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AC Reconstruction
Post-Operative Rehabilitation Protocol
Illinois Bone & Joint Institute

AC Reconstructions involve recreating the coraco-clavcular ligaments and repairing the AC capsule. This repair needs to be protected while it heals. Often allograft tissue is utilized in this procedure and healing time is estimated at 8-12 weeks.

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone an AC ligament reconstruction. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon

Phase 1:

Time Frame: 0-6 weeks

Immobilization: Sling Immobilizer / Brace with 15 degrees abduction x 6 weeks. Wear continuously except for therapy, HEP and hygiene / bathing.

Restrictions: Avoid AAROM, AROM and strengthening of the shoulder (exception is slow, small, gentle shoulder pendulums). Avoid horizontal abduction and adduction.

Exercises: 1st two weeks the focus is on pain management and edema control. Gripping exercises, elbow, wrist and finger ROM. Shoulder pendulums as discussed above. Modalities as needed. Instruct on HEP to perform twice daily.

Phase 2:

Time Frame: 6-12 weeks

Immobilization: None

Restrictions: PROM at 4 weeks, AAROM at 6 weeks, AROM at 8 weeks. No strengthening. Avoid horizontal abduction and adduction. ROM restrictions: 6 weeks limit FF to 90° and ABD to 60°, at 8 weeks limit FF to 120° and ABD to 90°, at 10 weeks no ROM restrictions.

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Exercises: Gradually increases ROM exercises within limits of restrictions listed above. Scapular retraction exercises. Modalities used as needed.

Phase 3:

Time Frame: 12-18 weeks

Immobilization: None

Restrictions: Exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free. No ROM restrictions.

Exercises: Continue with shoulder PROM, AAROM and AROM (Goal is 85% or greater of normal PROM by 12 weeks). At 12 weeks begin shoulder isometric strengthening with arms at side (IR, ER, scapular stabilization). At 14 weeks add shoulder resistance strengthening exercises. Progression should be gradual and in slow increments while avoiding pain.

Phase 4:

Time Frame: 18+ weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 18 weeks. Add plyometric training for athletes at 20 weeks. Add exercises simulating work requirements at 20 weeks as part of return to work program. At 26 weeks, consider work conditioning program based on patients job requirements and patient motivation.