



ORTHOPEDIC PARTNERS

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AC Joint Reconstruction

Post-Operative Instructions

Pain Control and Ice

- A pain medication prescription will be provided prior to discharge.
- You may take the prescribed medication as directed.
- You should expect to experience minimal to moderate shoulder discomfort for several days and even weeks following the surgery.
- Patients often only need prescription narcotics for a few days following the surgery and then can switch to over-the-counter medications such as Tylenol, Advil, or Ibuprofen.
 - 1) While taking narcotic medication, you may become constipated. If this occurs then you should take a stool softener (Ex: Colace, Senna) which can be purchased over the counter.
- Ice bags should be utilized to decrease swelling and pain. Ice should be applied to the shoulder up to three times a day for 20 minute periods until swelling subsides

Wound Care

- If there is bleeding through the bandage, reinforce it with additional dressings for the first 48 hours.
- After 48 hours, remove the bandage. If the incisions are dry (no active bleeding) then you may leave the shoulder uncovered without a dressing. If the shoulder is still bleeding, place new sterile dressings over the incisions and change after an additional 24 hours
- Showering is acceptable after 48 hours. You may get the wounds wet but do NOT scrub the incision sites.
- No swimming or tub bathing until cleared by Dr. Puposar at your first post-operative appointment

Rehabilitation/ General Post-Op Care

- Your sling should be worn at all times unless showering, bathing, or performing your elbow, wrist, and hand exercises.
- Physical therapy will be started after your first post-operative check
 - 1) Please begin the exercises attached to this sheet on your first post-operative day
- Your first post-op appointment is 10-14 days following surgery. This is usually scheduled at your pre-operative visit. If not, then please call the office to schedule
- You may not drive under the influence of pain medication.
- Plan at least 2-3 days away from work or school. Utilize this time to decrease swelling and participate in your home exercise program. You may be able to resume work once the pain and swelling resolves (this varies based on job activity).

Important Notes

- Peri-incisional numbness should be expected after any skin incision. Even the small incisions used for a shoulder arthroscopy.
- Call office for Temperature >102 degrees, excessive swelling, pain or redness around the incision sites.

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EARLY POST-OPERATIVE HOME EXERCISES

Start the following exercises as soon as you are able. You may feel uncomfortable at first, but these exercises will speed your recovery and actually diminish your post-operative pain.

Repetitions per set: 20

Sets of each exercise: 3

Sets per day: 3

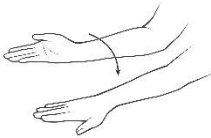
- Open and close your hand.



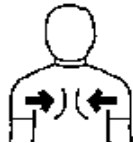
- Bend your elbow and wrist up and down.



- Turn your palm up and down in a motion similar to turning the pages of a book.



- Pinch your shoulder blades together and hold.



Jonathan R. Piposar, MD

AC Joint Reconstruction Physical Therapy Protocol

Phase 1 (Weeks 0-6):

Goals: Maintain elbow & wrist range of motion, decrease swelling, pain

Treatment plan:

- 2) Participate in pendulum exercises
- 3) Swelling and pain control with ice
- 4) Active elbow, wrist, and hand exercises
- 5) NO shoulder motion above 90*

Phase 2 (Weeks 7-12):

Goals: Increased shoulder ROM (FF – full, ABD – 90, ER – 40), reestablish shoulder strength

Treatment plan:

- 1) Progressive ROM, and passive ROM
- 2) Swelling and pain control with ice, modalities
- 3) Scapulothoracic strengthening, shoulder isometrics
- 4) Discontinue sling. No lifting objects greater than 2 pounds

Phase 3 (Weeks 13+):

Goals: Full shoulder ROM, progressive strengthening

Treatment plan:

- 1) Continue with swelling and pain control
- 2) Strengthening program: UBE, bands, weights
- 3) Rotator cuff/shoulder PRE
- 4) **Ok to run or jog**

Phase 4 (Weeks 20+):

Goals: Full shoulder ROM, progressive strengthening

Treatment plan:

- 1) Sports specific training
- 2) Light PNF strengthening
- 3) Rotator cuff/shoulder PRE