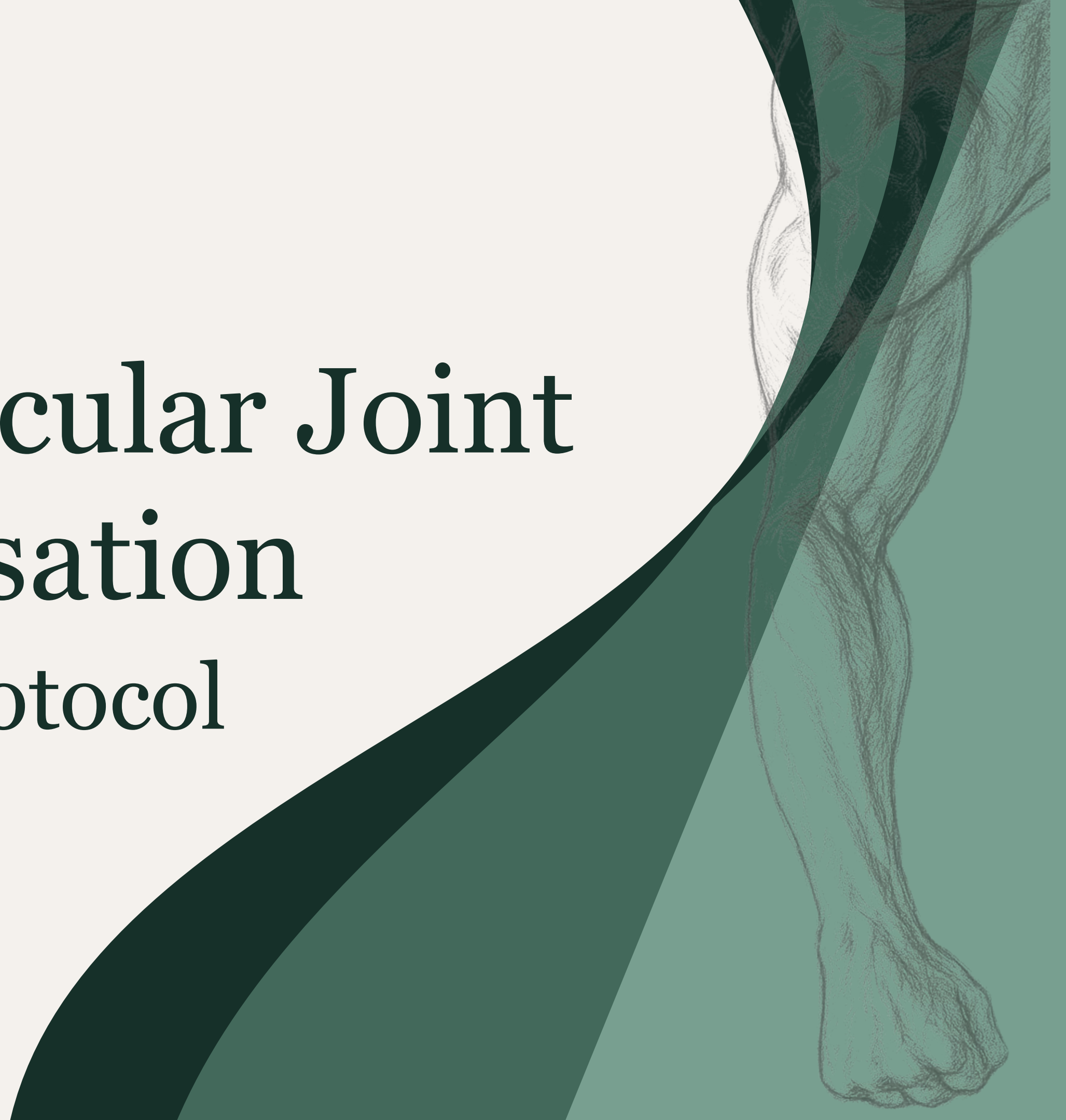




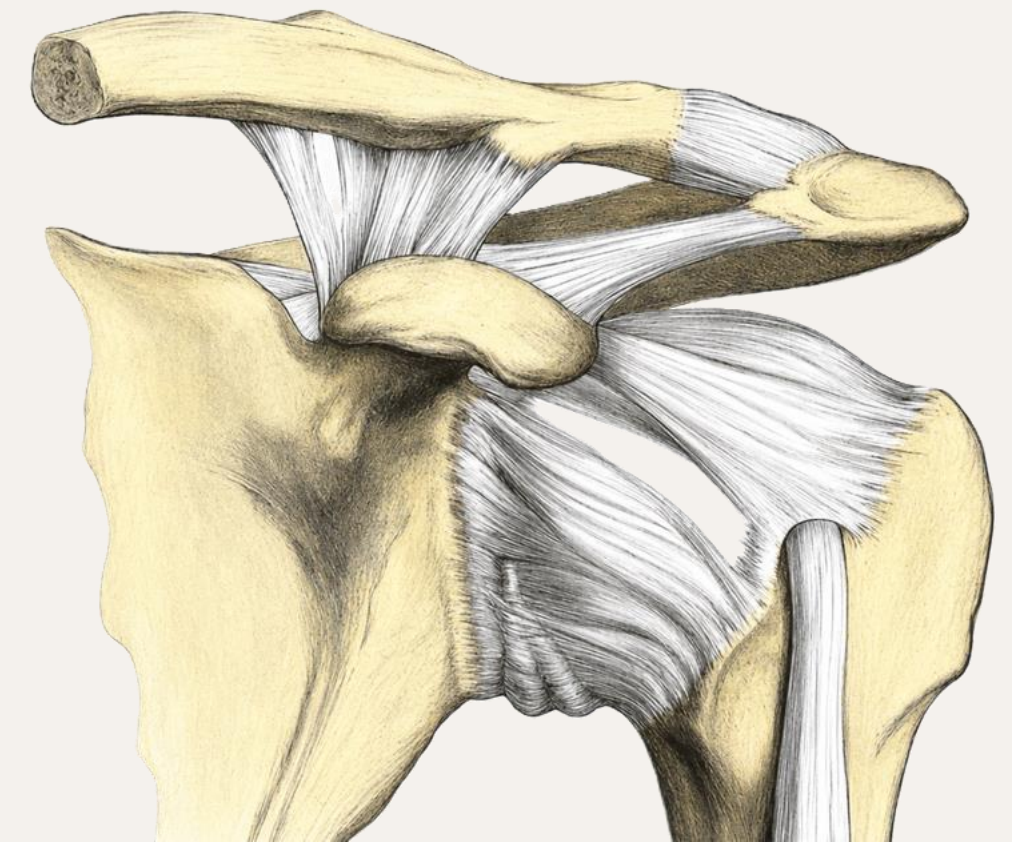
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ORTHOPAEDIC SURGEON

Acromioclavicular Joint (ACJ) Stabilisation Rehabilitation Protocol



What is the ACJ?

- The acromioclavicular joint
- The main stability is actually not the joint itself but the ligaments between the coracoid and the clavicle known as the coracoclavicular ligaments (CC ligaments)
