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

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 lattisimus strengthening
  - Humeral head stabilization exercises
  - Rotator cuff, deltoid and biceps strengthening
- Modalities per PT discretion

Comments:

Frequency: _____ times per week          Duration: _____ weeks

Signature: ____________________________________________ Date: ______________________