TROPICAL MEDICAL GROUP

Dx: ☐ Right ☐ Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

888-9-TROPICAL www.TropicalMedicalGroup.com

Acromioclavicular Joint Reconstruction

	ROM	IMMOBILIZER	EXERCISES
2-8 weeks	• Supine only PROM. No adduction of shoulder across the body • Gradual increase in flexion and abduction in the scapular plane; limit flexion to 70 degrees and abduction to 70 degrees for the first 4 weeks; then increase as tolerated. • No restrictions on glenohumeral internal and external rotation • Restrict glenohumeral extension. • Arm must never be unsupported in the upright position	0-6 weeks: Remove only for physical therapy and hygiene. Should be performed supine.	• Elbow and shoulder isometric exercises • Week 4: Begin closed chain scapular stabilization, deltoid, and rotator cuff while supine or with gravity eliminated
8-16 weeks	• Active/ Active assist ROM • Full ROM (including extension) should be achieved by Week 12	None	• Active assisted strengthening exercises • No pressing activities or lifting from the floor, such as a dead lift
16-24 weeks	• Progress to full active ROM in all planes	None	• Advanced strengthening and sports specific exercises

Return to Play Criteria: Full painless ROM, satisfactory clinical exam, muscle strength that fulfills work/sport requirements. Add total body conditioning; including strength and endurance training if appropriate. Initiate sport/work specific drills or activities. Initiate appropriate interval throwing, pitching, tennis, and golf program as appropriate at approximately 20-24 weeks. It may require 6 to 9 months to return to peak strength.

Red Flags:

OK to have mild discomfort with exercises, but if it persists > I hour, the intensity of the exercises must be decreased.

If there is an increase in night pain, the program must be altered to decrease the intensity.