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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 6 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 Day 8-10, Month 1, Month 3 and Year 1 post-op.

**PHASE I (0-4 WEEKS)**

Goals: To protect healing tissue, to minimize inflammation and pain, and to prevent atrophy/contractures of distal musculature while wearing sling.

-M.D. visit at 8-10 days for suture removal and check-up.

**PRECAUTIONS**

- Sling wear required 24 hours/day (except to perform exercises described below)
- No shoulder elevation – active or passive, only Supine FE < 70 degrees

**HOME EXERCISE PROGRAM**

- Wrist and elbow AROM (remove sling and use caution not to elevate G-H joint)
- Grip strengthening
- Cryotherapy PRN

## **PHASE II (4-8 WEEKS)**

-M.D. visit at Week 4 post-op and will usually be progressed to a more aggressive ROM and strength program at 6 weeks

-At Week 6: 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.

## **PHASE III (8-12 WEEKS)**

-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, protraction, lower trapezius work, etc), PNF.

-No overhead lifting.

## **PHASE IV (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.