

Anatomic AC/CC Joint Stabilization PT Protocol

RECOMMENDATIONS

- Elbow must be supported at all times for 6 weeks post-op
- Encourage PROM at home daily (2 – 3 sessions) by family member for the first 4 - 6 weeks.
- Instruct in proper posture and use of pillows to support arm while sleeping.
- Have patient ice shoulder 3 - 4 times daily to decrease pain and inflammation.
- **PROM Limits: Forward elevation and abduction to 90° for 6 weeks. Internal and external rotation to tolerance, as long as arm is at side. No cross-body adduction for 8 weeks.**
- Return to work and sport to be determined on an individual basis by the physician.

PHASE I (0 - 6 WKS)

- **Sling:** Wear at all times, except for exercise and hygiene.
- **ROM:** PROM in all planes, but FE and Abduction limited to 90°. ER/IR to tolerance, with arm at side. No cross-body adduction. AROM of elbow, wrist and hand with arm supported. Home program for daily pendulums and elbow/wrist/hand ROM.
- **Strengthening:** Begin and progress multi-angle isometrics (submax) for cuff/deltoid/periscapular musculature; elbow and forearm isometrics.

PHASE II (6 – 12 WEEKS)

6 - 8 weeks:

- **ROM:** May now advance passive ROM to tolerance; begin AAROM with pulleys; gradually progress to active FE and abduction to 90°. Still avoid cross-body adduction.
- **Strengthening:** Advance scapular stabilization and rotator cuff exercises to gentle closed-chain activity within pain-free range: start with supine (gravity-free) exercises and progressing to vertical.

8 - 12 weeks:

- **ROM:** Progress AROM as tolerated (goal: active FE 170, ER 80-90, IR 90 by 12 weeks). May now allow cross-body adduction as tolerated.
- **Strengthening:** Continue with isometric and closed-chain cuff and periscapular strengthening, now beginning more functional exercises: Plyotoss, advanced PNF with theraband, bodyblade, etc. Avoid open-chain cuff resistance until after 12 weeks.

PHASE III (12-24 WEEKS)

Full unrestricted activity by 6 months.