

REHABILITATION PROTOCOL

Acromioclavicular Joint (ACJ) Stabilisation

Your guide to recovery



DR HARRY CONSTANTIN
ORTHOPAEDIC SURGEON



WELCOME

Your guide to recovery

following ACJ stabilisation

This rehabilitation guide has been carefully developed to support your recovery following surgery and to help you achieve the best possible outcome.

It outlines the recommended rehabilitation pathway, providing guidance for your recovery at home and serving as a resource for you and your physiotherapist throughout the rehabilitation process.

Recovery is a gradual and individual journey. While this protocol provides a structured framework, your rehabilitation may be adjusted according to your specific procedure, progress and goals.

We encourage you to work closely with your physiotherapist and follow the advice provided by Dr Harry Constantin and his team during consultations.

We are committed to supporting you throughout your recovery and helping you return safely and confidently to the activities that matter most to you.



Dr Harry Constantin

ORTHOPAEDIC SURGEON

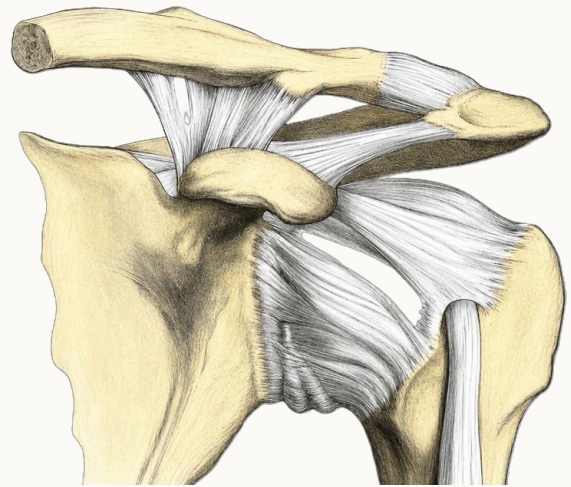
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What is the ACJ?

The acromioclavicular joint (ACJ) is the joint at the top of the shoulder, where the end of the collarbone (clavicle) meets the acromion of the shoulder blade.

What keeps it stable?

The main stability does not come from the joint itself, but from the ligaments between the coracoid and the clavicle, known as the coracoclavicular (CC) ligaments. The joint also has a capsule, which provides some stability.



The acromioclavicular joint and the coracoclavicular ligaments

What does the surgery do?

The repair aims to reduce (realign) the clavicle so that these ligaments can heal. A reconstruction adds a tendon graft as a collagen donor.

Collarbone fractures

These ligaments can also rupture with fractures of the outer end of the collarbone (distal clavicle fractures). The treatment and rehabilitation are much the same.

Your recovery in *four phases*

This protocol is designed to guide you and your physiotherapist through your recovery. Your treatment may be adjusted to meet your individual needs. Never push through sharp pain, and always keep your exercises within the movement limits set for each phase. **Repeat your exercises 3 times a day, 5 days a week.**

1	Protection & Early Motion	WEEKS 0-6
2	Range of Motion Only	WEEKS 7-12
3	Range of Motion Optimisation & Early Strengthening	FROM 3 MONTHS
4	Conditioning	4-6 MONTHS +

Key principles



Follow the movement limits set by Dr Constantin



Avoid pain and sharp, sudden movements



Focus on control, posture and gradual progression – not speed



Regular physiotherapy reviews keep your recovery safe and steady

Remember

- **Individualised recovery** – the most important part of this surgery.
- **Gentle movement** – range of motion should be pain-free and as tolerated; never force end range.
- **Team communication** – ongoing contact between Dr Constantin, your physiotherapist and you keeps progress safe.
- **Healing takes time** – timelines are guides and may need extending.
- **Protect the repair** – avoid jerky, lifting or pulling movements early; respect healing limits.
- **Time off work** – at least 2 weeks off a desk job and 4-6 months off heavy labour.

Protect your repair



Wear your sling for at least 6 weeks

Day and night – it can come off for showers. No weight bearing through the arm.

