


AC Joint Reconstruction Guideline

 NMC <small>NORTHWESTERN MEDICAL CENTER</small>	Document Classification	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input checked="" type="checkbox"/> Guideline
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Purpose: Define the process to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Target Users: Treatment will follow the defined guidelines below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

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.

Guidelines:

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

Kinesio tape 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

Kinesio tape 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.

Responsibilities: Variances will be communicated by the surgeon directly to the rehabilitation staff.

References:

Clinical Orthopedic Rehabilitation a Team Approach

Fourth Edition Giangarra, Charles, Manske, Robert, Brotzman S. Brent copyright 2018