

Sports Rehabilitation & Performance Center Acromioclavicular Joint Ligament Reconstruction© *

The following acromioclavicular joint ligament reconstruction guidelines were developed by the Sports Rehabilitation and Performance Center staff at Hospital for Special Surgery. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant injuries such as degenerative joint disease may alter the guideline.

Follow physician's modifications as prescribed

POST – OPERATIVE PHASE I (WEEKS 0-2)

GOALS:

- Control post-operative pain / swelling
- Progressive range of motion limited to 90° elevation
- Independence in home therapeutic exercise program

PRECAUTIONS:

- Avoid pain with therapeutic exercise and functional activities
- Avoid more than 5lbs for the first 6 weeks

TREATMENT RECOMMENDATIONS:

- Codman's pendulums, rotator cuff isometrics, scapular stabilization exercises, active assisted range of motion exercises, modalities including electrical stimulation and cryotherapy, prn
- Emphasize patient instruction in HEP

POST – OPERATIVE PHASE II (WEEKS 2-6)

GOALS:

- Full ROM
- Minimal swelling

PRECAUTIONS:

- Avoid pain with therapeutic exercise & functional activities
- Avoid lifting more than 5 lbs. and overhead activities

TREATMENT RECOMMENDATIONS:

- Continue phase I exercises as appropriate
- Advance exercises as tolerated: progress range of motion, scapular strengthening, rotator cuff strengthening, sub-maximal deltoid isometrics, upper extremity ergometry, hydrotherapy, modalities, prn
- Progress/advance patients home exercise program (evaluation based)

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POST – OPERATIVE PHASE III (WEEKS 6-10)

GOALS:

- Normalize strength 5/5
- Improve flexibility
- Normal scapulohumeral rhythm throughout range of motion

PRECAUTIONS:

- Avoid pain with therapeutic exercise & functional activities
- Avoidance of sport activities until adequate flexibility and strength have been established

TREATMENT RECOMMENDATIONS:

- Continue with ergometry, scapular stabilization, rotator cuff exercises, incorporate PNF patterns, biceps and lat pulldowns, modalities, prn
- Modify and advance home exercise program as appropriate

POST – OPERATIVE PHASE IV (WEEKS 10+)

GOALS:

- Isokinetic test >85% of contralateral side
- Maximize strength and flexibility as to meet demands of ADLs
- Functional strength, flexibility and endurance to meet the demands of the individual sport

PRECAUTIONS:

- Avoid pain with therapeutic exercise & functional activities

TREATMENT RECOMMENDATIONS:

- Continue previous activities, full upper extremity strength program, RC strengthening in a 90/90 position, scapular stabilization, shrugs and plyometrics when appropriate.
 - Requirements for plyometrics: full pain free ROM and strength, good scapulohumeral rhythm
- Sport specific activities, advanced neuromuscular training, begin sport-specific drills/interval throwing program (surgeon directed)

CRITERIA FOR DISCHARGE/RETURN TO SPORT:

- Patient has met strength, flexibility and endurance goals specific to his or her sport
- Isokinetic testing to be >85% of the contralateral side (internal/external rotation), pain-free during all sport-specific drills