



**UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY
SPORTS MEDICINE**

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**Acromioclavicular (AC) Joint Reconstruction
Post-Operative Physical Therapy Protocol**

General Considerations:

- DO NOT elevate surgical arm above 70 degrees in any plane for the first 3 weeks post-op.
- DO NOT lift any objects over 5 pounds with the surgical arm for the first 6 weeks.
- AVOID EXCESSIVE reaching and external/internal rotation for the first 6 weeks.
- Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation.
- An arm sling is used for 4 weeks post-op.
- Maintain good upright shoulder girdle posture at all times and especially during sling use.
- M.D. follow-up visits at Day 10-14, Month 1, Month 3 and Month 4 post-op.

Week 1:

- PT visit at Day 3-4 post-op to change dressing and review home program.
- Exercises (3x per day): 1) Cradled/elbow bent pendulum exercises, 2) squeeze ball, 3) triceps and biceps training with Theraband, 4) isometric rotator cuff external and internal rotations with arm at side, 5) isometric shoulder abduction, adduction, extension and flexion with arm at side.

Weeks 2 - 4:

- M.D. visit at 10-14 days for suture removal and check-up.
- Use of strapping tape for secondary AC compression and support (optional).
- Soft tissue treatments for associated shoulder and neck musculature for comfort.

Weeks 4 - 8:

- M.D. visit at Week 4 post-op and will usually be progressed to a more aggressive ROM and strength program.
- At Week 4: start mid-range of motion (ROM) rotator cuff external and internal rotations active and light resistance exercises (through 75% of ROM as patient's symptoms permit) without shoulder elevation and avoiding extreme end ROM.

-Strive for progressive gains to 90 degrees of shoulder flexion and abduction.

Weeks 8 - 12:

-Seek gentle full shoulder ROM in all planes-- especially with flexion, abduction, external rotation and internal rotation.

-Increase manual mobilizations of soft tissue as well as glenohumeral and scapulothoracic joints for ROM.

-Exercises: wand exercises, ROM shoulder pulleys, scapular training (rows, protractions, lower trapezius work, etc), PNF.

-No overhead lifting.

Weeks 12 and beyond:

-Start a more aggressive rotator cuff program as tolerated.

-Start progressive resistance exercises with weights as tolerated.

-Continue to seek full shoulder range of motion in all planes.

-Increase the intensity of strength and functional training for gradual return to activities and sports.

-Return to specific sports is determined by the physical therapist through functional testing specific to the targeted sport.