

Tel: (212) 598-6784

Rehabilitation Protocol: Acromioclavicular/Coracoclavicular (AC/CC) Ligament Reconstruction with Allograft

Name:	Date:
Diagnosis:	Date of Surgery:

PhaseI (Weeks 0----4)

- Sling to be **worn at all times** except for showering; avoid unsupported arm; no lifting >5 lbs.
- Range of Motion
 - **0---4 weeks:** No shoulder range of motion
 - Therapeutic Exercise
 - o Slow, small, gentle shoulder pendulum exercises with supervision of therapist
 - o Elbow/wrist/hand range of motion and grip strengthening
 - Modalities per PT discretion to decrease swelling/pain

PhaseII (Weeks 4---6)

- Continue sling except for showering and PT; avoid unsupported arm; no lifting >5 lbs.
- Range of Motion
 - **4---6 weeks: PROM** $\rightarrow \rightarrow$ FF to 90⁰, Abduction to 60⁰, ER to neutral, extension to neutral, IR to chest wall.
- Therapeutic Exercise
 - o Submaximal pain---free deltoid isometrics
 - Elbow/wrist/hand range of motion and grip strengthening

PhaseIII (Weeks 6---12)

- No lifting >5 lbs
- Range of Motion
 - **6---8 weeks:** AAROM \rightarrow → FF to 120[°], Abduction to 90[°], ER to neutral, extension to neutral, IR to chest wall.
 - 8---10 weeks: AAROM/AROM $\rightarrow \rightarrow$ FF to 140°, Abduction to 120°, ER/IR to 45 with arm abducted.
 - \circ > 10 weeks: AAROM/AROM → Advance to full AROM in all planes.
- Therapeutic Exercise
 - o Begin pain---free isometric rotator cuff and deltoid exercises at 6 weeks
 - o Begin gentle rotator cuff and scapular stabilizer strengthening at 8 weeks
 - o Continue elbow/wrist/hand range of motion and grip strengthening

Phase IV (Months 4---6)

- Range of Motion Full without discomfort; no lifting restrictions
- Therapeutic Exercise Advance strengthening as tolerated: isometrics $\rightarrow \rightarrow$ therabands $\rightarrow \rightarrow$ light weights
 - o Scapular and lattisiumus strengthening
 - o Humeral head stabilization exercises
 - o Rotator cuff, deltoid and biceps strengthening
- Modalities per PT discretion

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date:_____