches, dynamic hugs, high rows

Strength

- Moderate to low reps – increasing resistance
- Isotonics with cords, dumbbells

Proprioception and joint position sense

- CKC exercises progressing load and to unstable surface
- Quadruped threading needle

- Wall push ups
- PNF with resistance

Core and kinetic chain exercises

- UE exercises in SL stance – shops, bird dog
- Kinetic chain exercises – diagonals, chops, PNF patterns in half-kneel position

CV conditioning

- Stationary bike, pool jogging

****ADVANCE TO PHASE 4 WHEN ROM IS NEAR NORMAL****

PHASE 4: Power (Weeks 12+)

Precautions

- No compensations observed, including scapular dyskinesis

Range of Motion

- Full AROM

Soft Tissue Mobilization

- Active release techniques, dry needling, IASTM as needed

Scapula

- As needed; good scapular control should be present at this time

Strength

- Plyometrics – medicine ball tosses, tubing plyos, side-to-side throws

Proprioception and joint position sense

- Plank moving body relative to fixed arm
- Push ups on unstable surface

Core and kinetic chain exercises

- Power, agility, and speed exercises with focus on appropriate transfer of energy through core and trunk to scapular and UE
- Perform throwing and catching in half-kneel position or SL
- Use medicine balls

CV conditioning

- Running, sprinting

****ADVANCE TO PHASE 5 WHEN DEMONSTRATE FUNCTIONAL PROGRESSION****

PHASE 5: Return to sport

Precautions

- Avoid irritation or pain with increasing demands of sport participation
- Use pad if needed

Range of Motion

- Full AROM should be present at this time

Soft Tissue Mobilization

- Active release techniques, dry needling, IASTM as needed

Scapula

- Integrated with sport specific skills and drills

Strength

- Integrated with sport specific skills and drills

Proprioception and joint position sense

- Integrated with sport specific skills and drills

Core and kinetic chain exercises

- Integrated with sport specific skills and drills

CV conditioning

- Running, sprinting, sport specific drills with cutting, stop and start, and agility if needed