- The repair aims to reduced the clavicle to allow these to heal. Reconstruction adds a tendon as a collagen donor graft.
- The joint has a capsule which confers some stability
- These ligaments can rupture with distal clavicle fractures as well – the treatment and rehabilitation is much the same.

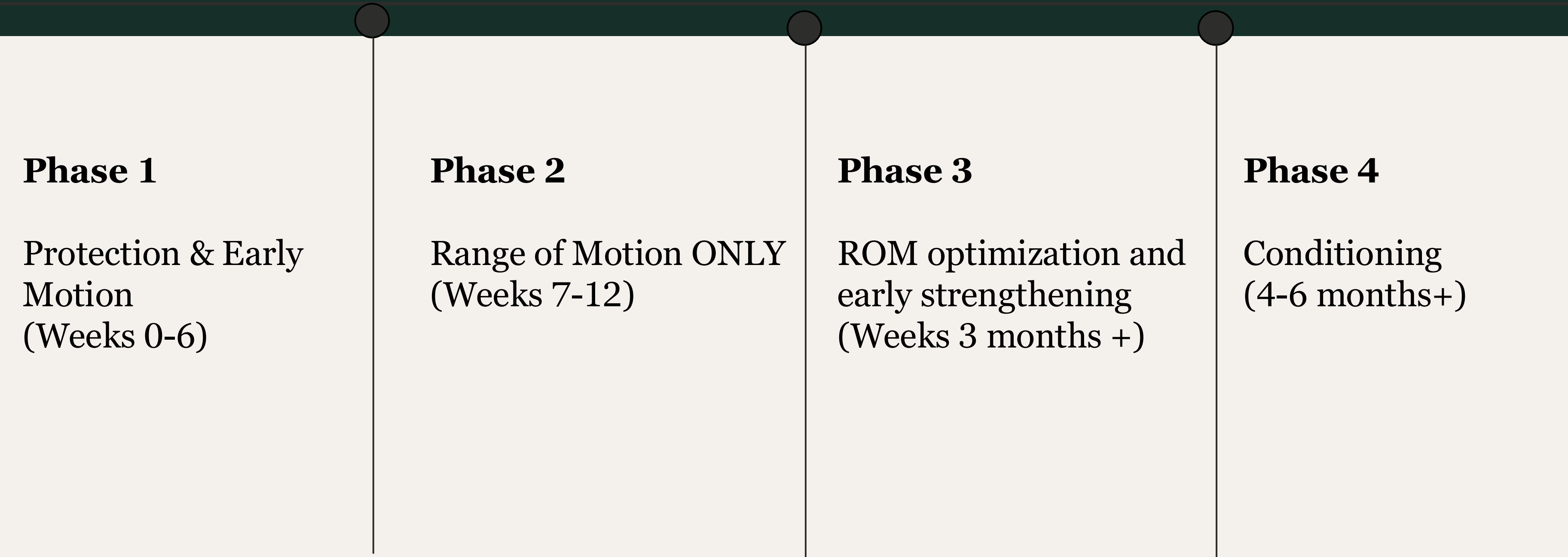


Phase Overview

Note: The following protocol is intended as a guide for you and your physiotherapist, and some patients may need personal modifications.

