

Rehabilitation Guidelines: Arthroscopy & ACJ Resection

Name :

Date of Surgery:

Phase	Mobilisation	ROM	Exercises / Strengthening	Precautions
Phase 1 Week 0-3	Immobiliser may be worn initially post op, but should aim to wean in the first few days.	Aim to restore ROM immediately	Pendular excs / PROM /AAROM* / Pulleys /AROM to wrist, elbow, neck / Scapula Retractions / Postural Awareness / Gentle Isometrics - RC / scap / deltoid /GHJ / Scapula mobilisations / Wand excs / Pool therapy (when wounds healed)	Do not force PROM flexion / abduction (to avoid compression of subacromial space)
Phase 2 Week 3-6	No immobiliser	Aim for full ROM	Isotonics – resistance bands / weights / Joint mobilisations / Scapulothoracic isometrics / isotonics / Postural Alignment / Abdominal Activation / Address kinetic chain – trunk / lower limb / Proprioceptive excs	Emphasis on exercise technique Muscular Endurance - High reps, low weight
Phase 3 Week 6+	No immobiliser	FROM	PNF Diagonal Patterns / Progression of upper extremity strengthening – delts, lats, pecs, RC, periscapular (weights programme) / Activity specific plyometrics / Overhead / throwing programme	Eccentric strengthening High speed / high energy strengthening

Note:

As everyone progresses at different rates, the rehabilitation programme should focus on criteria based progression, rather than timeline based progression. For each exercise, it is imperative to have consistent sequential progressions. Once the patient / athlete is proficient with execution of a particular exercise, the exercise can be increased in complexity, with emphasis on technique efficiency.

Please contact Professor Moran's office if you have any questions.