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ACJ Excision Rehab

Acromioclavicular Joint (ACJ) excision, also known as distal clavicle excision, is a surgical procedure that removes the end of the collarbone (clavicle) where it meets the shoulder blade (scapula) at the acromioclavicular joint. This surgery is typically performed to relieve pain caused by arthritis, injury, or other degenerative changes in the joint. The following rehabilitation protocol provides a structured approach to recovery and is intended for patient guidance.

See Also:

ACJ arthritis & ACJ excision

Rehabilitation Goals

- Manage pain and swelling
- Restore shoulder range of motion (ROM)
- Regain strength and function
- Safely return to daily activities, work, and sport

Expected Recovery Time

Milestone	Timeframe Range
Pain and swelling reduce	1–3 weeks
Regain basic ROM	3–6 weeks
Begin strengthening	6–8 weeks
Return to desk work	2–4 weeks
Return to manual work	8–12 weeks
Return to full sport	12–16+ weeks

Phase 1: Early Post-op (0–2 weeks)

Goals

- Protect the surgical site
- Manage pain and inflammation
- Prevent stiffness in surrounding joints

Instructions

- Use a sling for comfort as advised by your surgeon (typically 5–10 days)
- Apply ice packs (15–20 minutes, 3–5 times daily) to reduce swelling
- Keep the wound clean and dry
- Avoid lifting, pushing, or overhead use of the affected arm

Exercises

- Hand, wrist, and elbow mobility exercises (5–6 times daily)
- Pendulum exercises (small circles) as tolerated
- Scapular setting and posture awareness
- Passive shoulder forward elevation (if pain-free and surgeon approved)

Phase 2: Intermediate Phase (2–6 weeks)

Goals

- Restore full shoulder range of motion
- Begin gentle activation of shoulder muscles
- Reduce reliance on the sling completely

Instructions

- Discontinue sling use unless instructed otherwise

- Gradually return to light daily activities
- Avoid heavy lifting or resistance work

Exercises

- Active-assisted ROM: pulley exercises, table slides, wand-assisted elevation
- Gentle active ROM within pain-free range
- Isometric shoulder muscle activation (e.g., deltoid, rotator cuff)
- Continue scapular stabilisation exercises

Phase 3: Strengthening Phase (6–12 weeks)

Goals

- Restore full ROM
- Improve strength and muscular endurance
- Support return to functional activities

Instructions

- Begin resistance-based exercises as pain allows
- Continue activity modifications to avoid overload

Exercises

- Theraband or light weight resistance exercises for rotator cuff and deltoid
- Scapular strengthening: rows, wall push-ups
- Progressive ROM activities with full elevation and external rotation
- Functional movement training (e.g., reaching, light lifting techniques)

Phase 4: Return to Activity Phase (12+ weeks)

Goals

- Return to full work, sport, or recreational activity
- Maximise strength, endurance, and coordination

Instructions

- Resume high-level activities under physiotherapy guidance
- Monitor for symptoms such as swelling or pain with loading
- Continue home exercise program as part of maintenance

Exercises

- Sport or work-specific drills
- Advanced resistance training (weightlifting, push-ups, pull movements)
- Plyometric and proprioceptive training as appropriate
- Cardiovascular conditioning (e.g., swimming, cycling)

When to Contact Your Surgeon

- Increased redness, swelling, or warmth around the incision
- Fever over 38°C
- Sudden increase in shoulder pain
- Loss of shoulder motion after initial improvement
- Wound drainage or signs of infection
- Persistent clicking or instability of the joint

Disclaimer

Note: This is a general guideline. Your physiotherapist or surgeon may adjust the protocol based on your specific condition and progress.