**AC/CC Joint Reconstruction**

* **Phase I: (0-6 weeks)**

Goals: Allow healing of soft tissue, early-protected ROM, suppress muscle atrophy, decrease pain/inflammation

**Sling for 6 weeks total. The arm must never be unsupported when the patient is in the upright position for the first 6 weeks. Tighten the sling so that the elbow is supported. The weight of the arm and scapula places tremendous static forces on the ligament reconstruction.**

Week 0-2: Sling removal only for hygiene.

Week 2-6: Sling removal only for hygiene and for exercises.

PROM with patient supine:

1) Progress **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.

2) Glenohumeral **internal and external rotation as tolerated.**

3) Restrict glenohumeral **extension**, because extension causes the largest amount of stress on the reconstructed ligaments.

Isometrics for rotator cuff and deltoid: Begin at Week 4.

* **Phase II: (7-12 weeks)**

Criteria: Minimal pain and inflammation

Goals: Gradual increase in ROM, improve strength, decrease pain/inflammation

1. Discontinue sling.
2. Continue deltoid and rotator cuff isometrics.
3. Active Assist ROM progression (7-8 weeks)
4. Active ROM progression (9-12 weeks).
5. Glenohumeral extension is unrestricted after Week 10.
6. Full ROM (including extension) should be achieved by Week 12.
7. Continue to avoid contact activities.

* **Phase III: (12-18 weeks)**

Criteria: Minimal pain, nearly complete ROM

Goals: Normalize ROM, improve strength, improve neuromuscular control, normalize arthrokinematics

1. Start resisted glenohumeral and scapular exercises with light weights.
2. Emphasize scapular stabilizer strengthening
3. No pressing activities or lifting from the floor, such as a dead lift.
4. Continue to avoid contact activities.

* **Phase IV: (4.5 months)**

Criteria: Full painless ROM, satisfactory clinical exam, muscle strength that fulfills work/sport requirements

1. Progress strengthening – continue to increase weight resistance with isotonics.
2. Add total body conditioning, including strength and endurance training if appropriate (athlete or required by patient’s job)
3. Initiate sport/work specific drills or activities.
4. Initiate appropriate interval throwing, pitching, tennis, and golf program as appropriate.
5. Power athletes may require 6 to 9 months to return to peak strength.
6. Return to sport, work, and prior activity level unrestricted based on physician approval and completion of rehab.

* **Red Flags:** When to decrease exercise intensity:

1. If discomfort persists > 1 hr after exercises.
2. If there is an increase in nighttime pain.