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## **Physical Therapy Protocol following Sternoclavicular Joint Reconstruction**

The following is a basic framework from which to work during rehabilitation following sternoclavicular (SC) joint reconstruction. Specific exercises have been outlined, however therapists may choose to modify these exercises while maintaining the exercise goals. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

| <b>PHASE 1</b>                 |  |
|--------------------------------|--|
| <b>0-6 Weeks after surgery</b> |  |
|                                | <p>Precautions</p> <ul style="list-style-type: none"><li>• No lifting or carrying objects</li><li>• No scapular retraction or protraction</li><li>• No scapular depression or elevation</li><li>• No passive range of motion of the glenohumeral joint</li><li>• No isolated hamstring activation x4 weeks</li><li>• Weightbearing as tolerated in bilateral lower extremities</li></ul> |
|                                | <p>Goals</p> <ul style="list-style-type: none"><li>• Maintain motion at elbow/wrist/hand</li><li>• Protect reconstruction/graft site</li></ul>   |
|                                | <p>Therapeutic Exercises:</p> <ul style="list-style-type: none"><li>• Cervical range of motion</li><li>• Elbow/wrist/hand range of motion</li><li>• Walking program (DVT prevention)</li></ul>   |
|                                | <p>Activities of Daily Living (ADL):</p> <ul style="list-style-type: none"><li>• Ok to work on computer with supported arm</li><li>• Elbow motion okay for eating/drinking</li><li>• Unaffected arm for primary ADL use</li></ul>  |

## PHASE 2

### 6 to 12 weeks after surgery

#### Precautions

- No lifting or carrying objects > 5 lbs until 9 weeks post-operatively
- No overhead activities (except ROM) until week 8
- No active ROM until 8 weeks

#### Goals

- Restore passive and active glenohumeral range of motion
- Promote proper scapulothoracic motion

#### Therapeutic Exercises:

- Scapular retraction-depression
- Aqua therapy for gentle AAROM
- Passive ROM on glenohumeral joint
- Active assisted ROM
  - Internal and external rotation
  - forward elevation and scaption
- Light isometrics
- Active ROM (begin at 8 weeks), examples included below
  - sidelying external rotation
    - forward elevation and scaption
    - prone horizontal abduction with external rotation
    - prone extension with external rotation
    - open chain proprioception
  - Low load prolonged stretching
    - Door jam/pectoralis stretch
    - sleeper stretch
    - 90/90 external rotation stretch
    - hamstrings doorway stretch

#### Activities of Daily Living (ADL):

- Ok to work on computer with supported arm

- Overhead activities may begin at week 8
- Dressing/bathing tasks may be performed with affected arm

Criteria for Progression:

- Full, painless passive and active range of motion

### PHASE 3

#### 13 to 20 weeks after surgery

Precautions:

- None

Goals:

- Maintain proper scapulothoracic motion
- Increase strength of shoulder and peri-scapular musculature

Therapeutic Exercises:

- Active ROM → Progress to weight/resistance, examples included below:
  - Sidelying external rotation
  - Forward elevation and scaption
  - Prone horizontal abduction with external rotation
  - Prone lower trapezius to 60
  - Prone extensions with external rotation
  - Open chain proprioception
  - Functional lower extremity strengthening
- Low load prolonged stretching
  - Doorway pectoralis stretch
  - Cross arm stretch
  - Sleeper stretch
  - 90/90 external rotation stretch

Activities of Daily Living (ADL):

- Full ADLs without restriction

Criteria for Progression:

- Proper scapulothoracic mechanics with overhead activities

- 5/5 strength upon testing of the rotator cuff, deltoid, trapezius, biceps, and triceps musculature

## PHASE 4

### 20+ weeks after surgery

#### Precautions:

- None

#### Goals:

- Maintain proper scapulothoracic motion
- Return to preferred sport/activities

#### Therapeutic Exercises:

- Maintenance strengthening program (2x/week)
  - Sidelying external rotation
  - Forward elevation and scaption
  - Prone horizontal abduction with external rotation
  - Prone lower trapezius to 60
  - Prone extensions with external rotation
  - Open chain proprioception
  - Functional lower extremity strengthening
- Maintenance stretching program (5x/week)
  - Doorway pectoralis stretch
  - Cross arm stretch
  - Sleeper stretch
  - 90/90 external rotation stretch
- Sport-specific exercises

#### Activities of Daily Living (ADL):

- Full ADLs without restriction

#### Criteria for Progression:

- Return to sport based on ability of patient to perform sport-specific exercises pain-free and with proper mechanics

**Reference:** Logan C, Shahien A, Altintas B, Millett PJ. Rehabilitation Following Sternoclavicular Joint Reconstruction for Persistent Instability. Int J Sports Phys Ther. 2018 Aug;13(4):752-762. PMID: 30140568; PMCID: PMC6088122.