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**Patient Name:**

**Date:**

**Date of Surgery:**

**Shoulder Rehabilitation:  
Acromioclavicular Joint Reconstruction**

**Weeks 0-4: Post Operative Phase (HEP)**

**Sling Immobilizer:** At all times except for showering and exercise

**Exercises:** NO shoulder ROM  
AROM wrist/elbow  
Scapular “pinches”

**Weeks 4-6: Phase I (HEP)**

**Sling Immobilizer:** At all times except for showering and exercise

**Exercises:** Passive supine ER to neutral and extension to neutral  
Passive supine FF in scapular plane to 100  
AROM wrist/elbow  
Scapular “pinches”  
Pain free submaximal deltoid isometrics

**Weeks 6-10: Phase II (start with physical therapist)**

**Sling Immobilizer:** At all times except for showering and exercise

Discontinue at week 6

**Exercises:** Passive & Active assisted FF in scapular plane – limit 140 (wand exercises, pulleys)  
Passive & Active assisted ER – no limits (go SLOW with ER)  
Manual scapular side-lying stabilization exercises  
IR/ER submaximal, pain free isometrics  
Modalities as needed

**Advancement Criteria:** FF to 160

ER to 40  
Normal scapulohumeral rhythm  
Minimal pain and inflammation

**Weeks 10-14: Phase III**

**Exercises:** AAROM for full FF and ER  
AAROM for IR – no limits  
IR/ER/FF isotonic strengthening  
Scapular and latissimus strengthening

Humeral head stabilization exercises  
Begin biceps strengthening  
Progress IR/ER to 90/90 position if required  
General upper extremity flexibility exercises

Advancement Criteria: Normal scapulohumeral rhythm  
Full upper extremity ROM  
Isokinetic IR/ER strength 85% of uninvolved side  
Minimal pain and inflammation

**Weeks 14-18: Phase IV**

Exercises: Continue full upper extremity strengthening program  
Continue upper extremity flexibility exercises  
Activity-specific plyometrics program  
Begin sport or activity related program  
Address trunk and lower extremity demands

Discharge Criteria: Isokinetic IR/ER strength equal to uninvolved side  
Independent HEP  
Independent, pain-free sport or activity specific program

Please send progress notes.

**Physician's Signature:** \_\_\_\_\_  
**Gregory Galano, MD**