

Plymouth

Acromio-Clavicular Joint Stabilisation Rehabilitation Protocol

Phase	1. Protection & Education
Time Frame	0 to 6 weeks post procedure
Key Goals	<ul style="list-style-type: none"> • Protection of surgical repair • Minimise shoulder pain & inflammation • Ensure patient understanding of appropriate post-operative management and restrictions
Avoid	<ul style="list-style-type: none"> • Protect anterior deltoid for 6 weeks (no loaded flexion) • Avoid scapula movements to allow bony healing for 3 weeks • Avoid any elevation beyond 90°, placing the hand of the affected side behind their back and cross body adduction.
Interventions	<ul style="list-style-type: none"> • Introduce Active Range of Movement (AROM) exercises for elbow, wrist and hand of affected side • Introduce AROM exercises for the neck • Introduce Passive Range of Movement (PROM)/ Active Assisted Range of Movement (AAROM) exercises for the affected shoulder. See range restrictions above. Consider table slides and supine assisted flexion. <p>After 3 weeks post procedure:</p> <ul style="list-style-type: none"> • Introduce pain free, sub-maximal isometric activity for the Rotator Cuff in a <u>neutral position (arm resting against trunk)</u>
Notes	<p>Sling Immobilisation for 3 weeks post procedure: During the period of immobilisation the patient must maintain the upper limb in the sling at all times except for hygiene and for physiotherapy directed exercises.</p> <p>Cryotherapy: Consider use of cryotherapy during the first 10 days post procedure to help manage swelling, pain and exercise tolerance.</p>

Phase	2. Control through Range
Time Frame	From 6 weeks post procedure
Criteria to commence stage	<ul style="list-style-type: none"> • Minimal pain 0 – 3/10 on Numerical Pain Rating Scale (NPRS) at rest • Comfortable AAROM of affected shoulder to 90° elevation in standing
Key Goals	<ul style="list-style-type: none"> • During this phase patient should achieve a comfortable active range of movement, with the affected shoulder, comparable to that of the unaffected side (within normal limits). • Commencement of strengthening activities
Avoid	<ul style="list-style-type: none"> • Avoid any uncomfortable lifting/loading of the affected upper limb • Any forceful activity or stretch involving the affected upper limb
Interventions	<ul style="list-style-type: none"> • Progress range of PROM and AAROM exercises through full range as comfortable • Introduce Active Range of Movement (AROM) exercises with the affected shoulder through full range as comfortable. Commence with short lever and progress to long lever. • Introduce sub-maximal isometric loading of the deltoid in neutral and progress as comfortable. • Introduce scapular setting exercises. Monitor patient’s ability to effectively undertake scapular retraction using mid/lower trapezius muscle. Progress to low row exercise as comfortable <p>After 8 weeks post procedure:</p> <ul style="list-style-type: none"> • Commence isotonic rotator cuff and deltoid strengthening and endurance exercises with the shoulder. Progress through range as comfortable • Commence closed chain low load weight bearing as comfortable e.g. bilateral weight bearing upper limbs on low table/4-point kneeling
Notes	

Phase	3. Strength, Endurance & Function
Time Frame	From 12 weeks post procedure
Criteria to commence stage	<ul style="list-style-type: none"> • A comfortable active range of movement comparable to that of the unaffected side (within normal limits). • Strengthening and ROM exercises are being undertaken without pain
Key Goals	<ul style="list-style-type: none"> • Prepare the patient for return to usual ADLs. • Prepare patient to commence work, sport and desired recreational activities
Avoid	<ul style="list-style-type: none"> • Any exercises, activities, stretches or loading that are painful.
Interventions	<ul style="list-style-type: none"> • Progress isotonic rotator cuff and general strengthening and endurance exercises with the shoulder through full range as comfortable • Progress scapular recruitment exercises with retraction exercises allowing shoulder elevation through range as comfortable • Progress upper limb weight bearing exercises • Incorporate kinetic chain combining lower limb and trunk activity with upper limb activity <p>Provided the patient is undertaking pain free loaded/resistance activities with the shoulder above 90° of elevation:</p> <ul style="list-style-type: none"> • Introduce functionally relevant/sports specific exercises • Patient may return to non-contact/non-collision sports drills as comfort permits
Notes	<ul style="list-style-type: none"> • The patient may undertake activities and loading using the affected shoulder above 90° of elevation as comfortable. • The patient may return to non-contact sports including swimming, golf and racquet sports provided ROM and strength permits • Patient must avoid contact & collision type activities for a minimum of 6 months post stabilisation