Roger N. Chams, M.D.
Sports Medicine & Arthroscopic Surgery
of the Knee and Shoulder

Make an appointment
(847) 247-4000

ILLINOIS BONE & JOINT INSTITUTE®
Move better. Live better.

Weaver Dunn / AC Joint Reconstruction Post-op Protocol

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

Weeks 0-1 Post-Op: Pt. to be seen for 1 visit
Goal = joint protection

- Patient should wear immobilizer sling with abduction wedge for first 6-8 weeks.
- Elbow curls without weight, grip strengthening, performed in supine in gravity-eliminated position with shoulder in neutral.
- One week after surgery, patient may begin light aerobic exercise (bike, walk) while wearing sling for cardiovascular fitness
- Ice for several times/day for control of pain and inflammation

Weeks 2-5: Patient seen 1-2 visits/week

- Continue use of abduction sling per physician. Discontinue at 6 weeks or as instructed by surgeon.
- Pendulum exercises, shoulder shrugs, scapular retraction, scapular depression
- Table lifts, "robbery," and lawnmowers
- Supine PROM for flexion, scaption, ER to 20-30 degrees. No IR (Cane exercises for home)
- Continue elbow curls without weight and ball squeezes for swelling
- At Week 2, begin pulley exercises for AAROM in planes of flexion 90 degrees and scaption to 60 degrees only.

Weeks 6-7: Patient seen 1-2 visits/week

- Progress pulley and cane exercises AAROM to 90 degrees of scaption
- Core strengthening exercises as indicated to promote proximal stability
- Submaximal (50% effort) isometrics for shoulder musculature in standing or supine
- At Week 7, progress PROM to 120 degrees flexion/scaption and ER to tolerance; begin IR PROM work to 50 degrees in scapular plane.

Week 8-12: Patient seen 2-3x/week
Goals by end of Week 10: Full PROM. Passive ER should never be performed past 90° by the therapist.
At Week 8, patient may begin to use hand for eating and light ADL's, including dressing and bathing.

- Continue above exercises
- Advance PROM through full flexion, scaption, ER and IR by 10 weeks
- Start scapulothoracic rhythmic stabilaztion and alternating isometrics in supine
- Begin joint mobilization to GH joint as needed
- At Week 10 – Begin prone middle trap and lower trap strengthening exercises

Week 12-16: Patient seen 1-2x/week

• Progressive weights with standing shoulder AROM
• Begin AROM supine below the shoulder flexion and elevation. May progress to light weights. sidelying ER/IR AROM, and elastic band rows.
• Closed-chain ball circles on wall at shoulder height
• At Week 16, begin active strengthening of the shoulder
• At Week 16, progress tubing or pulley resisted flexion, horizontal abduction/adduction, lat pull-downs standing to full active motion above the shoulder

Week 178 to 6 Months Post-Op: Patient seen as needed
Goals for Discharge: Full strength of rotator cuff, deltoid, and parascapular muscles

• PNF D1 and D2 diagonal AROM
• Add UE plyometric exercises with balls
• Bodyblade
• Gradual progression of closed-chain UE strengthening
• Facilitate return to weightlifting equipment for bilateral upper extremities with progressive weights
• At 6 months: for racquet sports, initiate functional pattern exercises with tubing, pulley, free weights, etc.
• At 6 months: for throwing sports, initiate throwing program as deemed appropriate by therapist and physician
• No contact sports until 9 months post-op

Guidelines for Return to ADL's

Patient may return to work and sport activities involving lifting around 8 months post-op, depending on the patient's specific job requirements. Patient must achieve full rotator cuff, deltoid, and parascapular strength and demonstrate ability to perform work duties or sport activities without pain and with proper form.

Long-Term Contraindications

• No incline or flat bench press for 1 year post-op
• No shoulder dips for 1 year post-op
• No behind-the-head military press – permanent restriction
• No behind-the-head lat pull down – permanent restriction