

PHYSICAL THERAPY: AC JOINT AND CORACO-CLAVICULAR LIGAMENT RECONSTRUCTION

Weeks 0-4: Post-Operative Phase (Home Exercise Program)

Sling Immobilizer: At all times except for showering and exercise

Exercises: NO shoulder ROM
AROM wrist/elbow
Scapular “pinches”

Weeks 4-6: Phase I (Home Exercise Program)

Sling Immobilizer: At all times except for showering and exercise

Exercises: Passive supine ER to neutral and extension to neutral
Passive supine FF in scapular plane to 100
AROM wrist/elbow
Scapular “pinches”
Pain free submaximal deltoid isometrics

Weeks 6-10: Phase II (start with physiotherapist)

Sling Immobilizer: At all times except for showering and exercise

Discontinue at week 8

Exercises: Passive & Active assisted FF in scapular plane – limit 160 (wand exercises, pulleys)

Passive & Active assisted ER – no limits (go SLOW with ER)

Manual scapular side-lying stabilization exercises

IR/ER submaximal, pain free isometrics

Modalities as needed

Advancement Criteria: FF to 160
ER to 40
Normal scapulohumeral rhythm
Minimal pain and inflammation

Weeks 10-14: Phase III

Exercises: AAROM for full FF and ER
AAROM for IR – no limits
IR/ER/FF isotonic strengthening
Scapular and latissimus strengthening
Humeral head stabilization exercises
Begin biceps strengthening
Progress IR/ER to 90/90 position if required
General upper extremity flexibility exercises

Advancement Criteria: Normal scapulohumeral rhythm, full upper extremity ROM
Isokinetic IR/ER strength 85% of uninvolved side
Minimal pain and inflammation

Weeks 14-18: Phase IV

Exercises: Continue full upper extremity strengthening program
Continue upper extremity flexibility exercises
Activity-specific plyometrics program
Begin sport or activity related program
Address trunk and lower extremity demands

Begin Throwing program

- Begin light tennis ball tossing at 20-30ft. max at 60% velocity, work on mechanics of wind up, early cocking phase, late cocking phase, acceleration, and follow through
- Isokinetics at high speeds – with throwing wand if thrower, 240, 270, 300, 330, 360°/sec and up, 15 reps each speed
- Throwers begin re-entry throwing program on level surface (criteria to start program listed on re-entry throwing protocol)
- Continue strengthening and stretching programs
- Emphasize posterior capsule stretching

Note – A tight posterior-inferior capsule may initiate the pathologic cascade to a SLAP lesion, and that recurrence of the tightness can be expected to place the repair at risk in a throwing athlete.

Discharge Criteria: Isokinetic IR/ER strength equal to uninvolved side
Independent HEP
Independent, pain-free sport or activity specific program