

Christopher Kim, MD, Scott G. Kaar, MD

Department of Orthopaedic Surgery Sports Medicine and Shoulder Service

AC Joint Reconstruction Rehab Protocol Prescription

Patient Name:	Date:	
Diagnosis: AC joint instability	Frequency: 2-3 visits/week	Duration: 4 months

Coracoclavicular graft used: Semitendinosus autograft / allograft

Weeks 0-4: Post Operative Phase (HEP)

Sling Immobilizer: At all times
Exercises: No shoulder ROM

AROM wrist/elbow Scapular "pinches"

Weeks 4-6: Phase I (HEP)

Sling Immobilizer: At all times

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

Sling Immobilizer: May discontinue at week 6.

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

IR/ER submaximal, pain free isometrics

Modalities as needed

Advancement Criteria: FF to 160°

ER to 40°

Normal scapulohumeral rhythm

Minimal pain and inflammation

Weeks 10-14: Phase III

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

Weeks 14-18: Phase IV

<u>Exercises</u>: 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

Begin throwing program

- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through
- Isokinetics at high speeds with throwing wand if thrower, 240, 270, 300, 330, 360 deg/sec and up, 15 reps each speed
- Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)
- Continue strengthening and stretching programs
 Emphasize posterior capsule stretching

Discharge Criteria: Isokinetic IR/ER strength equal to uninvolved side

Independent HEP

Independent, pain-free sport or activity specific program

Concerns or questions:

Meghan (clinical nurse – Dr. Kaar) at (314) 977-1082 / email: meghan.gehrs@health.slu.edu
Julia (clinical nurse specialist – Dr. Kim) at (314) 577-8524 / email: santiagoja@slu.edu
General office at (314) 256-3850 (SLUH South Campus Clinic); (314) 977-1050 (St Mary's Clinic); Cardinal Glennon (314) 577-5640

Physician Signature: