

Gr I/II Acromioclavicular Separation

| Week one | Weeks two to four |
|---|--|
| Initial Evaluation | Evaluate |
| <ul style="list-style-type: none"> ➤ Posture and position of the shoulder girdle ➤ Rule out cervical injury with neurological screen ➤ PROM ➤ Assess RTW and sport expectations | <ul style="list-style-type: none"> ➤ Posture and position of the shoulder girdle ➤ AROM, PROM, and MMT |
| Patient Education | Patient Education |
| <ul style="list-style-type: none"> ➤ Support physician prescribed meds ➤ Sling use for pain relief, wean as tolerated unless otherwise determined by physician ➤ Discuss frequency and duration of treatment (2x/wk for 4 weeks is anticipated) ➤ Avoid pushing, pulling heavy lifting and painful active movements (Horiz.add typically hurts) ➤ Limit contact sports based on presentation and physician discretion (anticipate 2-3 weeks for Gr I injury, and 4-6 weeks for Gr. II) | <ul style="list-style-type: none"> ➤ Wean from sling ➤ Avoid pushing, pulling heavy lifting and painful active movements ➤ Anticipate patients with Gr I injury returning to sport around week 3 based on presentation and physician discretion |
| Therapeutic Exercise | Therapeutic Exercise |
| <ul style="list-style-type: none"> ➤ Active elbow, wrist and hand ROM without resistance ➤ Pendulums ➤ AAROM (table slides, cane exercises, or pulleys) ➤ Submaximal pain free isometrics for periscapular and cuff musculature ➤ AROM table exercises with no weight (may include Prone Row, ext, sidelying ER) | <ul style="list-style-type: none"> ➤ Initiate UBE (discourage substitution) ➤ Initiate self stretching to end range as tolerated ➤ Progress to dynamic resistive exercises utilizing theraband and light free weights in upright (Row, extension, pulldown, IR/ER, biceps, triceps) ➤ Progress prone posterior shoulder girdle exercises |
| Manual Techniques | Manual Techniques |
| <ul style="list-style-type: none"> ➤ PROM all planes to tolerance (end range and horizontal adduction are typically uncomfortable) ➤ Rhythmic Stabilization for ER/IR and Flex/Ext in scapular plane or in sidelying ➤ Consider kinesiotaping for pain management | <ul style="list-style-type: none"> ➤ Continue PROM as needed ➤ Advance rhythmic stabilization drills to upright position ➤ Advance supine rhythmic stabilization to include IR/ER in 90 degrees of abduction ➤ Continue AC taping for pain management |
| Modalities | Modalities |
| <ul style="list-style-type: none"> ➤ Any modalities may be used for pain management with exception of heat during acute phase | <ul style="list-style-type: none"> ➤ Any modalities as indicated |
| Goals | Goals |
| <ul style="list-style-type: none"> ➤ Initiate return of PROM and AROM ➤ Establish activation of periscapular and rotator cuff musculature ➤ Promote healing and reduction of symptoms ➤ Independent with HEP for AAROM | <ul style="list-style-type: none"> ➤ Full PROM ➤ <u>AROM Goals:</u> *Flex and ABD to 160 degrees or better *ER to 75 degrees or better in 90 of ABD *IR to 50 degrees or better ➤ Restore proprioceptive and dynamic stabilization ➤ Independent with HEP for AROM, PRE and stretching as appropriate |

| Weeks four to discharge |
|---|
| Evaluate |
| <ul style="list-style-type: none"> ➤ AROM, PROM, and MMT ➤ Dynamic RC strength ➤ Sequencing of scapular stabilizers and rotator cuff ➤ Address any deficits that may limit return to work or sport goals ➤ HEP compliance |
| Patient Education |
| <ul style="list-style-type: none"> ➤ Anticipate patients with Gr II injury returning to sport around 4-6 weeks based on presentation and physician discretion ➤ Consult with an orthopedic physician if AC joint pain or chronic symptomatic instability persist ➤ Discuss the benefits of completing a CFA program and introduce to CFA staff |
| Therapeutic Exercise |
| <ul style="list-style-type: none"> ➤ Progress prior exercises to include activity at shoulder height and above ➤ Add push-ups with a plus at an angle (table push up) ➤ Progress to sport-specific activity – Start with controlled low intensity activity and progress to high activity as tolerated |
| Manual Techniques |
| <ul style="list-style-type: none"> ➤ Any techniques as indicated ➤ Continue and progress rhythmic stabilization as indicated |
| Modalities |
| <ul style="list-style-type: none"> ➤ Any modalities as indicated |
| Goals |
| <ul style="list-style-type: none"> ➤ Full AROM and PROM ➤ Unrestricted symptom free return to sports and/or work duties ➤ Independent with HEP |

References

- Howard Head Sports Medicine / Proaxis Therapy: Acute Acromioclavicular (AC) Joint Separation (I-III) Protocol, 2010.
- S. Koehler, MD. Fields and Grayzel (eds): Patient Information: Acromioclavicular joint injury (shoulder separation) (Beyond the Basics), 2013.
- M. Cote, PT, DPT, K. Wojcik, MSPT, ATC, G. Gomlinski, MSPT, CSCS, A. Mazzocca, MS, MD: Rehabilitation of the Acromioclavicular Joint Separations: Operative and Nonoperative Considerations, 2010.

Created 9/21/16