

UCLA OUTPATIENT REHABILITATION SERVICES	
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**AC JOINT RECONSTRUCTION POST-OPERATIVE PHYSICAL THERAPY
PRESCRIPTION**

Diagnosis: s/p (LEFT / RIGHT) AC Joint Reconstruction -- Surgery Date:

Phase I (0 to 6 weeks)

Goals:

- Protect the surgical repair
- Ensure wound healing
- Prevent shoulder stiffness
- Regain range of motion
- Control pain and swelling

Activities:

Sling:

Use your sling most of the time for the first two weeks. Dr. Jones will give you additional instructions on the use of the sling at your post-operative office visit. Remove the sling 4 or 5 times a day to do pendulum exercises.

Use of the operated arm:

- Do not elevate surgical arm above 90° in any plane for the first 3 weeks post-op.
- Do not lift any objects over 1 or 2 lbs. with the surgical arm for the first 6 weeks.
- Avoid excessive reaching and external/internal rotation for the first 6 weeks.

Showering:

You may shower or bath and wash the incision area. To wash under the operated arm, bend over at the waist and let the arm passively come away from the body. It is safe to wash under the arm in this position. This is the same position as the pendulum exercise.

Exercise Program:

FORMCHECKBOX Ice 7 days per week as necessary /15-20 minutes 4-5 times per day

STRETCHING / PASSIVE MOTION

7 days per week as necessary 4-5 times per day

FORMCHECKBOX Pendulum exercises

FORMCHECKBOX Supine External Rotation

FORMCHECKBOX Supine assisted arm elevation limit to 90° weeks 1-3 and 120° weeks 3-6

FORMCHECKBOX Isometric exercises: internal and external rotation at neutral
FORMCHECKBOX Elbow and forearm exercises
FORMCHECKBOX Ball squeeze exercise
FORMCHECKBOX Scapular retraction

Phase II (7 to 12 weeks)

Goals:

Protect the surgical repair
Improve range of motion of the shoulder
Begin gentle strengthening

Activities:

Sling:

Your sling is no longer necessary unless your Dr. Jones instructs you to continue using it (use it for comfort only).

Use of the operated arm:

You can now move your arm for most daily activities, but at first, you need to continue to be careful not to lift objects heavier than 1 or 2 lbs. and avoid forceful pushing or pulling activities.

Showering

Continue to follow the instructions from phase one and the instructions above.

Exercise Program:

STRETCHING / ACTIVE MOTION

7 days per week as necessary 1-3 times per day

FORMCHECKBOX Supine External Rotation
FORMCHECKBOX Standing External Rotation
FORMCHECKBOX Supine assisted arm elevation
FORMCHECKBOX Arm Elevation in scapular plane
FORMCHECKBOX Behind the back internal rotation
FORMCHECKBOX Horizontal adduction
FORMCHECKBOX Biceps curl
FORMCHECKBOX Hands behind-the-head stretch
FORMCHECKBOX ER @ 90° abduction stretch
FORMCHECKBOX Proprioception drills
FORMCHECKBOX Rhythmic stabilization
FORMCHECKBOX Scapulohumeral Rhythm exercises Initiate
FORMCHECKBOX Side lying IR @ 90°

STRENGTHENING / THERABAND

FORMCHECKBOX Internal and External rotation
FORMCHECKBOX Row
FORMCHECKBOX Forward punch (Serratus punch)

STRENGTHENING / DYNAMIC

FORMCHECKBOX Side lying ER
FORMCHECKBOX Prone row
FORMCHECKBOX Prone extension
FORMCHECKBOX Prone 'T's
FORMCHECKBOX Prone 'Y's
FORMCHECKBOX Standing scaption
FORMCHECKBOX Isotonic biceps curl
FORMCHECKBOX Push-ups into wall at week 8 (then push-up progression per MD)

Phase III (13 to 18 weeks)

Goals:

Protect the surgical repair
Regain full range of motion
Continue strengthening progression

Activities:

Use of the operated arm:

You may now safely use the arm for normal daily activities involved with dressing, bathing and self-care. You may raise the arm away from the body; however, you should not raise the arm when carrying objects greater than one pound. Any forceful pushing or pulling activities could still disrupt the healing of your surgical repair. Continue to avoid lifting weighted objects overhead.

