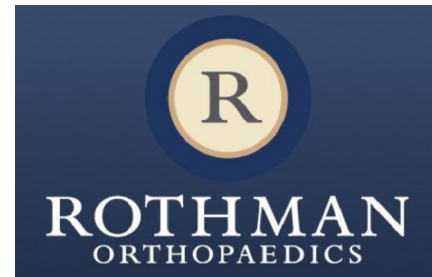


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AC JOINT RECONSTRUCTION PHYSICAL THERAPY PROTOCOL

Name _____ Date _____

Diagnosis s/p RIGHT/LEFT AC Joint Reconstruction

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

_____ Weeks 1-6:
PROM 0-90 FF, 0-45 ABD MAX, ER/IR as tolerated
Elbow / wrist / hand ROM ok
NO cross body adduction for 8 weeks
Isometric exercises in all planes
NO RROM shoulder flexion until 12 weeks post-op

_____ Weeks 6-12:
Progressive full AAROM > AROM of the shoulder
Isotonic shoulder exercises
NO RROM shoulder flexion until 12 week post-op

Comments:

_____ Functional Capacity Evaluation _____ Work Hardening/Work Conditioning _____ Teach HEP

Modalities

_____ Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis _____ TENS
_____ Heat before _____ Ice after _____ Trigger points massage
_____ Other _____ Therapist's discretion

Signature _____ Date _____