

Rehabilitation Protocol: AC Joint / CC Ligament Reconstruction

Date of Surgery: _____

Procedure: ☐ CC Ligament Reconstruction ☐ AC Joint Reconstruction ☐ Distal Clavicle Excision

CC ligament reconstruction (graft or suture-button fixation) and AC joint reconstruction follow the same timeline.

Protect the Reconstruction: Avoid downward traction on the arm (no lifting or carrying) and avoid horizontal adduction and IR behind the back early, as these stress the AC/CC repair.

Progression is both time- and criteria-based. Outcome measures each phase: QuickDASH, NPRS. Please contact our office with any questions or concerns.

☐ **Phase I – Recovery (Weeks 0–2)**

- **Sling:** At all times except bathing, dressing, icing, and HEP; support the arm with pillows when sitting or sleeping
- **Precautions:** No weight bearing through the arm, including lying on the operative side. No lifting or carrying. **No AROM elevation; no horizontal adduction, IR behind the back, or scapular protraction/retraction.** Sleep semi-reclined. **Distal clavicle excision:** no horizontal (cross-body) adduction for 8 weeks
- **Range of Motion** – PROM/AAROM elevation in scapular plane **to 90°**; PROM/AAROM ER/IR in neutral
- **Therapeutic Exercises**
 - Pendulums in sling, supported by the opposite arm
 - Distal UE AROM
 - Cryotherapy for edema
- **Criteria to Progress:** Understands precautions; independent with sling; pain and edema controlled; PROM elevation 90°

☐ **Phase II – Protection (Weeks 3–6)**

- **Sling:** Continue through 6 weeks
- **Precautions:** No weight bearing through the arm, including lying on the operative side. No lifting or carrying. **No AROM elevation.** Avoid end-range scapular protraction/retraction
- **Range of Motion** – PROM/AAROM elevation in scapular plane, progressing to 90–120°; PROM/AAROM ER/IR
- **Therapeutic Exercises**
 - Pendulums in sling, supported by the opposite arm
 - Deltoid and rotator cuff isometrics (**except shoulder flexion**); IR/ER rhythmic stabilization
 - Periscapular strengthening below shoulder height, mid-range, no resistance
 - Soft tissue mobilization (pectorals, upper trapezius, levator scapulae); scar mobilization once healed; T-towel thoracic extension
 - Lower extremity/core strengthening with shoulder protected; stationary bike
 - Aquatic therapy with surgeon clearance and healed incision
- **Criteria to Progress:** Independent with precautions; pain and edema controlled; PROM elevation 90–120°

☐ **Phase III – Motion and Early Strengthening (Weeks 7–12)**

- **Sling:** Discontinue
- **Precautions:** **No lifting >5–10 lbs until 12 weeks.** No push-ups, bench press, or dips. Cross-body adduction may begin at 8 weeks if DCE performed

- **Range of Motion** – PROM and AROM in all planes; initiate scaption to restore scapulohumeral rhythm
- **Therapeutic Exercises**
 - Flexibility as needed (pectorals, posterior cuff, subscapularis)
 - Rhythmic stabilization; closed chain scapular stability in scapular plane (wall weight shifts, ball on wall)
 - Periscapular resistance: rows, serratus punch, prone extension
 - Rotator cuff isotonic
 - UBE as ROM permits; aquatic therapy; stationary bike
- **Criteria to Progress:** PROM within normal limits; normalized scapulohumeral rhythm

☐ **Phase IV – Advanced Strengthening and Return to Activity (Week 13+)**

- **Precautions:** Do not progress activity until cleared by our office. **No heavy lifting/carrying and no heavy pressing (bench press, dips) until ~4 months**
- **Therapeutic Exercises**
 - Joint mobility as needed (GH, SC, AC, scapulothoracic); continue flexibility and full PROM/AROM
 - Periscapular: prone I, T, Y
 - Rotator cuff strengthening at 90/90; initiate overhead strengthening
 - UE weight bearing: push-up progression starting wall/incline at 13 weeks, advancing as tolerated
 - PNF patterns; progress closed chain scapular stability
 - Return to throwing progression and sport-specific training
- **Return to Sport:** Non-contact and overhead sports at **~4 months**; contact/collision sports at **~5–6 months** – both with physician clearance
- **Criteria for Discharge:** Pain-free ADLs and/or sport-specific training; full return to sport/activity; independent with HEP; physician clearance