

Assistant Professor of Orthopaedic Surgery Chief, Division of Sports, Bellevue Hospital

Telephone number: 929-455-2500

AC JOINT/DISTAL CLAVICLE POSTOPERATIVE REHABILITATION PROTOCOL

Phase I (Weeks 0-6)—No Shoulder ROM

- **Sling immobilization** with supporting abduction pillow to be worn at all times except for showering
- Range of Motion: No shoulder range of motion

Phase II (Weeks 6-10)—Begin Passive, Proceed to Active ROM

- **Sling**: Discontinue sling immobilization at 6 weeks post-surgery
- Physical therapy to begin at 6 weeks post surgery
- Range of Motion
 - o **6-8 weeks**: Gentle passive stretch
 - Goals: 140° Forward Flexion, 40° External Rotation with elbow at side, $60\text{-}80^\circ$ Abduction without rotation, Limit Internal Rotation to 40° with the shoulder in the $60\text{-}80^\circ$ abducted position
 - Maintain elbow at or anterior to mid-axillary line when patient issupine
 - o 8-10 weeks: Begin AAROM → AROM as tolerated
- **Therapeutic Exercises**: Being gentle AAROM exercises (supine position), gentle joint mobilizations (grades I and II)

Phase III (Weeks 10-12)—Achieve Full AROM

- Range of Motion Progress to full AROM without discomfort
- Therapeutic Exercises
 - Continue with scapular strengthening
 - o Continue and progress with Phase II exercises
 - o Begin Internal/External Rotation Isometrics
 - o Stretch posterior capsule when arm is warmed-up
- Modalities per PT discretion

Phase IV (Months 3-6)—Begin Strengthening

- Range of Motion Full without discomfort
- **Therapeutic Exercises** Advance strengthening as tolerated starting at 4 months: isometrics → therabands → light weights (1-5 lbs),
 - o 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
 - o Return to sports at 6 months if approved
- Modalities per PT discretion
 - No strengthening or resistance exercises until 4 months post-op.