

AC Joint Recon

w/ or w/Allograft
scopic or open



Post-op protocol for **Daniel Myer, M.D.**
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General Early Principles		<ul style="list-style-type: none"> • Sling use x 6 weeks when awake / not doing therapy • OK remove for sleeping after 4 weeks. Avoid side lying on operative side x 6-8 weeks • Do not elevate / abduct arm over 90 first 4wks • Do not cross adduct / IR rotate past side pocket first 4 wks • OK for cardio (stationary bike/trainer, elliptical & walking while in sling, LE / core)
Phase I Passive ROM	Week 1-6	<ul style="list-style-type: none"> • OK for pendulum, OK full elbow / hand motion • 1st 4 weeks: supine FE 90, ABD 90, ok for full ER • Weeks 5-6: goal to achieve full PROM FE, ABD, ER • Hold IR past back pocket until 6 weeks • Isometric OK IR / ER at neutral • Scapular retraction
Phase II Active ROM	Week 7-12	<ul style="list-style-type: none"> • Goal to initiate active motion (care not to lift more than 1-2lbs with ADLs). Avoid reaching behind back for ADLs • Goal full AROM (caution with cross adduction / max IR) • Progress AAROM (wks 7-8) to AROM in protected planes • Begin ER/IR at 0 ABD, then progress to 45, then to 90 • Depending on patient / pain / surgery: ok to start light protected plane strengthening ~ 10 week mark
Phase III Strength	Week 13-18	<ul style="list-style-type: none"> • Goal is safe use of arm for full ADLs: care with carrying away from the body / push – pull activities • PRE strengthening starting 1-5lbs • OK for jogging • OK for terminal stretch in all functional planes • RTS progression depending on patient / pathology
Return to activities:	Immediately	Computer, eating, holding a book, typing, writing
	1-6 weeks	Stationary bike / trainer, walking, elliptical in sling Core / protected LE strengthening in sling
	12 weeks	Jogging
	4 months	Low risk road biking
	4-6 months	Goal specific RTS patient dependent (contact, etc)

Special Notes:

Chronic injuries / allograft reconstructions / high risk delayed healing patients ... above timeline may be modified