

Department of Orthopaedic Surgery  
Sports Medicine and Shoulder Service

## AC Joint Reconstruction Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: AC joint instability

Frequency: 2-3 visits/week    Duration: 4 months

Coracoclavicular graft used: Semitendinosus autograft / allograft

Weeks 0-4:

Normal scapulohumeral rhythm  
Minimal pain and inflammation

Weeks 10-14: Phase III

Exercises: AAROM for full FF and ER  
AAROM for IR - no limits  
IR/ER/FF isotonic strengthening  
Scapular and latissimus strengthening  
Humeral head stabilization exercises  
Begin biceps strengthening  
Progress IR/ER to 90/90 position if required  
General upper extremity flexibility exercises

Advancement Criteria: Normal scapulohumeral rhythm  
Full upper extremity ROM  
Isokinetic IR/ER strength 85% of uninvolved side  
Minimal pain and inflammation

Weeks 14-18: Phase IV

Exercises: Continue full upper extremity strengthening program  
Continue upper extremity flexibility exercises  
Activity-specific plyometrics program  
Begin sport or activity related program  
Address trunk and lower extremity demands

Begin throwing program  
Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through  
Isokinetics at high speeds - with throwing wand if thrower, 240, 270, 300, 330, 360 deg/sec and up, 15 reps each speed  
Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)  
Continue strengthening and stretching programs  
Emphasize posterior capsule stretching

Discharge Criteria: Isokinetic IR/ER strength equal to uninvolved side  
Independent HEP