



Physical Therapy Prescription – AC Joint Reconstruction

Name: _____ Date: _____

Diagnosis: R / L Shoulder AC Joint Recon Date of Surgery: _____

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

REST PHASE (WEEKS 0 – 3): Period of protection → no therapy for the first 3 weeks

- **Sling with abduction pillow:** WEAR AT ALL TIMES except for hygiene
- **Range of Motion:** No shoulder ROM allowed; elbow/forearm/wrist/hand motion ONLY
- **Exercises:** NO shoulder motion or strengthening exercises permitted

THERAPY Phase I (Weeks 3 – 6 after surgery)

- **Sling with abduction pillow:** Continue
- **Range of Motion:** Gentle SUPINE PROM in External Rotation only within a comfortable range;
No AROM/AAROM
NO HORIZONTAL ADDUCTION x 8 wks
- **Exercises:** None

THERAPY Phase II (Weeks 6 –12 after surgery)

- **Sling with abduction pillow:** Discontinue at 6 weeks → FIRST at home then in the community
- **Range of Motion:** Progress PROM and begin AAROM → progress slowly
 - o Week 6-7: perform while supine
 - o Week 7-8: perform while back is propped up 45°
 - o Week 8+: perform while in an upright position
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase III (Weeks 12 + after surgery)

- **Range of Motion:** Begin ACTIVE ROM in all planes progress slowly
- **Therapeutic Exercises:** Gradually begin isometric exercises (use pillow or folded towel without moving the shoulder); no resistance exercises until 14 weeks after surgery
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase IV (4-6 months after surgery)

- **Range of Motion:** Progress to full, painless AROM
- **Therapeutic Exercises:** Progress Phase III exercises, increase resistance exercises with elastic band or hand weights, including resisted scapular strengthening, rotator cuff strengthening, and deltoid strengthening
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

5 months: Begin sport specific rehab

6 month: Return to throwing

7 months: Collision sports (football, hockey, rugby)

Physician Signature: _____ Date: _____

For more orthopedic information and rehab protocols visit **www.drsiwiec.com**