

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



Hospital for Joint Diseases  
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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

**Phase I (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
  - Slow, small, gentle shoulder pendulum exercises with supervision of therapist
  - Elbow/wrist/hand range of motion and grip strengthening
  - Modalities per PT discretion to decrease swelling/pain

**Phase II (Weeks 4-6)**

- Continue sling except for showering and PT; avoid unsupported arm; no lifting >5 lbs.
- Range of Motion
  - **4-6 weeks: PROM** → FF to 90°, Abduction to 60°, ER to neutral, extension to neutral, IR to chest wall.
- Therapeutic Exercise
  - Submaximal pain-free deltoid isometrics
  - Elbow/wrist/hand range of motion and grip strengthening

**Phase III (Weeks 6-12)**

- No lifting >5 lbs
- Range of Motion
  - **6-8 weeks: AAROM** → FF to 120°, Abduction to 90°, ER to neutral, extension to neutral, IR to chest wall.
  - **8-10 weeks: AAROM/AROM** → FF to 140°, Abduction to 120°, ER/IR to 45 with arm abducted.
  - **> 10 weeks: AAROM/AROM** → Advance to full AROM in all planes.
- Therapeutic Exercise
  - Begin pain-free isometric rotator cuff and deltoid exercises at **6 weeks**
  - Begin gentle rotator cuff and scapular stabilizer strengthening at **8 weeks**
  - 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 → therabands → light weights
  - Scapular and latisiumus strengthening
  - Humeral head stabilization exercises
  - Rotator cuff, deltoid and biceps strengthening
- Modalities per PT discretion

Comments:

Frequency: \_\_\_\_\_ times per week

Duration: \_\_\_\_\_ weeks

Signature: \_\_\_\_\_

Date: \_\_\_\_\_