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AC Joint Reconstruction

The intent of this protocol is to provide guidelines for progression of rehabilitation. It is not intended to serve as a substitute for clinical decision making. Progression through each phase of rehabilitation is based on clinical criteria and time frames as appropriate.

Abbreviations

Sling:
☐weeks ☐ For Comfort ☐ Ultra Sling
Range of Motion Limitations:
PROM Begin at wks

AROM

Begin at ____ wks

FE _____

ER _____

ABD

FΕ

ER

IR ____ ABD

IR

ROM – range of motion PROM – passive ROM AAROM – active assist ROM AROM – active ROM

Initial PROM Precautions:

Sling: For comfort only unless specified
FE: Full unless specified
ER: Full unless specified
IR: Full unless specified
ABD: Full unless specified
Elbow: Full PROM & AROM

<u>Phase I – Maximal Protection / Acute Phase</u>

Precautions

- Avoid any downward pulling or the shoulder for 6 weeks
- Avoid heavy lifting of greater than 3 lbs for 6 weeks

Goals:

- Diminish pain/inflammation
 - O Sling should be worn for the prescribed duration and discontinued as tolerated at the end of this time
 - Ice, NSAIDS, modalities as needed
- Full pain-free ROM
- Prevent muscular inhibition

Exercises:

Passive and Active Assist Range of Motion (0-4weeks):

- Active elbow, wrist, and hand ROM
- Active cervical ROM / shoulder shrugs
- PROM
 - o Pendulums
 - Flexion
 - o Scaption
 - o External rotation
 - o Internal rotation
 - o Terminal Stretches as needed (no cross arm stretch for 4 weeks)

Strengthening:

- Isometrics (submaximal)
 - Flexion / extension
 - o Internal / external rotation
- Scapular retraction

Proprioception & Stability

• Light open chain proprioceptive exercises as tolerated

Active Range of Motion (4-6 weeks):

- Active elbow, wrist, and hand ROM
- Active cervical ROM / shoulder shrugs
- PROM
 - o Pendulums
 - Flexion
 - Scaption
 - o External rotation
 - Internal rotation

Criteria for progression to phase II:

- 6 weeks time has passed
- Full PROM/AROM
- Minimal pain with exercise

<u>Phase II – Initial Strengthening:</u>

Goals:

- Maintain full AROM
- Re-establish shoulder proprioception
- Regain muscle strength

Exercises:

Range of Motion:

- Initiate terminal stretching as indicated
- Gentle joint mobilizations as indicated

Strength (sport cord / resistance tubing / light free weights):

- Forward Punch
- o Rowing
- External Rotation
- Internal Rotation
- o Biceps wait until 6 weeks with biceps tenodesis
- o Horizontal Abduction

Proprioception:

- Position awareness exercises (Sport Rac if available)
- Rythmic Stabilization exercises in neutral, 90° flexion, 90°/90° flexion/abduction

Criteria for progression to phase III:

- Patient able to demonstrate proper proprioceptive awareness
- Strength 4/5 (muscle testing) for ER/IR

Phase III – Advanced Strengthening:

Goals:

- Restoration of shoulder endurance, strength, and power
- Optimize neuromuscular control

Exercises:

Strength:

- Progress Resistive Exercises as tolerated
- Initiate push-up plus progression
- Weight Training
 - O Hands in sight / no wide grip exercises
 - o Minimize overhead activities
- Initiate low intensity plyometrics

Neuromuscular Control:

- Progress proprioception activities
- Advance closed chain exercises

Criteria for progression to the next phase (IV):

- Full pain-free ROM
- Strength > 75% of uninvolved sided
- Proper form with initial plyometrics

Phase IV – Return to Sports:

Criteria for full return to sports:

- Satisfactory clinical exam by physician
- Full pain-free ROM
- Patient demonstrates 85% strength of uninvolved side
- Completion of return to sport program as indicated

Strength:

- Progress resistive exercises
- Advanced plyometrics
- Sport specific skills
- Return to sport program (sport specific)

If you have any other questions, please give us a call in our office (978) 818-6350.

Finally, I greatly appreciate the opportunity to do your surgery. My staff and I will do everything we can to ensure your comfort and safety during the surgery, and to make sure that you have a quick recovery.

Sincerely,

Robert Spang, MD