



Acromioclavicular Joint Repair / Reconstruction

Discharge Instructions

Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling.
 - You may use it 20 minutes on, 20 minutes off, as often as you wish.
 - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as step-down medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.

Activity

- Please keep the shoulder **immobilized in the sling at all times** until otherwise directed.
 - You can expect to need the sling for 6 weeks.
 - Wear the sling while sleeping.
 - You may find sleeping in a recliner to be more comfortable for the first month.
 - You may remove the sling several times per day to perform range of motion with your elbow and wrist to avoid stiffness.
 - Keep your elbow close to your body as you flex and extend it.
 - Do not lift your arm in front of you or away from your side.
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
 - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins 4 weeks after surgery.
 - Please call your insurance company for a list of facilities in your area and choose one by the time you come to your 1 month post-op appointment.
- Driving – At a minimum, no driving until you have **stopped taking the narcotic**.
 - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress.

Wound Care

- Your incisions are covered by several absorbent pads secured with foam tape. Please leave this in place until your first post-op visit.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- No showering until after your first post-op visit.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery.
- Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly.
 - (Note *some* warmth, pain, and swelling are normal.)
- You have persistent pain **and/or** swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery Milestones:

PT will be 3x per week, starting **one month after your surgery**. Once you begin PT, you must do the exercises **daily**.

Overview:

- Week 3 – Begin PT
- Week 6 – Wean from sling
- Week 10 – Full, nonpainful ROM is restored
- Week 16 – Cleared for all activities, pending individual progress and physician approval

Physical Therapy Protocol

The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit, which should occur 1 month after the day of surgery. We usually refer to this recovery period in phases.

PHASE I – Weeks 0-6

Goals: Protect the repair, decrease inflammation, slow muscle atrophy

Precautions: Do not allow shoulder to droop unsupported. No ROM to shoulder apart from PT.

1. Sling to be worn at all times. Remove for hygiene. Do not allow shoulder to droop with arm hanging unsupported.
2. Perform elbow ROM throughout the day—flexion, extension, pronation, supination—with contralateral (opposite) arm supporting the elbow.
3. No ROM to shoulder apart from PT, starting Week 3.

Week 3: Begin Physical Therapy

Exercises:

- Supine PROM Flexion and Abduction to 70 Degrees
- PROM Internal / External Rotation as tolerated
- No Forced Stretching
- No Extension

Week 5:

Exercises:

- Increase PROM Flexion, Abduction, Internal/External Rotation gradually as tolerated
- No Forced Flexion
- Deltoid and Rotator Cuff Isometrics in Neutral

PHASE II: Weeks 6-12

Goals: Progress ROM to full, protect the repair, resolve pain

Precautions: Avoid shoulder extension until Week 10

1. Wean from sling

Week 6-10:

Exercises:

- Continue Deltoid and Rotator Cuff Isometrics
- Progress AAROM to AROM gravity assisted, then to gravity resisted

Week 10-12:

Exercises:

- PROM and AROM in all directions
- Initiate gentle scapular strengthening
- Shoulder and scapular isometrics

PHASE III: Weeks 12-16

Goals: Full pain-free ROM, regain strength and endurance

Precautions: No pressing exercises, no deadlifts, no contact sports

Weeks 12-16:

Exercises:

- Continue AROM and PROM in all directions
- Shoulder and scapular strengthening
- Scapular stabilization

PHASE IV: Week 16 and beyond

Goals: Full, functional ROM, maintain strength

No precautions