



## AC Joint Reconstruction Protocol

<b>Applicability:</b> Physician Practices	<b>Date Effective:</b> 12/2016
<b>Department:</b> Rehabilitation Services	<b>Date Last Reviewed / or Date Last Revision:</b> 12/2016
<b>Supersedes:</b> none	
<b>Administration Approval:</b> Amy Putnam, VP Physician Services	

**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:** Rehab and Ortho

**A. Key Stakeholders:** Michael Barnum, Ortho Medical Director

**B. Committees:** N/A

**C. Key Process Owner (KPO):** Kristy Cushing, Manager Rehab Services. Karen Staniels Director of Ortho and Rehab

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