Exercise Program:

STRETCHING / RANGE OF MOTION

7 days per week as necessary 1-2 times per day
FORMCHECKBOX Pendulum exercises
FORMCHECKBOX Standing External Rotation / Doorway
FORMCHECKBOX Wall slide Stretch
FORMCHECKBOX Hands-behind-head stretch
FORMCHECKBOX Standing Forward Flexion
FORMCHECKBOX Behind the back internal rotation
FORMCHECKBOX Horizontal Adduction Stretch
FORMCHECKBOX Side lying internal rotation (sleeper stretch)
FORMCHECKBOX External rotation at 90° Abduction stretch

STRENGTHENING / THERABAND

7 days per week as necessary 1 time per day
FORMCHECKBOX Internal and External rotation
FORMCHECKBOX Standing Forward Punch
FORMCHECKBOX Dynamic hug
FORMCHECKBOX Seated Row
FORMCHECKBOX Biceps curl
FORMCHECKBOX Ws

STRENGTHENING / DYNAMIC

7 days per week as necessary 1 time per day
FORMCHECKBOX Side lying ER
FORMCHECKBOX Prone Horizontal Arm Raises 'T's
FORMCHECKBOX Prone row
FORMCHECKBOX Prone 'Y's
FORMCHECKBOX Prone extension
FORMCHECKBOX Standing forward flexion "full-can" scaption
FORMCHECKBOX Add progressive resistance 1 to 5 lbs.
FORMCHECKBOX Rhythmic stabilization and proprioceptive training drills with physical therapist
FORMCHECKBOX Continue push-up progression
FORMCHECKBOX Limited weight training can begin week 13

Phase IV (19 to 28 weeks)

Goals:

Progression of functional activities
Maintain full range of motion
Continue progressive strengthening
Advance sports and recreational activity per surgeon

Exercise Program:

STRETCHING / RANGE OF MOTION

5-7 days per week as necessary 1 time per day
FORMCHECKBOX Continue all exercises from phase III

STRENGTHENING / THERABAND

3 days per week as necessary 1 time per day
FORMCHECKBOX Continue from phase III

STRENGTHENING / DYNAMIC

3 days per week as necessary 1 time per day
FORMCHECKBOX Continue from phase III
FORMCHECKBOX Closed Kinetic Chain Exercises

PLYOMETRIC PROGRAM

- Usually for throwing and overhead athletes
- Days per week and times per day per physical therapist
- FORMCHECKBOX 'Rebounder' throws with arm at side
- FORMCHECKBOX Wall dribbles overhead
- FORMCHECKBOX Rebounder throwing/weighted ball
- FORMCHECKBOX Deceleration drills with weighted ball
- FORMCHECKBOX Wall dribbles at 90°
- FORMCHECKBOX Wall dribble circles

WEIGHT TRAINING

- FORMCHECKBOX Progressive return to weight training based upon surgeon's advice

INTERVAL SPORT PROGRAMS

- FORMCHECKBOX Progressive return to sports based upon surgeon's advice

Treatment: _____ **times per week** **Duration:** _____ **weeks**
 _____ **Home Program**

**Please send progress notes.

Physician's Signature: _____ **Date:** _____

Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

Post-Op Phase	Sling	Range of Motion	Therapeutic Exercises	Precautions	
Phase I (Weeks 0-6) Goals: -Allow healing of repaired tissue -Initiate early protected and restricted range of motion -Minimize muscular atrophy -Decrease pain/inflammation -Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation	-Per MD instructions. An arm sling / support is used for 6 weeks post-op whenever standing	Weeks 1-3 -Flexion to 90° as tolerated -ER @ 0° as tolerated -IR and ER @ 90° to 45° -No IR behind back -No horizontal adduction Weeks 3-6 -Flexion to 120°	-Pendulum exercises -Supine forward flexion with wand -Shoulder abduction limit 90° -Supine ER at neutral -Scapular retraction	-Isometrics: ER, IR, FLX, EXT, ABD -Ball squeeze -Elbow and forearm exercises -Theraband exercises Starting weeks 3-6 ER, IR (limit IR to neutral)	-Do NOT let weight of arm pull on fixation device x 6 weeks -DO NOT elevate surgical arm above 90° in any plane for the first 3 weeks post-op -DO NOT lift any objects over 1 to 2 lbs. with the surgical arm for the first 6 weeks -AVOID EXCESSIVE reaching and external/internal rotation for the first 6 weeks

