

Rehab Protocol for Coracoclavicular Reconstruction For Treatment of AC Joint Instability

- This is a procedure that recreates both the conoid and trapezoid coracoclavicular ligaments and augments any remaining superior and posterior acromioclavicular ligaments.
- The conoid and trapezoid ligaments function to limit excessive acromioclavicular joint displacements in the superior and posterior directions.
- The Inferior acromioclavicular ligament is the major restraint to anterior translation

Post-operative range of motion precautions

- **No scapular depression**
- **No active or passive horizontal abduction x 6 weeks**
- **No IR reaching behind the back x 6 weeks**
- **No active or passive shoulder extension x 6 weeks**

Phase I (0-4 weeks) Immobilization Phase

- No ROM to the affected shoulder
- Sling can be removed to perform elbow, wrist, and hand ROM and grip strengthening exercises
- Modalities such as IFC, cryotherapy, and game ready compression may be utilized to help control pain and swelling.

Phase II (4-6 weeks) Early Mobilization Phase

- Continue use of sling until instructed to discontinue by physician. Avoid an unsupported arm.
- PROM: flexion to 90 deg, ABD to 90 deg, External rotation to tolerance.
- Gentle submaximal isometrics in planes of flexion, abduction, extension (at neutral), ER and IR.
- Side-lying scapular retractions (**Avoid scapular depression until 6 weeks post op**).
- Continue elbow, wrist, and hand ROM and grip strengthening.

Phase III (7-10 weeks) Intermediate Phase

- **Avoid overhead pressing activities and lifting activities from the floor (dead lifts)**
- Progress A/PROM as tolerated in all planes
- Progress RTC and scapular stabilizer strength
- Progress total arm strengthening

Phase IV (11-16 weeks): Dynamic Strengthening Phase

- Initiate light bench and shoulder press activities
- Continue progressions in resistance exercises for shoulder ER, IR flexion, and extension
- Prone scapular stabilizer progressions
- Resistance band PNF patterns
- Progress ER and IR strengthening to 90 degrees of abduction
- Rhythmic stabilization shoulder flexion-extension, ER/IR (90/90 position) with rhythmic stabilization holds