



Brian Waterman, MD

SPORTS MEDICINE & ORTHOPEDICS

AC JOINT RECONSTRUCTION PROTOCOL

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

Weeks 1-6:

- PROM 0-90 FF, 0-45 ABD MAX, ER/IR as tolerated
- Elbow / wrist / hand ROM ok
- NO cross body adduction for 8 weeks
- Isometric exercises .in all planes
- NO RROM shoulder flexion until 12 weeks post-op

Weeks 6-12:

- Progressive full AAROM > AROM of the shoulder
- Isotonic shoulder exercises

NO RROM shoulder flexion until 12 weeks post-op

Comments:

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning ___ Teach HEP

Modalities:

___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis

___ TENS ___ Heat before/after ___ Ice before/after ___ Trigger points massage

___ Therapist's discretion

___ Other _____

Signature: _____ Date: _____