



Acromioclavicular Ligament (AC) Reconstruction Protocol

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If you have any questions about this protocol or about the patient, do not hesitate to email Dr. Metzler at: ametzler@orthonky.com

Phase I: Immobilization Phase (0 to 6 weeks)

Therapy typically started around 3-4 weeks post-op

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

Ultrasling for 6 weeks total. The arm must never be unsupported when the patient is in the upright position for the first 6 weeks. The weight of the arm and scapula places tremendous static forces on the ligament reconstruction.

Never lift more than 2-3 lbs during the first 6 weeks

For the first 2 weeks, the patient may carefully remove the Ultrasling only for hygiene.

At 2-4 weeks, the patient may additionally remove Ultrasling daily in order to perform the exercises that follow:

PROM with patient supine:

1. Gradual increase in flexion and abduction in the scapular plane; limit flexion to 90 degrees and abduction to 90 degrees for the first 4 weeks; then advance to full motion as tolerated.
2. No restrictions on glenohumeral internal and external rotation.
3. Restrict glenohumeral extension, because extension causes the largest amount of stress on the constructed ligaments.
4. Very gentle mobilizations and manual stretching by therapist.
5. Begin deltoid and rotator cuff isometric exercises in Week 4.

Phase II: Intermediate Phase (7 to 12 weeks)

Criteria: Minimal pain and inflammation

Goals: Gradual increase in ROM, improve strength, decrease pain/inflammation: Keep weights light 3lbs or less.

1. The Ultrasling may be discontinued.
2. Continue deltoid and rotator cuff isometric exercises.
3. AAROM progression (Weeks 7 and 8).
4. AROM progression (Weeks 9 to 12).
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.

Exercise Program

STRETCHING / ACTIVE MOTION

Days per week: 7

Times per day: 1 to 3

Supine External Rotation

Standing External Rotation

Supine assisted arm elevation

Arm Elevation in scapular plane

Behind the back internal rotation

(limit beltline)

Horizontal adduction(active reach only)

Hands behind-the-head stretch

ER @ 90° abduction stretch

Proprioception drills

Side lying IR @ 90°

STRENGTHENING / THERABAND

Internal and External rotation

Biceps curl

Row

Forward punch (Serratus punch)

STRENGTHENING / DYNAMIC

Side lying ER

Prone row

Prone extension

Prone 'T's

Prone 'Y's

Standing scaption

Isotonic biceps curl

Rhythmic stabilization

Scapulohumeral Rhythm exercises

Phase III: Strengthening Phase (12 weeks to 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. Emphasis should be placed on strengthening the scapular stabilizers.
3. **Graduate strengthening activities as tolerated.**
4. No pressing activities or lifting from the floor, such as a dead lift.
5. Continue to avoid contact activities.

Exercise Program:

STRETCHING / RANGE OF MOTION

Days per week: 7
Times per day: 1-2
Pendulum exercises
Standing External Rotation / Doorway
Wall slide Stretch
Hands-behind-head stretch
Standing Forward Flexion
Behind the back internal rotation
Supine Cross-Chest Stretch
Sidelying internal rotation (sleeper stretch)
External rotation at 90° Abduction stretch

STRENGTHENING / THERABAND

Days per week: 7
Times per day: 1
External Rotation
Internal Rotation
Standing Forward Punch
Shoulder Shrug
Dynamic hug
Seated Row
Biceps curl
W's

STRENGTHENING / DYNAMIC

Days per week: 7 Times per day: 1
Side-lying External Rotation
Prone Horizontal Arm Raises 'T's
Prone row
Prone scaption 'Y's
Prone extension
Standing forward flexion "full-can"
scaption
Add progressive resistance 1 to 5 lb
Rhythmic stabilization and
proprioceptive training drills with
physical therapist
Limited weight training can begin week 16 per
surgeon

Phase IV: Return to Activity Phase (4 1/2 months)

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

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

Red Flags:

OK to have mild discomfort with exercises, but if it persists > 1 hour, the intensity of the exercises must be decreased.

If there is an increase in night pain, the program must be altered to decrease the intensity.