

Acromioclavicular (AC) Joint Reconstruction Protocol

	Phase I: weeks 1-6	Phase II: weeks 6-8
Weight-Bearing and Immobilization	<ul style="list-style-type: none"> • Sling immobilizer with pillow <u>at all times</u> (including while sleeping) except for PT/HEP exercises or for hygiene • Non-weight-bearing 	<ul style="list-style-type: none"> • Discontinue sling immobilizer • Non-weight-bearing
Aerobic	<ul style="list-style-type: none"> • Stationary bike in sling if desired 	<ul style="list-style-type: none"> • Treadmill walking if desired
Range of Motion (ROM) and Strengthening	<ul style="list-style-type: none"> • Gentle pendulum exercises • ROM <ul style="list-style-type: none"> ▸ Full hand, wrist, and elbow AROM ▸ Supine AAROM (wand exercises) including FF to 90°, abduction to 60°, and IR/ER as tolerated • Gentle shoulder shrugs and scapular retraction/pinches/squeezes without resistance • Gentle isometrics (1-2 finger resistance) if pain-free 	<ul style="list-style-type: none"> • Continue Phase I exercises as necessary • Full pendulum exercises • ROM <ul style="list-style-type: none"> ▸ Supine AAROM (wand exercises) including FF and abduction to 90° and IR/ER as tolerated
Other	<ul style="list-style-type: none"> • Heat before and/or ice after PT sessions as needed • Modalities as needed to reduce swelling and for muscle re-education • Home Exercise Program (HEP) per discretion of Physical Therapist 	
Goals	<ul style="list-style-type: none"> • Pain and inflammation control • Protection of tissue healing • Minimize joint stiffness 	<ul style="list-style-type: none"> • Minimize pain and inflammation • Continue protection of tissue healing • Progress ROM • Discontinue sling

	Phase III: weeks 8-12	Phase IV: months 3+
Weight-Bearing and Immobilization	<ul style="list-style-type: none"> • No sling immobilizer • Progressive weight-bearing (see below) 	
Aerobic	<ul style="list-style-type: none"> • Elliptical with lower extremities only (no handlebars) if desired 	<ul style="list-style-type: none"> • Begin walk-jog-run progression and advance as tolerated
Range of Motion (ROM) and Strengthening	<ul style="list-style-type: none"> • Continue Phase II exercises as necessary • ROM <ul style="list-style-type: none"> ▸ Progress to full AAROM FF and abduction (wand or wall-climb) ▸ When full AAROM, progress to AROM FF and abduction to 120° as long as relatively pain-free • Strengthening <ul style="list-style-type: none"> ▸ Light band resistance IR and ER with pillow in axilla ▸ Bands for standing rows, biceps, and supine triceps ▸ Prone scapular retraction (light weight) and wall push-ups 	<ul style="list-style-type: none"> • Continue Phase III exercises as necessary • ROM <ul style="list-style-type: none"> ▸ Full AAROM and AROM • Strengthening <ul style="list-style-type: none"> ▸ Increase resistance training as tolerated • Progress to plyometrics, proprioception, and sport-specific or activity-specific program as tolerated and if pain-free
Other	<ul style="list-style-type: none"> • Heat before and/or ice after PT sessions as needed • Modalities as needed to reduce swelling and for muscle re-education • Home Exercise Program (HEP) per discretion of Physical Therapist 	
Goals	<ul style="list-style-type: none"> • Progress ROM • Early strengthening 	<ul style="list-style-type: none"> • Progress ROM • Progress strength • Gradually advance activity as tolerated to pre-operative level • Independent HEP

Other Sport-Specific Restrictions

- No contact sports/activities until at least 6 months after surgery