

DIAGNOSIS: AC JOINT INSTABILITY

Frequency: 2 visits/week

PHASE I

PHASE I: WEEKS 0-4

Considerations: Exercise prescription is dependent upon the tissue healing process and individual functional readiness in all stages.

- Protection of healing graft fixation – max protection phase
- Do not elevate above 70° in any plane for first 4 weeks post op
- Use sling for 4 weeks
- No lifting objects over 5 pounds with surgical arm for first 6 weeks
- Avoid excessive reaching and external rotation for first 6 weeks

Exercises:

- AROM wrist/elbow/ball squeezes
- Scapular retraction
- Supported Pendulum
- Shoulder submax isometrics in neutral
- Well body exercises: Squats, lunges, step ups, bridges, stationary bike

Goals:

- Pain <3/10, minimal edema
- Passive ROM at 70° in flexion, scaption and abduction

PHASE II

PHASE II: WEEKS 4-8

Considerations:

- Moderate protection phase
- Discontinue sling between week 4-6 per MD guidance
- Initiate AROM, progress AAROM elevation to 90 degrees
- IR/ER only in midrange - no shoulder elevation

Exercises:

- Passive supine ER to neutral and extension to neutral
- Passive supine FF in scapular plane to 90-100°
- AROM wrist/elbow
- Scapular "pinches"
- Pain free submaximal deltoid isometrics

Goals:

- No pain or edema
- A/PROM Flexion, scaption and abduction to 90°
- ER up to 70° in neutral

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PHASE II

PHASE II: WEEKS 8-12

Considerations:

- Return to functional mobility phase
- No overhead lifting

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
- Scapular training: Row, protraction, lower trapezius
- IR/ER submaximal, pain free isometrics

Modalities as needed

Advancement Criteria:

- Forward flexion to 160°, ER to 40°
- Normal scapulohumeral rhythm
- Minimal pain and inflammation

PHASE III

PHASE III: WEEKS 10-14

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



HOPE PHYSICAL THERAPY PROTOCOL

AC Joint Reconstruction with Allograft

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PHASE IV

PHASE IV: WEEKS 14-18

Goals:

- Restore normal strength and ROM
- Return to unrestricted work or athletics

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
- Continue strengthening and stretching programs
- Emphasize posterior capsule stretching
- Begin throwing program

Discharge Criteria:

- Isokinetic IR/ER strength equal to uninvolved side
- Independent, pain-free sport or activity specific program
- Return to sport testing