

**AC Joint Reconstruction**  
**POST-OPERATIVE PHYSICAL THERAPY PROTOCOL**

**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**

Exercises: 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