

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 90<sup>0</sup>, Abduction to 60<sup>0</sup>, 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<sup>°</sup>, Abduction to 90<sup>°</sup>, 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:\_\_\_\_\_