

**Acromioclavicular Joint Reconstruction  
Using Synthetic Material  
Accelerated Rehabilitation Protocol (for Athletes)**

**I. PHASE I – MOTION PHASE (Weeks 0-2)**

**Goals:** Initiate ROM exercises  
Retard muscular atrophy  
Decrease pain/inflammation

**Range of Motion Exercises:**

- L-bar AAROM
  - Flexion to tolerance
  - ER/IR (begin at 45 degrees abduction, progress to 90 degrees abduction) motion to tolerance
- Rope and pulley scaption
- Pendulum exercises
- Self-capsular stretches

*\*Note – Restrict horizontal Abduction/Adduction (often painful)*

**Strengthening Exercises:**

- Isometrics
    - ER, IR, Abd, Ext, Biceps, Triceps
- \*Note – No resisted shoulder flexion*
- Initiate ER/IR with exercise tubing at 0 degrees abduction when pain free (usually week 2)

**Decrease Pain/Inflammation:**

- Ice, NSAIDS, modalities
- Ice applied directly over AC joint

**II. PHASE II – INTERMEDIATE PHASE (Weeks 3-8)**

**Goals:** Gradually regain full ROM  
Regain and improve muscular strength  
Normalize arthrokinematics  
Improve neuromuscular control of shoulder complex

**Criteria to Progress to Phase II:**

- 1) Nearly full ROM
- 2) Minimal pain and tenderness
- 3) Stable AC joint on clinical exam
- 4) Good (4/5) MMT of ER/IR/Abd

**Week 3**

**Range of Motion Exercises:**

- Continue AAROM with L-bar
- Shoulder elevation to at least 160 degrees by week 4
- ER/IR at 90 degrees abduction full ROM

**Strengthening Exercises:**

- Initiate isotonic strengthening (light resistance)
- Shoulder abduction
- Shoulder extension
- Shoulder ER/IR tubing
- Sidelying ER
- Biceps/triceps
- Prone horizontal abduction
- Prone rowing
- Prone extension

*\*Note – Restricted shoulder flexion prohibited (for 4 weeks)*

- Initiate neuromuscular control exercises (PNF)
- Initiate manual resistance
- Continue use of modalities, ice as needed

**Week 6****Range of motion exercises:**

- Continue stretching program

**Strengthening exercises:**

- Continue all strengthening exercises listed above
- Initiate light resistance shoulder flexion
- Initiate upper extremity endurance exercises
- Initiate light isotonic resistance progression
- NO shoulder press or bench press or pect deck or pullovers
- Rhythmic stabilization exercise for shoulder flexion/extension
- Program all shoulder and scapular strengthening exercises

**III. PHASE III – DYNAMIC STRENGTHENING PHASE (Weeks 8-16)**

**Goals:** Improve strength/power/endurance  
 Improve neuromuscular control/dynamic stability to the AC joint  
 Prepare athlete for overhead motion

**Criteria to Enter Phase III:**

1. Full nonpainful ROM
2. No pain or tenderness
3. Strength 70% of contralateral side

**Strengthening Exercises:**

- Continue isotonic strengthening exercises
- Initiate light bench press, shoulder press (progress weight slowly)
- Continue with resistance exercises for:
  - Shoulder abduction
  - Shoulder ER/IR
  - Shoulder flexion
  - Latissimus dorsi (rowing, pull-downs)
  - Biceps/triceps
  - Initiate tubing PNF patterns
  - Initiate ER/IR at 90 degrees abduction
  - Scapular strengthening (4 directions)
  - Emphasis on scapular retractors, elevators
  - Neuromuscular control exercises for glenohumeral and scapulothoracic joints
  - Rhythmic stabilization

- Shoulder flexion/extension
- Shoulder ER/IR (90/90)
- Shoulder abduction/adduction
- PNF D<sub>2</sub> patterns
- Scapular retract/protract
- Scapular elev/depress
- Program to plyometric upper extremity exercises
- Continue stretching to maintain mobility

#### **IV, PHASE IV – RETURN TO ACTIVITY PHASE (Week 16>)**

Goals: Progressively increase activities to prepare patient/athlete to full functional return

***Criteria to Progress to Phase IV:***

- 1) Full nonpainful ROM
- 2) No pain or tenderness
- 3) Isokinetic test that fulfills criteria (Shoulder F/E, Abd/Add)
- 4) Satisfactory clinical exam

- Initiate Interval Sports Program
- Continue all exercises listed in Phase III
- Progress resistance exercise levels and stretching