

Acromioclavicular (AC) Joint Reconstruction Rehabilitation Protocol +/- Biceps Tenodesis

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 6	- Protect surgical site + repair with full time use of shoulder immobilizer x 6 weeks - Decrease pain + inflammation with P.R.I.C.E principles - Minimize muscle atrophy <u>No shoulder range of motion</u> <u>If Biceps Tenodesis – No Biceps Strengthening x 8 Weeks</u>	- Wear immobilizer with pillow except for hygiene and exercise performance <u>NO SHOULDER RANGE OF MOTION</u> - No cross-body adduction, extension, or ROM behind the back - No excessive arm motions No lifting of any object on the operative / involved side No lifting > 5 lbs. or pushing / pulling > 20 lbs. on uninvolved side	<u>No passive or active shoulder range of motion</u> - Elbow / Wrist / Hand – Active Assisted ROM to Active ROM with the arm in plane of body - Postural education and Cervical ROM - Submaximal scapular retraction exercises with the shoulder immobilizer on - Ice / Cryotherapy – 5 - 7 x day, 40 min each session - Ultrasound / Electrical stimulation if available - Initial visit – FOTO PRO, QuickDASH - Week 3 – Core activation + cardiovascular exercise (bike) with the immobilizer on and no handlebars
Weeks 6 – 12	- Maintain integrity of repair - Initiate Passive ROM and slowly advance to AA ROM and Active ROM - Functional AROM of shoulder by week 12 - Functional scapular mechanics by week 12	- Wean out of the immobilizer - Perform gentle pain free stretching but do not force motion No weight bearing through the involved shoulder <u>If Biceps Tenodesis – Initiate Biceps Loading @ wk 9 (Light resistance with 1 – 2 lb. curls → 1 lb. progression every 2 weeks)</u>	- Week 6 – Supine PROM in all planes of motion - Week 8 – AAROM to AROM as tolerated - Core / LE training with No stress to repair - LOWER EXTREMITY Elliptical with no arms - Single plane / multi joint exercises - Balance / proprioception - Week 10 – Initiate Shoulder isometrics - May add arms to the Elliptical - Week 12 – Begin wall push ups at 12 weeks, progress per MD to normal push ups
Weeks 12 – 16 (Months 3 – 4)	- Maintain integrity of repair Initiate Rotator Cuff Strengthening Exercises - Progress scapular stabilizer strengthening - Full Active ROM compared bilaterally w/o compensation	- Continue gentle stretching PRN - Avoid RTC pain with strengthening - No weight bearing through shoulder - After full AA + AROM is obtained → Can strengthen with a 10 lb. limit → Once painless at 10 lbs. → Progress to 20 lbs. → As tolerated	- Initiate Rhythmic stabilization and advance to Isotonic exercise per tolerance - Muscle endurance w/ Upper body Ergometer - Continue with stationary bike or Stairmaster up to 30 minutes - Cycling and Running permitted if no pain - No compensations during exercise performance
Weeks 16 – 24 (Months 4 – 6)	- Address any remaining asymmetries in strength, endurance, and movement patterns - Initiate power development in athletes	- May begin loading through the shoulder and initiate push-ups and bench press - Avoid aggravation of the repair - Continue with low impact activity	- Continue Multiplane stretching and Strengthening - Week 16 – Core / LE Training - Week 20 – Initiate Plyometric Activity and initiate interval sports program as long - Begin running / golf / throwing / sports program
Weeks 24 + (Months 6+)	- Initiate return to sport progression - Progress through plyometrics - Initiate higher level impact activity and sport specific movements	- Focus on form and control during exercise performance - Use of appropriate work rest intervals between sets - Assess tolerance to activity during, after and at 24 hours after activity - No lifting > 50% of preoperative 1 rep max until 6 months post op	- Low level sport specific activity, progressing to higher demand activity - Continue with Anaerobic + Aerobic interval training - Continue with core stability in all plane - Plyometric activities progressing from simple to complex, less load to more load - Week 24 – QuickDASH, FOTO, HHD / Isokinetics 1 year follow-up – HHD Testing

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics of their injury and procedure.

