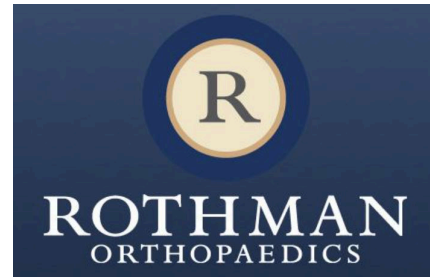


Brandon J. Erickson, MD
Montanna Casey, ATC
Mackenzie Lindeman, ATC
Terry Lin, PA-C
645 Madison Ave New York, NY
200 White Plains Rd 4th Floor Tarrytown, NY
450 Mamaroneck Ave Suite 200 Harrison, NY
Phone: 914-580-9624
Montanna.Casey@rothmanortho.com
Mackenzie.Lindeman@rothmanortho.com
Terry.Lin@rothmanortho.com
www.brandonericksonmd.com



AC JOINT RECONSTRUCTION PHYSICAL THERAPY PROTOCOL/PRESCRIPTION

Name _____

Diagnosis s/p RIGHT/LEFT AC Joint Reconstruction

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

_____ Weeks 1-6:

PROM 0-90 FF, 0-45 ABD MAX, ER/IR as tolerated

Elbow / wrist / hand ROM ok

NO cross body adduction for 8 weeks

Isometric exercises in all planes

NO RROM shoulder flexion until 12 weeks post-op

_____ Weeks 6-12:

Progressive full AAROM > AROM of the shoulder

Isotonic shoulder exercises

NO RROM shoulder flexion until 12 week post-op

Comments:

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning Teach HEP

Modalities

Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis

___ TENS Heat before Ice after ___ Trigger points massage

___ Other _____ Therapist's discretion

Signature _____ Date _____