<p>Phase II (Weeks 7-12)</p> <p>Goals:</p> <ul style="list-style-type: none"> -Gradually restore range of motion -Increase strength -Improve neuromuscular control -Enhance proprioception and kinesthesia 	D/C	<ul style="list-style-type: none"> -In general, increase ROMs gradually as tolerated -Shoulder flexion and abduction to tolerance (full by week 12) -Horizontal adduction as tolerated -Progressive IR and ER as tolerated 	<ul style="list-style-type: none"> -Gradually improve ROM all planes -Elevation in scapular plane -Wall slide -IR behind back to beltline only -Horizontal adduction active reach only -Hands behind-the-head stretch -ER @ 90° abduction stretch -Side lying IR @ 90° -Standing External Rotation 	<ul style="list-style-type: none"> -Theraband exercises: Continue phase I Biceps curl Row Forward punch (Serratus punch) -Dynamic exercises: PRE 1-5 lbs as tolerated -Side lying ER -Prone row -Prone extension -Standing forward flexion to 90° -Prone 'T's -Standing scaption -Isotonic biceps curl -Prone 'Y's -Rhythmic stabilization - Proprioception drills - Scapulohumeral Rhythmic exercises -Initiate push-ups into wall at week 8 (then push-up progression per MD) 	<ul style="list-style-type: none"> -Progress based on fracture healing -Progressive PRE -Avoid forceful pushing, pulling and lifting overhead
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Post-Op Phase	Therapeutic Exercises	Notes	Precautions
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<p>Phase III (Weeks 13-16)</p> <p>Goals:</p> <ul style="list-style-type: none"> -Progress to full ROM -Improve: strength / power / endurance -Improve neuromuscular control -Improve dynamic stability -Improve scapular muscular strength 	<ul style="list-style-type: none"> -Progress to full ROM -Horizontal adduction stretch -IR behind back full -External rotation at 90° abduction stretch 	<ul style="list-style-type: none"> -Continue theraband and dynamic exercises from phase I and II Theraband: <ul style="list-style-type: none"> -Add 'T's, diagonal up and down, External rotation at 90°, Internal rotation at 90° Dynamic: <ul style="list-style-type: none"> -Continue previous -Progressive resistance as tolerated -Weight training can begin at 12 weeks -Machine resistance (limited ROM): <ul style="list-style-type: none"> -Biceps and Triceps -Front pull downs -Seated row -Seated bench press at week 16 -Other weight training per surgeon's permission 	<ul style="list-style-type: none"> -Gradual return to recreational activities without force on the arm 	<ul style="list-style-type: none"> -Continue to avoid forceful pushing, pulling, and lifting overhead
<p>Phase IV (Weeks 16-18)</p> <p>Goals:</p> <ul style="list-style-type: none"> -Progressively increase activities to prepare patient for unrestricted functional return -Progress to full sports based upon healing of clavicle fracture and MD approval 	<ul style="list-style-type: none"> -Full ROM 	<ul style="list-style-type: none"> May progress CKC program: <ul style="list-style-type: none"> -Ball on wall -Push-up on unstable surface at 16 weeks Plyometric exercises for throwers: <ul style="list-style-type: none"> -Rebounder throws arm at side -Wall dribbles overhead -Rebounder throws with weighted ball -Decelerations, wall dribbles at 90 -Wall dribble circles 	<ul style="list-style-type: none"> -Interval sports programs can begin -Strength athletes can gradually resume regular training as tolerated 	<ul style="list-style-type: none"> -Weight training precautions

AC Joint Reconstruction PAGE * MERGEFORMAT 2

AC Joint Reconstruction PAGE * MERGEFORMAT 1

Place label here

NAME OF PATIENT: _____

MRN: _____

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