



Indiana University Health

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Sports Medicine and Arthroscopic Surgery
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Coracoclavicular Ligament (AC Separation) Repair/Reconstruction

General Post Op Instructions

Wound Care	<ul style="list-style-type: none"> ✓ Dressings can be removed 2 days after surgery, or they can be removed at the first physical therapy appointment ✓ If desired, incisions may be covered with simple dressings (band-aids)
Swelling	<ul style="list-style-type: none"> → Swelling and bruising are to be expected after a surgical procedure
Ice and Elevate	<ul style="list-style-type: none"> ✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling ✓ Do not place ice or cold back directly onto the skin ✓ Elevate the limb above the heart when able
Showering	<ul style="list-style-type: none"> → Do not soak incisions in water until after stitches are removed → You may begin to shower 2 days after surgery after dressings are removed <ul style="list-style-type: none"> ○ Allow soapy water to run over the incision but do not scrub ○ Dry, apply band-aids if needed
Driving	<ul style="list-style-type: none"> ✓ Dr. Call does not release patients to drive at a specific date or week post op ✓ It is unlawful to drive under the influence of opioid (strong pain) medications ✓ Must be able to safely apply the brakes before returning to drive ✓ Driving in a brace/sling/boot is not recommended

Weight Bearing Restrictions and Sling Use

	Repair	Reconstruction (with allograft tissue)	Revision Reconstruction (with allograft tissue)
Week 1-2	<ul style="list-style-type: none"> ✓ Sling at all times (except for hygiene and exercises) ✓ NWB 	<ul style="list-style-type: none"> ✓ Sling at all times (except for hygiene and exercises) ✓ NWB 	<ul style="list-style-type: none"> ✓ Sling at all times (except for hygiene and exercises) ✓ NWB
Weeks 3-4	<ul style="list-style-type: none"> ✓ Sling at all times (except for hygiene and exercises) ✓ NWB 	<ul style="list-style-type: none"> ✓ Sling at all times (except for hygiene and exercises) ✓ NWB 	<ul style="list-style-type: none"> ✓ Sling at all times (except for hygiene and exercises) ✓ NWB ✓ PT starts at week 4
Weeks 5-6	<ul style="list-style-type: none"> ✓ DC sling ✓ Progress WB 	<ul style="list-style-type: none"> ✓ DC sling pillow ✓ Continue day/night sling use ✓ NWB 	<ul style="list-style-type: none"> ✓ Sling at all times (except for hygiene and exercises) ✓ NWB
Week 7-8	<ul style="list-style-type: none"> ✓ Progress WB 	<ul style="list-style-type: none"> ✓ DC Sling ✓ Progress WB 	<ul style="list-style-type: none"> ✓ DC sling ✓ Continue night sling use if needed ✓ NWB



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Immediate Post Operative Phase (up to week 4)

Overall Goals	<ul style="list-style-type: none">✓ Reduce swelling and inflammation with appropriate modalities✓ Protect repair
Cautions	<ul style="list-style-type: none">→ Sleeping may only be comfortable in the reclined position→ No AROM/AAROM
Range of Motion	<ul style="list-style-type: none">✓ Passive motion only✓ Elbow, wrist and hand motion to prevent stiffness✓ No abduction✓ Limit passive external rotation to neutral✓ No cross body adduction✓ Repair<ul style="list-style-type: none">○ Passive supine elevation up to 90 degrees✓ Reconstruction<ul style="list-style-type: none">○ Passive supine elevation up to 90 degrees✓ Revision reconstruction<ul style="list-style-type: none">○ Essentially no shoulder ROM or PT for the first 4 weeks
Therapeutic Suggestions	<ul style="list-style-type: none">→ PNF→ Begin active shoulder shrugs in sling at 2 weeks post-op in limited painfree range of motion (Do not add any weights until 10 weeks post-op)→ Begin active scapular retraction in sling at 2 weeks post-op in limited painfree range of motion (Do not add any weights until 10 weeks post-op)→ Baby Cradle codman's exercise (surgical arm elbow bent and supported by the other arm) can begin at 2 days post-op and should be performed this way for the first 4 weeks.→ At 6 weeks post-operative codman's exercise can be performed in the normal fashion with the elbow extended and arm unsupported→ Ball squeezes→ No strengthening
Progression Ready to Next Phase	<ul style="list-style-type: none">✓ Swelling reduced✓ Pain controlled <p><i>If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies</i></p>

