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## <u>Acromioclavicular (AC)/ Sternoclavicular (SC) Joint Reconstruction</u> <u>Rehabilitation Protocol</u>

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul> <li>Protect surgical site</li> <li>Decrease pain and inflammation</li> <li>PRICE principles</li> <li>Maintain integrity of repair</li> <li>Maintain cardiovascular conditioning as able</li> </ul>	<ul> <li>No lifting of any object</li> <li>Wear immobilizer with abduction pillow except for hygiene and exercise performance (6 weeks)</li> <li>No shoulder ROM</li> </ul>	<ul> <li>Initial visit: PRO's (FOTO, QuickDASH, PSFS)</li> <li>Range of motion of elbow, wrist and hand.</li> <li>Stationary recumbent or upright bike with sling</li> <li>Walking with sling</li> <li>Lower body strengthening as able with sling</li> </ul>
Weeks 6-12 Weeks 12-16	<ul> <li>Maintain integrity of repair</li> <li>Start ROM         <ul> <li>Goal of full shoulder ROM by 12 weeks post-op</li> </ul> </li> <li>Improve muscle activation</li> <li>Improve motor and nueromuscuslar control</li> <li>Maintain integrity of repair</li> <li>Progress exercises</li> <li>Progress scapular stabilizer strengthening</li> <li>Full range of motion without</li> </ul>	<ul> <li>Week 6: discontinue abduction pillow, wean from sling over 1-2 weeks</li> <li>Do not force motion</li> <li>No weight bearing through involved shoulder</li> <li>No lifting greater than 5 lbs.</li> <li>Do not force motion</li> <li>No weight bearing through involved shoulder</li> </ul>	<ul> <li>Avoid cross body adduction for 8 weeks</li> <li>Week 6: Progress PROM in all planes</li> <li>Week 8: AAROM to AROM as tolerated</li> <li>Week 8: Elliptical without using arms, week 10 add arms</li> <li>Week 10: Shoulder isometrics may be initiated</li> <li>Continue lower body strengthening</li> <li>Week 12: PRO's (FOTO, QuickDASH, PSFS)</li> <li>Advancement to isotonic exercise per tolerance in all planes</li> <li>Week 12: Begin muscle endurance exercise on upper body ergometer</li> </ul>
	compensation		<ul> <li>Week 12: Cycling and running permitted if no pain</li> </ul>
Weeks 16-24	<ul> <li>Address any remaining asymmetries in strength, endurance and movement patterns</li> <li>Initiation of power development in athletes</li> </ul>	<ul> <li>May begin loading through shoulder and initiate push-ups and bench press</li> <li>Avoid aggravation of repair</li> <li>Continue with low impact activity</li> </ul>	<ul> <li>Continue multiplane strength and stretching.</li> <li>Advance proprioception exercises</li> <li>Anaerobic and aerobic interval training (low impact)</li> <li>Week 16: Core/LE training         <ul> <li>Light loading through shoulder</li> </ul> </li> <li>Week 20: Initiate plyometric activity</li> <li>Week 20: Initiate interval sports program         <ul> <li>Met strength and mobility goals</li> <li>Begin throwing program, running program, golf program</li> </ul> </li> <li>Week 16: PRO's and HHD testing (per MD)</li> </ul>
Weeks >24	<ul> <li>Initiate return to sport progression</li> <li>Initiate plyometric exercise progression</li> <li>Initiate higher level impact activity</li> </ul>	<ul> <li>Focus on form and control during exercise performance</li> <li>Use appropriate work rest intervals</li> <li>Assess tolerance to activity during, after and at 24 hours after activity</li> <li>No lifting greater than 50% pre op 1RM until 6 months post op</li> </ul>	<ul> <li>Low level sport specific activity, progressing to higher demand activity</li> <li>Continue with anaerobic, aerobic conditioning and interval training, and core stability</li> <li>Stability in all planes of motion</li> <li>Progress plyometric activities</li> <li>Week 24: FOTO, QuickDASH</li> </ul>





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