

Dr. Larry “Chip” Bankston

Coracoclavicular Ligament Reconstruction/AC joint Reconstruction

Surgery is generally indicated for chronic grade III and IV AC separations. The procedure is performed for functional rather than cosmetic purposes.

Recommendations:

- Elbow must be supported at all times for 6 weeks post-op (Avoid weight/traction to affected upper extremity for 6 weeks)
- Encourage PROM at home daily (2 – 3 sessions) by family member for the first 4 - 6 weeks.
- Instruct in proper posture and use of pillows to support arm while sleeping.
- Have patient ice shoulder 3 - 4 times daily to decrease pain and inflammation.
- **PROM Limits: Forward elevation and abduction to 90° for 4 weeks. Internal and external rotation to tolerance.**
- Return to work and sport to be determined on an individual basis by the physician.

Post-Op Protocol:

0 - 2 Weeks:

1. PROM in all planes. FE and Abduction limited to 90°. ER/IR to tolerance.
2. Begin multi-angle isometrics (submax).
3. AROM of elbow, wrist and hand with arm supported.

2 - 4 Weeks:

1. Continue progressing PROM within limitations
2. Scapular setting in sling.
3. Supine ER with wand.

4 - 6 Weeks:

1. Continue progressing PROM. Progress PROM (Limit FE to 120°)
2. Begin active side lying ER.

3. Gentle open kinetic chain rhythmic stabilization progression in supine.

6 - 8 Weeks:

1. PROM to tolerance.
2. Begin AAROM with pulleys and wand.
3. UBE avoiding excessive protraction/retraction.
4. AROM FE and abduction to 90°.
5. Begin scapular stabilization and rotator cuff exercises within pain-free range.

8 - 12 Weeks:

1. Full AROM FE 170, ER 80-90, IR 90 by 12 weeks.
2. Progress parascapular and rotator cuff exercises.
3. Train extrinsic shoulder musculature (deltoids, biceps, triceps)
4. Plyoback, advanced PNF with theraband, bodyblade etc.

12 - 16 Weeks:

1. Progress Strength as tolerated.
2. Avoid contact sports for 6 months

*Full unrestricted activity by 6 months.