



AC Joint Reconstruction: Postoperative Protocol

The medial hamstrings is transferred between the coracoid and the distal clavicle. This must heal before significant range of motion or lifting is allowed to prevent failure of the repair.

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

Exercises should be initiated within the first week following surgery. The supervised rehabilitation (outpatient physiotherapy) started after 4 weeks is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance.

Prehabilitation

- Apply ice (PolarCare if available) as much as tolerated within a 24 hour period for first week. If using ice packs, encourage icing 20-30 minutes every 3-4 hours while awake. This is also useful after therapy.
- Sling to be used for 5 weeks

Home Exercise Program Phase 1: (Weeks 1-4)

Follow pictorial exercises illustrated in **Shoulder Surgery- Initial Postoperative Exercises**

Outpatient Physiotherapy Phase 2: (Weeks 4-8)

Instruct in basic progression of rehabilitation program and expectations for time course to recovery

ROM

- Progressive increase in GH ROM
 - Forward elevation and scaption: increase in increments of 15° per week
- Correct asymmetric capsular tightness
- External rotation: increase in increments of 15° per week
 - Approach contralateral ER and side by 8 weeks
 - Wand exercises for ER stretches
- Begin active ROM at 6 weeks starting supine and progressing to sitting

Strength

- Isometric cuff and deltoid strengthening
- May use UBE especially in reverse for scapular strengthening
 - Increase resistance starting with minimal and progressing

Sling

- At Week 5 may discontinue use of sling in daytime with precaution of no lifting arm away from body
- May continue to wear sling at night until Week 6 to protect arm

Other

- Modalities as indicated to control and decrease pain/inflammation/muscle guarding
- Incision mobilization and desensitization

Outpatient Physiotherapy Phase 3: (Weeks 8-12)

ROM

- Progressive return to full ROM and flexibility
- Progress stretching into external rotation in 80-90 degrees abduction
- Emphasize home program for four-quadrant capsular stretching
- Include anterior chest wall stretching
- Grade III and IV glenohumeral and scapulothoracic mobilization

Strength and control

- Advance concentric and stress eccentric isotonic cuff strengthening
- Advance eccentric and concentric scapular stabilization

Functional Phase: (Weeks 13 - 16)

- Develop sport or work specific ROM; High resistance UBE
- Sport or work specific kinematics and exercises including one-handed plyometrics
- Sport or work specific drills for quickness and agility, endurance and power