

Dr. Matthew L. Hansen, MD

Sports Medicine and Shoulder Specialist

480.964.2908 -●- hansenSportsDoc.com -●- OrthoArizona

THERAPY PROTOCOL FOR CORACOCALVICULAR LIGAMENT RECONSTRUCTION FOR AC JOINT INJURY

Note: While this is intended to be a guide, please tailor progression to the patient's surgical procedure and response to treatment. The diagnosis, the surgery performed, and the patient's pre-operative level all play important roles in the post-operative period. Therapy is often held for 6 weeks following surgery for stabilization procedures. This protocol is a general timeline, and can be accelerated or decelerated according to each individual situation. The protocol is NOT intended to be a comprehensive outline of all activities and restrictions.

This therapy protocol is intended for current patients of Dr. Hansen who are actively under his care. Dr. Hansen reserves the right to change all or part of this protocol based on individual patient progress. Please contact our office if you have questions or concerns.

Thank you for your care of our shared patient!

Frequency: 2-3 times per week for 12-16 weeks

General Information:

- Surgery may also include one or more of the following:
 - Distal clavicle excision
 - Hamstring graft harvest
- Therapy activities and/or timeline may be modified depending on the nature of the surgery and/or extent of the injury

1) Phase 1: Weeks 0-4

Goals: Decrease soreness and swelling, protect repair

- a) Precautions
 - i) Use sling night and day for 6 weeks WITH ABDUCTION PILLOW
 - ii) Therapy often held for 4-6 weeks dependent on intraoperative findings
 - iii) No lifting, pushing, pulling or carrying surgical arm

- b) Day of surgery:
 - i) AROM wrist/hand
 - ii) Cold therapy
- c) Weeks 0-2
 - i) Full PROM elbow, wrist hand
 - ii) No shoulder motion
- d) Weeks 3-4
 - i) Pendulums only with surgeon approval

2) Phase 2: Weeks 4-6

Goals: Gradually advance PROM, protect repair

- a) Precautions
 - i) Use sling night and day for 6 weeks WITH ABDUCTION PILLOW (except shower or PT)
 - ii) Avoid unsupported arm
 - iii) No lifting, pushing, pulling or carrying surgical arm
 - iv) No active flexion until 6+ weeks postop
- b) Weeks 4-6
 - i) PROM as tolerated:
 - (1) IR to chest wall
 - (2) ER to neutral
 - (3) Flexion to 90 degrees
 - (4) Abduction to 60 degrees

3) Phase 3: Weeks 6-12

Goal: Advance PROM/AAROM/AROM

- a) Precautions
 - i) Discontinue sling at 6 weeks
 - ii) No lifting, pushing, pulling or carrying surgical arm
- b) Weeks 6-8
 - i) Advance AAROM as tolerated
 - (1) IR to chest wall
 - (2) ER to neutral
 - (3) Flexion to 120 degrees
 - (4) Abduction to 90 degrees
 - ii) Begin pain-free isometric rotator cuff and deltoid exercises
- c) Weeks 8-10
 - i) Advance AAROM and AROM as tolerated
 - (1) IR to 45 degrees
 - (2) ER to 45 degrees
 - (3) Flexion to 140 degrees
 - (4) Abduction to 120 degrees

- ii) Begin gentle rotator cuff and scapular stabilizer strengthening
- d) Weeks 10+
 - i) Advance AAROM and AROM as tolerated
 - (1) Full ROM in all planes

4) Phase 4: Weeks 12-16+

- a) Precautions
 - i) Pain-free AROM as tolerated
- b) Weeks 12-16:
 - i) Gradual strengthening & work hardening
 - ii) Humeral head stabilizing exercises
 - iii) Modalities per PT discussion
- c) Weeks 16+:
 - i) Gradual return to normal activity

Guide to advance activity (as tolerated and with surgeon approval):

2-3 weeks: sedentary work

12 weeks: driving if pain free

4-6 months: manual job