



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	→ 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	→ 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	<ul style="list-style-type: none">✓ Passive IR and ER to tolerance with arm at side✓ Repair/Reconstructions<ul style="list-style-type: none">○ Week 4: begin shoulder AROM and AAROM○ Passive supine elevation to tolerance✓ Revision Reconstructions<ul style="list-style-type: none">○ PT starts at week 4○ After week 6: begin shoulder AROM and AAROM
Therapeutic Suggestions	<ul style="list-style-type: none">→ Repair<ul style="list-style-type: none">○ Begin strengthening at week 6→ Reconstructions<ul style="list-style-type: none">○ Begin strengthening at week 8→ Revision Reconstructions<ul style="list-style-type: none">○ 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	<ul style="list-style-type: none">✓ 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	<ul style="list-style-type: none">✓ Normalize neuromuscular control✓ Return to chest level full functional activities
Cautions	<ul style="list-style-type: none">→ 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 plane 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	<ul style="list-style-type: none">✓ 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



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.
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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
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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
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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
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Range of Motion	<ul style="list-style-type: none">✓ Unrestricted as long as it is pain free
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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
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Return to Activities	<ul style="list-style-type: none">✓ Repair: 3-4 months✓ Reconstructions: 4 months✓ Revision reconstructions: 6 months
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