

ACROMIOCLAVICULAR JOINT RECONSTRUCTION  
TWIN CITIES ORTHOPEDICS

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WEEKS 0-6

- GOALS: - decrease pain and inflammation  
- Protect surgical site.

EXERCISES

- Active ROM of distal joints as tolerated (elbow, wrist and hand) with support.
- PASSIVE ROM WITH FORWARD FLEXION LIMITED TO 90 DEGREES AND EXTERNAL ROTATION TO 30 DEGREES.
- Light isometrics may be initiated at 2 weeks post-op in all planes.

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WEEKS 6 -10

- GOALS: - Establish full, non-painful ROM  
- Strength to 75% of uninjured.

EXERCISES

- Begin AAROM to patient's tolerance for flexion, external and internal rotation with wand. ER and IR performed at 0 degrees abduction
- Scapular stabilization.
- Gentle capsular stretches
- Progress to isotonic strengthening with light weights 1-2 lbs for abduction, extension, IR, ER, biceps and triceps
- Light PNF and rhythmic stabilization for flexion - extension plane

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WEEKS 11-16.

- GOALS: - Good scapular control for preparation for overhead motion  
- equal strength bilaterally

EXERCISES

- Continue mobility and capsular stretches for symmetrical ROM.
- Progress isotonic shoulder strengthening exercises for flexion, abduction, IR, ER bicep and tricep
- Begin ER and IR strengthening at 90 degrees abduction
- Theraband PNF patterns.
- Scapular stability progressions
- Rhythmic stabilization in all planes glenohumeral and scapulothoracic

WEEKS 17-6 MONTHS

- GOALS: - Return to play

- EXERCISES: - Sports specific activities and drills added to above exercise program.



This protocol provides the clinician with general guidelines for the patient undergoing surgical reconstruction of the acromioclavicular joint.

Questions regarding the progress of specific patient are encouraged and should be directed to 952 442-8201 or to [rehabprotocols@tcomn.com](mailto:rehabprotocols@tcomn.com) .