

AC Joint Reconstruction Post Op Rehab

Weeks 0-4: Post operative Phase (HEP)

- Sling immobilizer at all times except for showering and exercise
- Exercises: AROM wrist and elbow, scapular pinches. ** NO SHOULDER ROM**

Weeks 4-6: Phase I (HEP)

- Sling immobilizer at all times except for showering and exercise
- 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 (start formal physical therapy)

- Sling immobilizer at all times except for showering and exercise. **Discontinue at 8 weeks**
- Exercises:
 - Passive and active assisted FF in scapular plane limit 140°
 - Passive and active assisted ER – no limits (go slow, no forced)
 - Manual scapular side lying stabilization exercises
 - IR/ER submaximal pain free isometrics

Weeks 10-14: Phase III

- Exercises
 - AROM FF/ER /IR to full
 - IR/ER/FF isotonic strengthening
 - Scapular and latissimus strengthening
 - Humeral head stabilization
 - Begin bicep strengthening
 - Progress IR/ER to 90/90 position

Weeks 14-18: Phase IV

- Exercises:
 - Continue full upper extremity strengthening program
 - Activity specific plyometric program
 - Begin sport or activity related program
 - Begin re-entry throwing program

Note – a tight posterior inferior capsule may initiate the pathologic cascade to a SLAP lesion, and that recurrence of the tightness can be expected to place the repair at risk in a throwing athlete