



**Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service**

AC Joint Reconstruction Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: AC joint instability

Frequency: 2-3 visits/week Duration: 4 months

Coracoclavicular graft used: Semitendinosus autograft / allograft

Weeks 0-4: Post Operative Phase (HEP)

Sling Immobilizer: At all times

Exercises: No shoulder ROM
 AROM wrist/elbow
 Scapular "pinches"

Weeks 4-6: Phase I (HEP)

Sling Immobilizer: At all times

Exercises: Passive supine ER to neutral and extension to neutral
 Passive supine FF in scapular plane to 100°
 AROM wrist/elbow
 Scapular "pinches"
 Pain free submaximal deltoid isometrics

Weeks 6-10: Phase II

Sling Immobilizer: May discontinue at week 6.

Exercises: Passive & Active assisted FF in scapular plane - limit 140° (wand exercises, pulleys)
 Passive & Active assisted ER - no limits (go SLOW with ER)
 Manual scapular side-lying stabilization exercises
 IR/ER submaximal, pain free isometrics
 Modalities as needed

Advancement Criteria: FF to 160°
 ER to 40°

Normal scapulohumeral rhythm
Minimal pain and inflammation

Weeks 10-14: Phase III

Exercises: AAROM for full FF and ER
AAROM for IR - no limits
IR/ER/FF isotonic strengthening
Scapular and latissimus strengthening
Humeral head stabilization exercises
Begin biceps strengthening
Progress IR/ER to 90/90 position if required
General upper extremity flexibility exercises

Advancement Criteria: Normal scapulohumeral rhythm
Full upper extremity ROM
Isokinetic IR/ER strength 85% of uninvolved side
Minimal pain and inflammation

Weeks 14-18: Phase IV

Exercises: Continue full upper extremity strengthening program
Continue upper extremity flexibility exercises
Activity-specific plyometrics program
Begin sport or activity related program
Address trunk and lower extremity demands

Begin throwing program

- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through
- Isokinetics at high speeds - with throwing wand if thrower, 240, 270, 300, 330, 360 deg/sec and up, 15 reps each speed
- Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)
- Continue strengthening and stretching programs
Emphasize posterior capsule stretching

Discharge Criteria: Isokinetic IR/ER strength equal to uninvolved side
Independent HEP
Independent, pain-free sport or activity specific program