Things to avoid



No reaching across your body

No cross-body adduction until at least week 8



No active shoulder movement

Weeks 0–6 – assisted movement only, within limits



Keep elevation below 90°

Weeks 3–6, bent over (gravity eliminated)



External rotation to 30° only

Weeks 3–6, measured from the abdomen



No strengthening

Until 3 months



No bench press or shoulder press

Until cleared by Dr Constantin

Key milestones



WEEK 2

Light desk work, if you can manage with the sling.



WEEKS 7–8

Wean the sling. Progress your range of motion.



WEEKS 8–9

Reaching across the body can begin.



WEEKS 10–12

Running on a treadmill. Unlimited range of motion.



3 MONTHS

Strengthening begins.



4–6 MONTHS +

Sport, gym weights and heavy labour once milestones are met.

Protection & Early Motion

WEEKS 0-6

GOALS

Protect the 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 the sling day and night — it can come off for showers
- ◆ No weight bearing or active shoulder range of motion
- ◆ No cross-body adduction (reaching across your body) for 8 weeks

PROGRESSION

- **Weeks 0-2:** pendular exercises and scapula setting; elbow range of motion out of the sling.
- **Weeks 3-6:** active-assisted flexion to less than 90° with gravity eliminated (bent over). Gentle external rotation from the abdomen to 30°. Passive range of motion lying on your back is permitted below 90° flexion.

STRENGTH & CONTROL

Scapula setting (elevation/retraction). Hand, wrist and elbow exercises. Gentle pendulars; no resisted rotator cuff work. Intermittent ice packs on the shoulder between exercises. No cross-body adduction.

WORK & SPORT

Light desk work only from week 2, if you can manage with the sling. No physical activity.

Range of Motion Only

WEEKS 7-12

2

GOALS

Wean the sling. Achieve near-full active and active-assisted range of motion. Restore shoulder coordination and scapula control. Continue to protect the repair. 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 the load if pain returns
- ◆ Avoid cross-body adduction until at least week 8

PROGRESSION

- **Weeks 7-8:** progress towards active-assisted 120° flexion, unlimited external rotation at the side, and passive abduction below 90°.
- **Weeks 8-9:** cross-body adduction can begin. Work on active range in all planes, progressing from active-assisted to active.
- **Weeks 10-12:** running on a treadmill can recommence. Unlimited range of motion. No strengthening.

WORK & SPORT

Desk or light work: no overhead or heavy lifting. Manual labour and sport: wait until the next phase. Light aerobic activity is fine.

MAINTENANCE

Continue daily range of motion and scapula exercises. Correct compensations (avoid hitching the shoulder blade). Maintain posture: thoracic extension and scapula retraction.

Range of Motion Optimisation & Early Strengthening

FROM 3 MONTHS

GOALS

Regain full functional range of motion. Begin moderate rotator cuff and scapula strengthening. Achieve multi-directional shoulder control. Prepare for work- or sport-specific loading.

PRECAUTIONS

- ◆ Avoid heavy or rapid overhead loading (more than 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 knee, then normal push-ups. Increase resistance from endurance to moderate loads. Begin sport- or work-specific tasks: overhead, rotational and plyometric control.

STRENGTH & CONTROL

Prone horizontal extension to 90° abduction (short lever). Internal and external rotation above 90° only when the rotator cuff is strong and pain-free. Closed-chain scapular drills and functional reach and lift patterns. Sport-specific mechanics: throwing, swinging, swimming. Emphasise endurance first, then gradually add moderate strength loads.

WORK & SPORT

Light to moderate work when pain-free, with full range of motion and good control. Heavy manual work or overhead sport: wait until the next phase. Focus on the quality of movement rather than loading the shoulder.

MAINTENANCE

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

Conditioning

4-6 MONTHS +

4

GOALS

Return to functional activities and regain strength.

PRECAUTIONS

- ◆ Avoid heavy overhead lifting unless cleared by Dr Constantin
- ◆ Avoid pushing resistance exercises (bench press and shoulder press)

PROGRESSION

Increase resistance and introduce sport- or function-specific drills. Light bent-over rows and seated rows are fine.

WORK & SPORT

Once you have reached your strength and range of motion milestones, you can start playing sport or return to lifting weights in the gym.

MAINTENANCE

Long-term shoulder strengthening and control.

Questions about your recovery?

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