

# PHYSICAL THERAPY PRESCRIPTION



**UC Irvine Health**

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## ACJ RECONSTRUCTION PROTOCOL

**Surgical Date:** \_\_\_\_\_

**Side:**  Right  Left

**Diagnosis:**  ACJ Reconstruction

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<b>Weeks 0-4</b> HEP daily	Edema and pain control Protect surgical repair Sling immobilization	Sling at all times including sleep Remove for hygiene & exercises	Sidelying scapular stabilization Elbow, wrist, hand ROM Gripping exercises
<b>Weeks 4-8</b> HEP daily	Protect surgical repair Restore ROM	Sling except shower & exercises DC sling at 6 weeks No ER >45° until 6 weeks No FF >120° until 6 weeks	Sidelying scapular stabilization Supine deltoid, biceps, triceps, rotator cuff isometrics (gravity eliminated) Supine PROM: FF 120°, ER 45°
<b>Weeks 8-16</b> HEP daily	Full ROM Normalize scapulohumeral rhythm throughout ROM Restore strength 5/5	Avoid painful ADL's Avoid rotator cuff inflammation Avoid excessive passive stretching OK to cycle/run at 12 weeks	AROM as tolerated in PRONE position AA/PROM no limits Continue scapular stabilization Begin resistive strengthening for scapula, biceps, triceps, and rotator cuff (supine → vertical position at 12 weeks) Endurance: Begin UBE at 12 weeks
<b>Weeks 16-24</b> HEP daily	Full ROM and strength Improve endurance Prevent re-injury	Avoid painful activities Return to sport (MD directed)	Advance eccentric training Initiate double and single arm plyometrics Advance endurance training Sport specific activities Throwing/racquet program ~5 months Contact sports 6+ months

**Frequency & Duration:**  1-2  2-3 x/week for \_\_\_\_\_ weeks \_\_\_\_\_ Home Program

**Physician's Signature:** \_\_\_\_\_ **M.D.**