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CENTRAL INDIANA ORTHOPEDICS
An OrthoAlliance Partner Practice

AC JOINT RECONSTRUCTION PT PROTOCOL

Phase I – Protection Phase

Weeks 0-6 ___/___/___ to ___/___/___

1. Compliant with sling wear
2. PROM forward elevation to 130
3. NO reaching hand behind back
4. NO horizontal adduction reaching past neutral or extension past neutral
5. Light isometrics OK
6. Work on gentle scapular mobility and light scapular setting

Phase II – Graded AROM/Strengthening

Weeks 6-12 ___/___/___ to ___/___/___

1. Progress to full ROM
2. Progress into AROM → light strengthening as tolerated
3. 2# lifting restriction

Weeks 12-16 ___/___/___ to ___/___/___

1. Progress isotonic strength and initiate partial CKC activities
2. 5# lifting restriction

Phase III – Return to Sport

Weeks 16-6 months ___/___/___ to ___/___/___

1. Progress CKC activities in weight bearing
2. Patient can begin bench press, pec deck, pullovers, and shoulder press as outlined below
3. Still NO contact/deadlift activities until 6 months

**Ask AMB for specifics on patients if therapist feels they are progressing ahead of/behind schedule

Phase I – Protection Phase
Weeks 0-6 ___/___/___ to ___/___/___

*Patient to follow HEP given prior to/at surgery for Phase I exercises – pendulum, elbow/wrist/hand ROM, scapular retraction. Patient will typically **start PT at the 4-week mark** to prevent stiffness. If PT thinks BFR would be appropriate on affected side or well arm, consult with MD first.*

Interventions	Goals (by end of 6 weeks post-op)	Precautions
1. P/AAROM (FL limited to 130) in supine – not against gravity (AG) 2. Pendulums/Codman's	1. I with HEP 2. Supine PROM FL/Scaption 130	• FL/Scaption ≤ 130 (supine only – not AG) • Compliant with sling and ABD pillow – no

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3. Scapular mobility/ scapular retraction 4. AROM elbow flexion/extension 5. AROM hand, wrist, and gripping 6. Light isometrics OK a. Could initiate light t-band IR/ER isometrics with side stepping as well 7. Can DC abduction pillow at 2 weeks, but make sure sling is on with high/tight support 8. GHJ mobs and SCJ mobs can begin at 4 weeks	3. Full elbow, wrist, and hand AROM	arm hanging dependent at the side • No internal rotation reaching or cross-body adduction reaching past neutral • Avoid extension past neutral

Phase II – Graded AROM/Strengthening

Weeks 6→12 ___/___/___ to ___/___/___

Patient can discontinue use of sling at 6 weeks.

Interventions	Goals (by end of 12 weeks post-op)	Precautions
1. GHJ/SCJ mobs as needed 2. Progress P/AA/AROM within tolerance a. Can progress to 2# weight limit if patient has good mechanics/ tolerance b. Incorporate Jobe's exercises c. Incorporate core/hip associated movements 3. UBE with low resistance	1. Gradually restore full PROM/AAROM/AROM 2. Restore scapulohumeral rhythm/scapular girdle mechanics 3. Improving ability to brush/comb hair (if dominant arm) 4. Able to reach into back pocket for wallet 5. Able to lift plate into eye level cabinet	• Gradually progress IR reach, cross body adduction reach, and extension past neutral as tolerated/appropriate • Avoid shoulder press, bench press, pec deck, or pullovers • Avoid deadlifts • No contact activities • Gradually work into ER/IR at 90 degrees abduction at 8 weeks • 2# weight restriction

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4. Gradually work into ER/IR at 90 degrees abduction at 8 weeks 5. Rhythmic stabilization progression in OKC 6. PNF diagonals with light manual resistance (caution with extremes of D1/D2 flexion)		

Weeks 12-16 ___/___/___ to ___/___/___

This may be the end phase for non-athlete population. Discuss DC plans with MD as appropriate if patient does not require return to sport activities.

Interventions	Goals (by end of 16 weeks post-op)	Precautions
• Progress above as tolerated • Progress isotonics as able** a. Incorporating weights and t-band with increasing intensity and speed, good mechanics • Progress closed-chain exercises on wall (ex. wall push-ups) • ACJ mobs can begin IF NEEDED at 3 months/12 weeks • Can initiate plyometrics if needed a. Chest pass b. Side throw c. One-handed ball on wall	1. I with HEP 2. Able to reach behind back to tuck in shirt/fasten bra 3. Able to lift 5# into overhead cabinet 4. MMT 4/5 shoulder musculature *AMB typically doesn't require isokinetic testing for return to sport with these patients. Return to normal strength/return to sport depends on patient/sport type, typically when surgical side functioning at >/=85% of contralateral side	• Avoid shoulder press, bench press, pec deck, or pullovers • Avoid deadlifts • No contact activities • **AMB may give patient a 5# lifting restriction at 3 months and 10# lifting restriction at 4 month for extremes of motion; otherwise isotonics can progress as the patient is able

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Phase III – Advanced Strengthening for Return to Sport

Weeks 16-6 months ___/___/___ to ___/___/___

Interventions	Goals	Precautions/Suggestions for Return to Sport
1. Progress above, increasing resistance/repetitions 2. Patient can now start bench press, pec deck, pullovers, and shoulder press from a NEUTRAL position, gradually progressing past neutral (more extension/ horizontal abduction) as their stability allows and as function requires 3. Incorporate CKC activities with increased weight bearing (table/floor) progressing to unstable surfaces as the patient is ready and as appropriate a. Quadruped, tripod, side lying, with and without BOSU, perturbations, etc. 4. Can gradually incorporate more overhead motions and overhead plyometrics	1. MMT 5/5 shoulder musculature 2. Able to place ≥ 10# in overhead cabinet	• Gradually progress exercise, taking caution with those which could stress the repair like wide-grip bench presses, overhead tricep presses, behind the neck pull downs, overhead presses, and dips below 90 • Still no contact activities or deadlifts until 6 months, but as TJB