Never push through sharp pain and always respect your external rotation limits.

Exercises should be repeated 3 x daily, 5 days a week.



Phase 1

Protection & Early Motion
(Weeks 0-6)

Phase 2

Range of Motion ONLY
(Weeks 7-12)

Phase 3

ROM optimization and early strengthening
(Weeks 3 months +)

Phase 4

Conditioning
(4-6 months+)

Important Movement Restrictions

- **Individualised Recovery** – the most important part of this surgery
- **Gentle Movement:** ROM should be *pain-free and as tolerated* — never force end-range.
- **Team Communication:** Ongoing contact between surgeon, physiotherapist, and patient ensures safe progress.
- **Healing Takes Time:** timelines are guides and may need extending.
- **Protect the Repair:** Avoid jerky, lifting, or pulling movements early; respect healing limits.
- **Functional Limitations:** sling for at least 6 weeks. You will need at least 2 weeks off a desk job and 4-6 months off heavy labour.

Phase 1 Protection & Early Motion

(Weeks 0-6)

Goals: Protect surgical repair and allow healing. Control pain and swelling. Maintain hand, wrist, and elbow mobility. Begin gentle scapula activation. Achieve safe, pain-free active assisted shoulder motion

Precautions:

Wear sling day and night. It can come off for showers.
No weight bearing or active shoulder range of motion
No cross-body adduction for 8 weeks.

Progression:

0–2 weeks: Pendular exercises and scapula setting, elbow ROM out of sling

3–6 weeks: Active-assisted flexion to less than 90° with gravity eliminated (bent over). Gentle external rotation from abdomen to 30deg. Supine PROM permitted <90deg flexion.

Functional Drills / Strength / Control: Scapula setting (elevation/retraction). Hand, wrist, and elbow exercises. Gentle pendular; no resisted cuff work. Intermittent ice packs on the shoulder between exercises. No crossbody adduction.

Return to Work / Sport: Light desk work only from week 2 if can manage with the sling. No physical activity.

Phase 2 Range of Motion Only

Weeks (7-12)

Goals:

Wean the sling.

Achieve near-full active/assisted ROM. Restore shoulder coordination and scapula control. Maintain tendon protection. Gradually reintroduce functional activities

Precautions: No heavy or high-resistance loading. Avoid overhead or end-range movements. No sudden jerks, lifting, or impact through the shoulder. Monitor pain and swelling; reduce load if pain returns. Avoid cross body adduction till week 8 at least.

Progression:

7-8: Progress toward active assisted 120° flexion, unlimited ER at side, passive abduction to <90deg

8-9 weeks: Can commence cross body adduction and work on active range in all planes. Progress from AAROM to AROM.

10-12 weeks: Recommence cardio (running on treadmill). Unlimited ROM. No strengthening

Return to Work / Sport: Desk/light work: no overhead or heavy lifting. Manual labour/sport: delay until next phase. Can do light aerobic activity.

Maintenance: Continue daily ROM and scapula exercises. Correct compensations (avoid scapula hiking). Maintain posture: thoracic extension, scapula retraction.

Phase 3 ROM optimization + early strengthening

(3 months +)

Goals: Regain full functional ROM. Begin moderate cuff and scapula strengthening. Achieve multi-directional shoulder control. Prepare for work/sport-specific loading.

Precautions: Avoid heavy or rapid overhead loading (>3–4 kg early on). No incline bench, dips, or chin-ups until later phases. Regress if pain, swelling, or night pain develops.

Progression: Gradually introduce light weight-bearing drills: wall then knees then normal push-ups. Increase resistance from endurance to moderate loads. Begin sport/work-specific tasks: overhead, rotational, and plyometric control.

Functional Drills / Strength / Control: Prone horizontal extension to 90° abduction (short lever). ER/IR above 90° only when cuff is strong and pain-free. Closed-chain scapular drills and functional reach/lift patterns. Sport-specific mechanics: throwing, swinging, swimming. Emphasise endurance, then gradually add moderate strength loads.

Return to Work / Sport: Light/moderate work when pain-free with full ROM and good control. Heavy manual or overhead sport: delayed to next phase. Focus on quality of movement and not loading shoulder.

Maintenance: Continue strengthening and stretching. Focus on scapula/core stability, posture, and thoracic mobility.

Phase 4 Conditioning

**(4 months-
6months+)**

Goals: Aim for return to functional activities and regain strength

Precautions: Avoid heavy overhead lifting unless cleared. Avoid push resistance exercises (bench press and shoulder press)

Progression: Increase resistance, introduce sport/functional specific drills.
Can do light bent over rows and seated rows.

Return to Work / Sport: When milestones have been reached in strengthening and range of motion can start to play sport or return to lifting weights in gym.

Maintenance: Long-term shoulder strengthening and control.

Key Principles for your Recovery

- Follow surgeon-set movement limit
- Avoid pain and sharp sudden movements.
- Focus on control, posture, and gradual progression – not speed.
- Regular physiotherapy reviews ensure safe and steady recovery.