Intermediate Rehabilitation Phase (Weeks 5 – 8)

Overall Goals	<ul style="list-style-type: none">✓ Minimize shoulder pain and inflammatory response✓ Protect the integrity of the surgical repair✓ Achieve gradual restoration of PROM✓ Wean sling according to table above based on procedure performed
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- ✓ Begin light waist level activities

Cautions → No lifting with the operative extremity

Range of Motion

- ✓ Passive IR and ER to tolerance with arm at side
- ✓ Repair/Reconstructions
 - Week 4: begin shoulder AROM and AAROM
 - Passive supine elevation to tolerance
- ✓ Revision Reconstructions
 - PT starts at week 4
 - After week 6: begin shoulder AROM and AAROM

Therapeutic Suggestions

- Repair
 - Begin strengthening at week 6
- Reconstructions
 - Begin strengthening at week 8
- Revision Reconstructions
 - No strengthening until week 12 Continued
- Cryotherapy for pain and inflammation
- Continued patient education: posture, joint protection, positioning, hygiene, etc

Progression Ready to Next Phase

- ✓ Passive forward elevation at least 165 degrees
- ✓ Passive external rotation at least 75 degrees at 90 degrees abduction
- ✓ Passive internal rotation at least 50 degrees at 90 degrees abduction
- ✓ Appropriate scapular posture at rest and dynamic scapular control with ROM and functional activities

Advance Strengthening Phase (Weeks 9 – 12)

Overall Goals

- ✓ Normalize neuromuscular control
- ✓ Return to chest level full functional activities

Cautions

- No sports activities
- Do not overstress the AC joint capsule/ligaments with aggressive overhead activities / strengthening
- Avoid contact sports/activities
- Do not perform strengthening or functional activities in a given plan until the patient has near full ROM and strength in that plane of movement
- Patient education regarding a gradual increase to shoulder activities

Range of Motion

- ✓ May begin cross body adduction
- ✓ IR/ER to tolerance
- ✓ Abduction, forward flexion in scapular plane to tolerance
- ✓ Progress standing shoulder flexion up to 90 degrees if they can without shrug or hike



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Therapeutic Suggestions	<ul style="list-style-type: none">→ At 8 weeks, begin shoulder AROM (no resistance until 8 weeks)→ Side lying ER, elbow flexion/extension, prone row and extension to plane of body→ Begin rhythmic stabilization drills Strengthen scapular retractors and upward rotators→ Initiate balanced strengthening program→ Gain muscular endurance with high repetition of 30-50, low resistance 1-3 lbs)→ Exercises should be progressive in terms of muscle demand / intensity, shoulder elevation, and stress on the AC joint→ Continued cryotherapy for pain and inflammation→ Continued patient education: posture, joint protection, positioning, hygiene, etc.
Progression Ready to Next Phase	<ul style="list-style-type: none">✓ Appropriate rotator cuff and scapular muscular performance for chest level activities✓ Good PROM in all planes

Late Rehabilitation and Strengthening Phase (Week 13 – 24)

Overall Goals	<ul style="list-style-type: none">✓ Continue stretching and PROM as needed/indicated✓ Maintain full non-painful AROM✓ Return to full strenuous work activities✓ Return to full recreational activities
Cautions	<ul style="list-style-type: none">→ Avoid excessive stress on AC joint→ With weight lifting, avoid tricep dips, wide grip bench press, and no military press or lat pulls behind the head. Be sure to “always see your elbows”→ No overhead lifting above shoulder level
Range of Motion	<ul style="list-style-type: none">✓ Unrestricted as long as it is pain free
Therapeutic Suggestions	<ul style="list-style-type: none">→ Continue all exercises listed above→ Progress isotonic strengthening if patient demonstrates no compensatory strategies, is not painful, and has no residual soreness→ Strengthening overhead if ROM and strength below 90 degree elevation is good→ Continue shoulder stretching and strengthening at least four times per week→ Progressive return to upper extremity weight lifting program emphasizing the larger, primary upper extremity muscles (deltoid, latissimus dorsi, pectoralis major)→ Start with relatively light weight and high repetitions (15-25)→ May do pushups as long as the elbows do not flex past 90 degrees
Return to Activities	<ul style="list-style-type: none">✓ Repair: 3-4 months✓ Reconstructions: 4 months✓ Revision reconstructions: 6 months
