



AC Joint Reconstruction Rehabilitation Protocol

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Phase I: (0 to 8 weeks after surgery)

Goals: Protect Repair

1. Patients may remove dressing and shower 5 days after surgery. You may get the incision wet
2. The sutures are all underneath the skin and will dissolve on their own
3. Ice is recommended to reduce swelling and help with pain. You should continue this for the first week at a minimum. Apply the ice to the surgical site 3-4 times per day once the nerve block has worn off.
4. You should maintain your sling when not performing exercises.
 - a. Initiate the following exercise program 3 times per day:
 - i. Immediate elbow, forearm, wrist, and hand range of motion out of sling . You may perform nonresistance, non-weight bearing use of the hand for activities such as typing on a computer or using a tablet computer.
 - ii. Start very gentle pendulum exercises.
 - iii. After your first visit (2 weeks from surgery) you will start passive and active assistive ER at the side to 30 degrees and forward flexion to 120 degrees.
 - iv. No lifting with the surgical arm.
 - v. Avoid scapular range of motion (ROM) exercises.

Phase II: (8 to 12 weeks after surgery)

Goals: Progress ROM & Protect Repair

1. Stop use of the sling.
2. No lifting weights of more than 5 on your operative arm
3. Advance active and passive ROM in all planes to tolerance.
 - a. Begin gentle rotator cuff strengthening.
 - b. Begin scapular AROM exercises.

Phase III: (3 months after surgery)

Goals: Return to Full Function

1. Stop all lifting restrictions.
2. Progress on your rotator cuff and scapular stabilizer strengthening.
3. Begin functional progression to sports specific activities at 4 months.