

CORACOCCLAVICULAR LIGAMENT RECONSTRUCTION

## Physical Therapy, Strength and Conditioning

### PHASE I: MAXIMUM PROTECTION (WEEKS 0 TO 2)

#### Goals

- Reduce inflammation
- Decrease pain
- Postural education

#### Exercise Progression

- Ultrasling x 6 weeks
- No motion x 2 weeks
- At PT initiation at 2 weeks, all activities should be performed with patient in supine position with gravity eliminated.
- Gentle supine (gravity eliminated) passive ROM of shoulder avoiding horizontal adduction weeks 2-6.
- Ice and modalities to reduce pain and inflammation.
- Cervical ROM and basic deep neck flexor activation (chin tucks).
- Instruction on proper head neck and shoulder (HNS) alignment.
- Active hand and wrist range of motion.
- Isometric strengthening exercises for deltoid, rotator cuff
- Encourage walks and low intensity cardiovascular exercise to promote healing.

#### Manual Intervention

- STM—global shoulder and CT junction.
- Scar tissue mobilization when incisions are healed.
- Graded GH mobilizations (supine position with gravity eliminated).
- ST mobilizations (supine position with gravity eliminated).

### PHASE II: PROGRESSIVE STRETCHING, ACTIVE MOTION, EARLY STRENGTHENING (WEEKS 6-12)

#### Goals

- Discontinue sling
- Postural education.
- Focus on posterior chain strengthening.
- Begin active ROM in prone position progressing to active ROM in vertical position at 8 weeks.

#### Exercise Progression

- Progress to full active range of motion flexion and external rotation as tolerated after week 8. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
- Gradual introduction to internal rotation using shoulder extensions (stick off back).
- Scapular strengthening—prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
- Active assisted strengthening deltoid, rotator cuff in all planes
- External rotation on side (no resistance).

- Cervical ROM as needed to maintain full mobility.
- Low to moderate cardiovascular work. May add elliptical but no running.

#### **Manual Intervention**

- STM—global shoulder and CT junction.
- Scar tissue mobilization.
- Graded GH mobilizations.
- ST mobilizations.
- Gentle CR/RS to gain ROM while respecting repaired tissue.

### **PHASE III: STRENGTH TRAINING (WEEKS 12 TO 16)**

#### **Goals**

- Normalize GH/ST arthrokinematics.
- Activate RC/SS with isometric and isotonic progression.
- Continue to emphasize posterior chain strengthening but introduce anterior shoulder loading in vertical position.

#### **Exercise Progression**

- Passive and active program pushing for full flexion and external rotation.
- Continue with stick off the back progressing to internal rotation with thumb up back and sleeper stretch.
- Begin active strengthening of deltoid and rotator cuff in vertical position
- Add rows with weights or bands.
- Supine chest-flys providing both strength and active anterior shoulder stretch.
- Supine (adding weight as tolerated) progressing to standing PNF patterns.
- Seated active ER at 90/90.
- Biceps and triceps strengthening.
- Scaption; normalize ST arthrokinematics.
- 10 weeks; add quadruped or counter weight shift. Therapist directed RS and perturbations in quadruped—bilateral progressing to unilateral-tripod position.

#### **Manual Intervention**

- STM and Joint mobilization to CT junction, GHJ and STJ as needed.
- CR/RS to gain ROM while respecting repaired tissue.
- Manual perturbations.
- PNF patterns.

### **PHASE IV: ADVANCE STRENGTHENING AND PLYOMETRIC DRILLS/RETURN TO WORK/SPORT (WEEKS 16 TO 24)**

#### **Exercise Progression**

- Full range of motion all planes—emphasize terminal stretching with cross arm, TUB, triceps, TV, sleeper and door/pec stretch.
- Begin strengthening at or above 90° with prone or standing Y's, D2 flexion pattern and 90/90 as scapular con-trol and ROM permit. Patient health, physical condition and goals/objectives will determine if strengthening above 90° is appropriate.
- Add lat pulls to gym strengthening program; very gradual progression with pressing and overhead activity.
- Continue with closed chain quadruped perturbations; add open chain as strength permits
- Progress closed kinetic chain program to include push-up progression beginning with counter, knee, then gradual progression to full as appropriate
- Continue to progress RC and scapular strengthening program
- Advance gym strengthening program.
- RTS testing for interval programs (golf, tennis etc.)
- Follow-up examination with the physician (6 months) for release to full activity.

