



Austin Cole, MD

## AC Joint/Coracoclavicular Ligament Reconstruction Post-Operative Protocol

### Phase I – Maximum Protection – Passive Range of Motion

#### **Week 0 to 4:**

- Sling for 4 weeks. May remove for hygiene only
- No range of motion for 2 weeks.
- Week 2 initiate passive range of motion
  - Flexion and scaption to 70 degrees
  - Internal and external rotation to tolerance
  - NO glenohumeral extension
  - Full elbow range of motion, active hand and wrist motion

#### Goals

- Reduce inflammation
- Decrease pain
- Postural education

#### Manual therapy

- STM to forearm and upper arm as needed.

#### Exercise progression

- Ice and modalities to reduce pain and inflammation.
- Cervical range of motion and basic deep neck flexor activation (chin tucks).
- Low intensity cardiovascular exercise—stationary bike no UE support, walking

### Phase II – Progressive Stretching and Active Motion

#### **Weeks 4 to 6:**

- May discontinue sling as instructed

#### Goals

- Postural education.
- PROM all planes.

#### Manual therapy

- STM – global shoulder and cervical. Scar tissue mobilization.
- Graded GH mobilizations, ST mobilizations.

#### Exercise progression

- Progress to full passive range of motion as tolerated
- Initiate AAROM at 6 weeks
  - Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
- Sub-maximal isometrics.
- Cervical range of motion as needed to maintain full mobility.
- DNF and proper postural positioning with all exercises.
- Low to moderate cardiovascular work. No running until 6 weeks

### **Phase III – Strengthening Phase**

#### **Weeks 6 to 12:**

##### Goals

- Full ROM
- Normalize GH/ST arthrokinematics.
- Rotator cuff/scapular stability isotonic progression.

##### Manual therapy

- STM and joint mobilization to CT junction, GHJ and STJ as needed.
- Manual perturbations.
- PNF patterns.

##### Exercise progression

- Continue with combined passive and active assisted program to push full range of motion.
- Begin AROM at week 8. GH extension at week 10
- Internal rotation with sleeper stretch
- Serratus activation: Ceiling punch (weight of arm) - may initially need assistance.
- Scapular strengthening – prone scapular series (rows and I's) unweighted.
  - Emphasize scapular strengthening less than 90 degrees.
  - External rotation in neutral
- RC isotonic at 0 and 90 degrees as strength permits beginning at week 10
  - Add rows and front lat pulls.
  - Progressive resistance exercise: biceps and triceps.
- Advance prone series to include T's and Y's as tolerated..
- Supine progressing to standing PNF patterns, with resistance as appropriate.

### **Phase IV – Advanced Strengthening and Plyometric Drills**

#### **Weeks 12 to 16:**

##### Manual therapy

- Continue as needed

##### Exercise progression (PRE/PSE)

- Full active range of motion in all planes – emphasize terminal stretching.
- Advance strengthening at or above 90° with prone or standing Y's and 90/90 as scapular control and ROM permit.
  - Patient health, physical condition and goals/objectives determine.
- Gym strengthening program; gradual progression with pulling and overhead activity. Limit pushing activities
- CKC progression: quadruped, ball compression, counter weight shift, knee scapular push-ups, all as tolerated at week 16
  - Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position.

#### **Weeks 18 to 24:**

##### Exercise Progression

- Weeks 18 to 20: gym strengthening program to include chest fly and pressing motions.
- Progress closed kinetic chain program to include push-up progression
- Initiate plyometric and rebounder drills as appropriate.

##### Return to sport program

- Continue to progress RC and scapular strengthening program.
- Continue with closed chain quadruped perturbations. Add open chain as strength permits.
- Advance gym strengthening program.
- Return to sport testing for interval
- Follow-up examination with the physician (4.5-6 months) for release to full activity.