## PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

G. CLAY BAYNHAM, M.D. | MICHAEL COONEY, M.D. | MELISA ESTES, M.D. | VINCENT FOWBLE, M.D. | KENNETH GERSZBERG, M.D. BRIAN HILL, M.D. | JOHN HINSON, M.D. | JAMES KERPSACK, M.D. | JUSTIN KEARSE, M.D. | MICHAEL LEIGHTON, M.D. | FERNANDO MORA, M.D. ANDREW NOBLE, M.D. | SCOTT NORRIS, D.O. | JOHN SCHILERO, D.P.M. | ANDREW SELTZER, D.O. | GARY WEXLER, M.D.

# Rehabilitation Protocol Sternoclavicular Joint Reconstruction

#### **Phase I: Protect Repair** (0 to 8 weeks after surgery)

- Patients may shower immediately over clear plastic, waterproof dressing
- Sutures are all underneath the skin and will dissolve on their own
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day.
- Sling should be in place when not performing exercises.
- Initiate exercise program 3 times per day:

Immediate elbow, forearm and hand range of motion out of sling Pendulum exercises Passive and active assistive ER at the side to 30, flexion to 130

- No lifting with involved extremity.
- AVOID scapular ROM exercises.

#### Phase II: Progress ROM & Protect Repair (8 to 12 weeks after surgery)

- May discontinue sling.
- Lifting restriction of 5 pounds with the involved extremity.
- Advance active and passive ROM in all planes to tolerance.
- Initiate gentle rotator cuff strengthening.
- Initiate scapular AROM exercises.

### **Phase III:** Full Function (3 months after surgery)

- Discontinue lifting restrictions.
- Advance rotator cuff and scapular stabilizer strengthening.
- Initiate functional progression to sports specific activities at 4 months.