ABSTRACT

**Background:** Sternoclavicular (SC) joint instability is a rare injury, but one with profound implications given its proximity to vital structures and function as the only true articulation between the upper extremity and axial skeleton. The majority of SC joint instability can be treated non-operatively; however, there is a role for reconstruction in the presence of instability that results in pain and dysfunction that is refractory to conservative management or deformity resulting in functional impairment. Given the lack of inherent osseous stability at the sternoclavicular joint and the role of ligaments as primary stabilizers, surgical intervention with emphasis on ligament reconstruction may be recommended. Safe and effective rehabilitation is conducted through phase progression, with avoidance of premature stress to the healing soft tissue graft. The purpose of this clinical commentary is to provide the senior author's rehabilitation protocol, which utilizes the available scientific literature to inform phase content and progression.

**Key words:** clavicle, reconstruction, rehabilitation, return to sport, sternoclavicular joint

**Level of Evidence:** 5