

Coracoclavicular Ligament Reconstruction

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This protocol was developed for patients who had a coracoclavicular ligament reconstruction to treat acromioclavicular separation/dislocation. The goal of this protocol is to advance range of motion and strength as directed while protecting the reconstruction to ensure optimal healing.

Patients are discharged wearing a sling. Patients will wear the sling with a small abduction support for a total of 6 weeks. The dressing may be removed three days after surgery. Leave the steri-strips on the incisions until one week after your surgery. After the dressing is removed you may shower quickly and gently pat your shoulder dry with a clean towel. When in the shower you are to wear a sling to protect your shoulder from injury. If there is any drainage or concern about the healing of the incisions do not shower and just gently clean the surface of the shoulder with rubbing alcohol. Stretching exercises to regain motion are performed in sets of 5 repetitions, 5 times each day, holding each stretch for 10 seconds.

Week 2

- Pendulum circumduction exercises
- Begin passive self-assisted supine external rotation without limitation
- Begin postural exercises with rhomboid and trapezius contraction
- Neck range of motion to prevent cervical spine soreness

Week 4

- Begin supine self-assisted passive forward elevation to 90°.

Week 7

- Discontinue use of the sling at the end of week 6 and begin light active use
- May advance passive self-assisted forward elevation and begin supine horizontal adduction and standing internal rotation

Week 8

- Continue passive self-assisted range of motion stretching exercises to regain motion
- Active range of motion exercises
- Isometrics deltoid, internal rotation, external rotation
- Scapula stabilization

Week 12

- Theraband strengthening/progressive resistive strengthening; closed chain strengthening

After 4 months

- Progress resisted strengthening and begin plyometrics