



NICK AVALLONE, M.D.

www.dravallone.com

755 Memorial Pkwy
Suite 201
Phillipsburg, NJ 08865

22 Walmart Plaza
2nd Level
Clinton, NJ 08809

908-847-8884

Coracoclavicular Ligament Reconstruction

DISCLAIMER: The following physical therapy protocol is intended to be utilized by the clinician as a guideline in the treatment of this disorder. It is based on current research and has been formulated as a collaborative effort between Physicians and Physical Therapists. It is not intended to serve as a substitute for sound clinical decision making. Every patient is a unique case, and it should be anticipated that not all patients will fit into the timelines set forth in this protocol. If the physical therapist has any questions regarding the course of treatment, the referring physician should be contacted for further guidance.

Phase I: Post op: weeks 0-6

Goals:

- Protect surgical repair
- Ensure wound healing
- Prevent shoulder stiffness
- Regain ROM
- Control pain and swelling

Precautions:

- Remove sling only to perform exercises
- Do not let weight of arm pull on repair x 6 weeks
- Do not elevate surgical arm above 90 degrees in any plane for the first 6 weeks
- Do not lift any objects over 1-2 pounds for first 6 weeks
- Avoid shoulder extension and reaching behind back x 12 weeks
- To shower: bend over at the waist and let the arm passively come away from the body to wash under the operated arm.
- No scap retractions until 12 weeks

Physical Therapy Interventions:

- **PROM:**
 - flexion to 90 degrees as tolerated
 - ER with elbow supported on pillow as tolerated
 - IR and ER at 90 degrees abduction to 45 degrees
 - Abduction to 90 degrees
 - Avoid shoulder extension and reaching behind back x 12 weeks
 - No horizontal abduction
- Avoid tissue tension with stretching 0-6 weeks: but PROM allowed
- Therapeutic exercises: (elbow is to remain in front of the body for all exercises)
 - Pendulum exercises
 - Supine assisted arm elevation limited to 90 degrees
 - Supine flexion with wand to 90 degrees
 - Shoulder abduction with wand to 90 degrees
 - Supine ER/IR with wand in neutral shoulder position
 - NO SCAPULAR RETRACTIONS (until 12 weeks)
 - Isometrics: ER, IR, FLX, ABD (no extension)
 - Ball squeeze for grip
 - Elbow and forearm exercises progressing to light resistance
 - Theraband exercises: ER, IR (limit IR to neutral)
- **Modalities:**
 - Ice

Phase II: weeks 7-12 weeks

Goals:

- Protect surgical repair
- Improve ROM of the shoulder
- Begin gentle strengthening
- Improve neuromuscular control
- Enhance proprioception and kinesthesia

Precautions:

- No push ups or forceful pushing/pulling movements
- No lifting of weighted objects overhead or across the body
- Avoid shoulder extension and reaching behind back x 12 weeks
- No scap retractions until 12 weeks

Physical Therapy Intervention: (elbow is to remain in or in front of the plane of the body for all exercises)

- Discharge sling
- Gradual increase ROM
 - Shoulder flexion and abduction to tolerance (full by 12 weeks)
 - Horizontal adduction AROM only
 - Progressive IR and ER as tolerated to full
 - ER at 90 deg abduction

- Elevation in scapular plane progressing from AAROM to AROM, supine to standing if proper form is demonstrated
- Wall slide
- IR behind the back to beltline only per protocol (not until 12 weeks)
- Horizontal adduction active reach progressing from gravity eliminated to against gravity position as tolerated
- Hands behind the head stretch
- Side Lying IR stretch (sleeper stretch) with elbow supported on a towel roll
- Biceps curl
- Prone scap strengthening: I's, Y's, T's, rows (elbow is to remain in or in front of the plane of the body for all exercises)
- Serratus punch
- Sidelying shoulder ER with resistance
- Scaption
- Rhythmic stabilization
- Proprioception drills
- Scapulohumeral rhythm exercises

Phase III: weeks 13-18

Goals:

- Progress to full ROM
- Improve strength/power and endurance
- Improve neuromuscular control
- Improve dynamic stability
- Improve scapular strength

Precautions:

- Continue to avoid forceful pushing, pulling and lifting overhead

Therapeutic Interventions:

- Progress to full ROM
- Scap retractions initiated
- Continue theraband and dynamic exercises from phase 1 and 2
- Theraband: add T's, PNF D1/D2, IR/ER at 90 degrees abduction
- Continue previous progressive resistance limit to 5 lb
- Initiate push-ups into wall at week 12 (no full body weight push up until week 16)
- Weight training can begin at 16 weeks
- Machine resistance (limited ROM)
 - Biceps and triceps
 - Front pull downs
 - Seated rows
 - Seated bench press at week 16
- PRE 1-5 lb as tolerated
- Gradual return to recreational activities without force on the arm

Phase IV: weeks 19-28

Goal:

- Progressively increase activities to prepare patient for unrestricted functional return

Precautions:

- Weight training precautions
- Shoulder brace sometimes for collision sports

Physical Therapy Interventions:

- Full ROM
- Progress CKC program:
 - Ball on wall
 - Push Up on unstable surface at 20 weeks
- Plyometric exercises for throwers:
 - Rebounder throws arm at side
 - Wall dribbles overhead
 - Rebounder throws with weighted ball
 - Decelerations, wall dribbles at 90 deg
 - Wall dribble circles

***Interval sports programs can begin and athletes can gradually resume regular training between 28-32 weeks

1. Acromioclavicular Joint Reconstruction Surgery. Access 5/4/20.
<https://www.massgeneral.org/assets/MGH/pdf/orthopaedics/sports-medicine/physical-therapy/rehabilitation-protocol-for-AC-joint-reconstruction.pdf>