



AC Joint Reconstruction Protocol

Applicability: Physician Practices	Date Effective: 12/2016
Department: Rehabilitation Services	Date Last Reviewed / or Date Last Revision: 01/2021
Supersedes: None	
Administration Approval: Deanna Orfanidis VP, Chief Nursing Officer	

Purpose: Define the protocol to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Policy Statement: Treatment will follow the defined protocol below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

Background: N/A

Definitions: The acromioclavicular (AC) joint is the articulation between the scapula and the clavicle. An AC joint separation or dislocation occurs when the restraints that normally secure this joint are traumatically ruptured. Reconstruction of the AC joint stabilizes this important joint by utilizing multiple new restraints established surgically.

Procedure:

Immediate Post Op

Outpatient physical therapy- starts post op day 2-3

Goals: Preserve the integrity of the surgical repair

Minimize pain and edema

Restore ROM

Retard muscle atrophy

Dressing change: remove post op dressing at first PT session, cleanse and apply band-aids

Edema Control:

Cryocuff/ice

Kinesiotape if indicated

ESTIM if indicated

Sling: remove for hygiene and exercises only x 6 weeks

Exercise: hand, wrist and cervical ROM while in the sling

Starting at 2 weeks post-op:

Suggested Exercises: Supine PROM flexion and abduction in the scapular plane limit to 70°

PROM IR/ER to tolerance

No forced stretching

Avoid shoulder extension beyond neutral

Grade I/II g/h mobilizations

Starting at week 4 post op:

Suggested Exercises: Increase PROM flexion, abduction, IR/ER gradually to tolerance
Do not force g/h extension
Deltoid and rotator cuff isometrics in neutral

Intermediate PHASE: Moderate Protection Phase

Goals: Progression of ROM
Preserve the integrity of the surgical repair
Resolve pain and swelling

Post-op Weeks 6-10

Edema Control:

Cryocuff/ice
Kinesiotape if indicated
ESTIM if indicated

Sling: wean from sling

Precautions: Continue to avoid forcing g/h extension until 10 weeks
No contact activities

Suggested Exercises:

Continue deltoid and rotator cuff isometrics
Progress AAROM to AROM gravity assisted to gravity resisted

Post-Op Week 10-12

Suggested Exercises: P/AROM shoulder in all directions
Initiate gentle scapular strengthening
Shoulder and Scapular isometrics in various positions

Strengthening PHASE (Weeks 12-18)

Goals: Full ROM

Improve muscular strength, power and endurance
Improve neuromuscular control
Normalize arthrokinematics

Exercises: Continue A/PROM as indicated
Shoulder and scapular strengthening progressing resistance to tolerance
Scapular stabilization activities

Precautions: No deadlifts or pressing activities
No contact activities

ADVANCED STRENGTHENING PHASE (Weeks 18+)

Goals: Gradual return to sport activities
Maintain strength, mobility and stability

Criteria to enter this phase:

- Full functional ROM
- Good shoulder stability



- No pain or tenderness

Suggested Exercises: Gradually progress sport activities to unrestricted participation
Continue stretching and strengthening program

Note Well: Variances will be communicated by the surgeon directly to Rehabilitation Services.

Monitoring Plan: Rehab Chart Audit

Related Policies: N/A

References: N/A

Reviewers:

A. Key Stakeholders:

- Dr. Andrew Myrtue – Medical Director, Ortho & Rehab
- Karen Staniels – Director, Ortho, Rehab & Occ. Health

B. Committees: N/A

C. Key Process Owner (KPO): Kristy Cushing – Manager, Rehab Services

***Keywords - Not part of policy:* [ADD Key words for policy search if end user didn't know the name]**