

Acromioclavicular Joint Reconstruction Accelerated Rehabilitation Protocol (Athlete)

I. **PHASE I – MOTION PHASE (Weeks 0-2)**

Goals: Initiate ROM exercises
Retard muscular atrophy
Decrease pain/inflammation

Range of Motion Exercises:

- L-bar AAROM
 - Flexion to tolerance
 - ER/IR (begin at 45 degrees abduction, progress to 90 degrees abduction) motion to tolerance
- Rope and pulley scaption
- Pendulum exercises
- Self-capsular stretches

**Note – Restrict horizontal Abduction/Adduction (often painful)*

Strengthening Exercises:

- Isometrics
 - ER, IR, Abd, Ext, Biceps, Triceps
- *Note – No resisted shoulder flexion*
- Initiate ER/IR with exercise tubing at 0 degrees abduction when pain free (usually week 2)

Decrease Pain/Inflammation:

- Ice, NSAIDS, modalities
- Ice applied directly over AC joint

II. **PHASE II – INTERMEDIATE PHASE (Weeks 3-8)**

Goals: Gradually regain full ROM
Regain and improve muscular strength
Normalize arthrokinematics
Improve neuromuscular control of shoulder complex

Criteria to Progress to Phase II:

- 1) Nearly full ROM
- 2) Minimal pain and tenderness
- 3) Stable AC joint on clinical exam
- 4) Good (4/5) MMT of ER/IR/Abd

Week 3

Range of Motion Exercises:

- Continue AAROM with L-bar
- Shoulder elevation to at least 160 degrees by week 4
- ER/IR at 90 degrees abduction full ROM

Strengthening Exercises:

- Initiate isotonic strengthening (light resistance)
 - Shoulder abduction
 - Shoulder extension
 - Shoulder ER/IR tubing
 - Sidelying ER
 - Biceps/triceps
 - Prone horizontal abduction
 - Prone rowing
 - Prone extension
- *Note – Restricted shoulder flexion prohibited (for 4 weeks)*
- Initiate neuromuscular control exercises (PNF)
 - Initiate manual resistance
 - Continue use of modalities, ice as needed

Week 6**Range of motion exercises:**

- Continue stretching program

Strengthening exercises:

- Continue all strengthening exercises listed above
- Initiate light resistance shoulder flexion
- Initiate upper extremity endurance exercises
- Initiate light isotonic resistance progression
- NO shoulder press or bench press or pect deck or pullovers
- Rhythmic stabilization exercise for shoulder flexion/extension
- Program all shoulder and scapular strengthening exercises

III. PHASE III – DYNAMIC STRENGTHENING PHASE (Weeks 8-16)

Goals: Improve strength/power/endurance
 Improve neuromuscular control/dynamic stability to the AC joint
 Prepare athlete for overhead motion

Criteria to Enter Phase III:

1. Full nonpainful ROM
2. No pain or tenderness
3. Strength 70% of contralateral side

Strengthening Exercises:

- Continue isotonic strengthening exercises
- Initiate light bench press, shoulder press (progress weight slowly)
- Continue with resistance exercises for:
 - Shoulder abduction
 - Shoulder ER/IR
 - Shoulder flexion
 - Latissimus dorsi (rowing, pull-downs)
 - Biceps/triceps
 - Initiate tubing PNF patterns
 - Initiate ER/IR at 90 degrees abduction
 - Scapular strengthening (4 directions)
 - Emphasis on scapular retractors, elevators
 - Neuromuscular control exercises for glenohumeral and scapulothoracic joints
 - Rhythmic stabilization

- Shoulder flexion/extension
- Shoulder ER/IR (90/90)
- Shoulder abduction/adduction
- PNF D₂ patterns
- Scapular retract/protract
- Scapular elev/depress
- Program to plyometric upper extremity exercises
- Continue stretching to maintain mobility

IV, PHASE IV – RETURN TO ACTIVITY PHASE (Week 16>)

Goals: Progressively increase activities to prepare patient/athlete to full functional return

Criteria to Progress to Phase IV:

- 1) Full nonpainful ROM
- 2) No pain or tenderness
- 3) Isokinetic test that fulfills criteria (Shoulder F/E, Abd/Add)
- 4) Satisfactory clinical exam

- Initiate Interval Sports Program
- Continue all exercises listed in Phase III
- Progress resistance exercise levels and stretching