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Physical Therapy Prescription – AC Joint Reconstruction

Name: _____

Date: _____

Diagnosis: R / L acromioclavicular joint reconstruction

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks, **beginning 6 weeks after surgery**

WEEKS 0 – 6: Period of protection → no therapy for the first 6 weeks

- **Sling with pillow:** Must wear at all times except for hygiene
- **Range of Motion:** No shoulder ROM allowed; elbow/wrist motion ONLY

THERAPY Phase I (Weeks 6 – 12 after surgery):

- **Sling with abduction pillow:** Discontinue
- **Range of Motion:** PROM as tolerated beginning in supine position, with 0-45° ABD maximum permitted
 - **NO cross-body adduction for 8 weeks**
 - **No AROM FF for 12 weeks**
- **Exercises:** begin gentle isometrics in all planes beginning with closed chain scapular stabilizers, deltoid, and cuff exercises while in the supine position (or with gravity eliminated); unlimited elbow/wrist/hand strengthening
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase II (Weeks 12 – 24 after surgery):

- **Range of Motion:** progression AAROM → AROM as tolerated
- **Exercises:** continue Phase I; progress to performing in upright position; begin resisted exercises
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)
- Consider return to sport at 20-24 weeks pending surgeon approval

Signature: _____

Date: _____