Recovery Guidelines for Sternoclavicular Joint Reconstruction

This protocol is designed to assist clinicians in managing the recovery process following sternoclavicular joint reconstruction. It includes both time-based milestones, dependent on tissue healing, and criteria-based progression. Treatment should be personalized based on individual needs, considering examination findings and clinical judgment. The anticipated recovery timelines outlined in this guideline may vary based on surgeon preferences, additional procedures performed, or any complications that arise. Clinicians seeking guidance on patient progression post-surgery are advised to consult with the referring surgeon.

The interventions outlined in this protocol are not exhaustive. Therapeutic strategies should be included and adjusted based on patient progress and at the discretion of the clinician.

Considerations for Post-operative Sternoclavicular Joint Reconstruction
Several factors influence the outcomes of post-operative rehabilitation, including the surgical technique used (e.g., tendon autograft for repair), degree of sternoclavicular joint instability, concurrent soft tissue or bone injuries, and individual patient factors such as co-morbidities. It is recommended that patients meet all rehabilitation criteria to advance to the next phase, with clinicians maintaining close collaboration with the referring physician throughout the rehabilitation process.

Managing Post-operative Complications
If you experience symptoms such as fever, persistent numbness or tingling, excessive drainage from the incision, uncontrolled pain, or any other concerns, it is important to promptly contact the referring physician.

PHASE I: EARLY POST-OP
(WEEKS 0-6 AFTER SURGERY)

Rehabilitation Goals	• Reduce pain and swelling of the operative shoulder • Maintain elbow, wrist and hand AROM • Patient education
Sling/precautions	• Sling to be worn for 6 weeks (or as directed by surgeon) • Avoid PROM of the glenohumeral joint • Avoid scapular AROM (protraction, retraction, depression and elevation) as it may disrupt the repair and healing tissues • Avoid bearing weight through involved extremity • Avoid lifting any lifting with involved extremity • Avoid running and jumping due to impact forces upon landing that may aggravate healing tissues and bone
Intervention	• Cryotherapy as needed • AROM: cervical spine, elbow, wrist, hand • Hand gripping: ball squeeze • Cardiovascular exercise as tolerated: walking, stationary bike
Criteria to Progress	• Well controlled pain and swelling • Protect reconstruction site and autograft site (if applicable) • Maintain elbow, wrist and hand AROM

PHASE II: INTERMEDIATE POST-OP
(WEEKS 6-12 AFTER SURGERY)

Rehabilitation Goals	• Activation of muscles responsible for stabilizing the scapulothoracic and glenohumeral joint • Gradually restore PROM, AAROM of the GH joint at 6-8 weeks • Gradually restore AROM of the scapulothoracic joint and glenohumeral joint at 8 weeks • Wean from sling (if still wearing) • Begin shoulder and scapular strengthening at 8 weeks • Begin proprioception and neuromuscular control training • Identify and correct postural dysfunction as indicated
Sling/precautions	• Avoid repetitive overhead activities • No lifting > 5 pounds with involved extremity until 9 weeks post-op • Post-rehabilitation soreness should resolve within 12-24 hours
Additional Intervention *Continue with Phase I interventions	• AROM in all cardinal plane assessing scapular rhythm • Gentle glenohumeral mobilization as indicated *Strengthening:* • Rotator cuff strengthening in non-provocative positions (generally 0-45 degrees Scaption/abduction): scaption raises against gravity, Sidelying ER, lightly resisted ER/IR with theraband, isometrics • Scapular strengthening and dynamic neuromuscular control: low row, straight arm pulldowns, serratus punch, resisted T's *Stretching:* • Gentle corner or doorway pec stretch • Postural endurance exercises: scapular retractions, chin tucks • Walking, stationary bike, Stairmaster
Criteria to Progress	• Full AROM of the operative shoulder • Normal (5/5) strength for glenohumeral flexion/abduction/IR/ER degrees abduction

PHASE III: LATE POST-OP AND GRADUAL RETURN TO SPORT
(WEEKS 13+ AFTER SURGERY)

Rehabilitation Goals	• Restore normal (5/5) rotator cuff strength at 90 degrees abduction including supraspinatus • Full multi-planar AROM with minimal to no substitution patterns • Advance proprioceptive and dynamic neuromuscular control training • Identify and correct postural dysfunction with sport/work specific tasks as indicated • Develop strength and control movements required for sport/work
Sling/precautions	• Post-rehabilitation soreness should resolve within 12 hours • No lifting restrictions at ~4 months
Additional Intervention *Continue with Phase I-II interventions	• Glenohumeral mobilizations as indicated • Multiplane AROM with gradual increase in velocity of movement *Strengthening:* • Rotator cuff strengthening at 45 degrees progressing to 90 degrees abduction and sport/work specific positions as well as other provocative positions: resisted IR/ER, elevation with ER, resisted scaption raises, facepulls/resisted W's • Scapular strengthening and dynamic neuromuscular control in overhead or sport/work positions: prone or resisted I's, T's and Y's, lower trap setting at wall, manual perturbations in varying degrees in elevation, serratus wall slides/roll ups, wall pushups, quadruped shoulder taps • Core strengthening

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PHASE III: LATE POST-OP AND GRADUAL RETURN TO SPORT

(WEEKS 13+ AFTER SURGERY) CONTINUED

Additional Intervention *Continue with Phase I-II interventions	*Stretching:* • Corner or doorway pec stretch, Gentle posterior capsule stretch (across body) • Walking, stationary bike, Stairmaster, return to running/jumping as tolerated • Begin education in sport specific biomechanics with initial program for throwing, swimming, or overhead racquet sports
Criteria to Return to Sport	• Clearance from MD and ALL milestone criteria have been met • Maintains pain-free PROM and AROM • Performs all exercises demonstrating symmetric scapular mechanics • QuickDASH • PENN • For the recreational or competitive athlete, return-to-sport decision making should be individualized and based upon factors including level of demand on the upper extremity, contact vs non-contact sport, frequency of participation, etc. We encourage close discussion with the referring surgeon prior to advancing to a return-to-sport rehabilitation program.

For further assistance or to schedule an appointment, please contact **iOrtho - The Orthopedic Institute** at **833-464-6784** or visit our website at **iorthomd.com** to text/email us. Our team is dedicated to providing personalized care and guidance throughout your rehabilitation journey.