



## **AC Joint Reconstruction Rehab Protocol**

### **Weeks 0-6: Post Operative Phase (HEP)**

Sling Immobilizer: At all times

Exercises: No shoulder ROM  
AROM wrist/elbow  
Scapular "pinches"

### **Weeks 6-8: Phase I (HEP)**

Sling Immobilizer: May discontinue at week 6

Exercises: Passive supine ER to neutral and extension to neutral  
Passive supine FF in scapular plane to 100°  
AROM wrist/elbow  
Scapular "pinches"  
Pain free submaximal deltoid isometrics

### **Weeks 8-10: Phase II**

Exercises: Passive & Active assisted FF in scapular plane - limit 140° (wand exercises, pulleys)  
Passive & Active assisted ER - no limits (go SLOW with ER)  
Manual scapular side-lying stabilization exercises

IR/ER submaximal, pain free isometrics Modalities as needed

Advancement Criteria: FF to 160°

ER to 40°

Normal scapulohumeral rhythm

Minimal pain and inflammation

### **Weeks 10-14: Phase III**

Exercises: AAROM for full FF and ER  
AAROM for IR - no limits  
IR/ER/FF isotonic strengthening  
Scapular and latissimus strengthening  
Humeral head stabilization exercises  
Begin biceps strengthening

Progress IR/ER to 90/90 position if required General upper extremity flexibility exercises



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### Advancement Criteria: Normal scapulohumeral rhythm

Full upper extremity ROM

Isokinetic IR/ER strength 85% of uninvolved side

Minimal pain and inflammation

### **Weeks 14-18: Phase IV**

Exercises: Continue full upper extremity strengthening program

Continue upper extremity flexibility exercises

Activity-specific plyometrics program

Begin sport or activity related program

Address trunk and lower extremity demands

Begin throwing program

- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through
- Isokinetics at high speeds - with throwing wand if thrower, 240, 270, 300, 330, 360 deg/sec and up, 15 reps each speed
- Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)
- Continue strengthening and stretching programs Emphasize posterior capsule stretching

Discharge Criteria: Isokinetic IR/ER strength equal to uninvolved side

Independent HEP

Independent, pain-free sport or activity specific program