

Physical Therapy Protocol: Nonoperative Treatment of Acromioclavicular (AC) Joint Sprain

Phase 1: Weeks 0 through 6 – AC Joint Protection, Early Motion Recovery

Physician Goals: Protect the injured AC joint during the acute inflammatory phase that follows injury; decrease pain; prevent significant stiffness, regain painless passive shoulder range of motion,

Exercises: Passive stretching in all planes with goal of painless full passive range of motion; cuff isometrics with the arm at the side, upper body ergometer; begin prone strengthening scapular stabilizers; when PROM is full and painless, begin supine AAROM and progress to AROM, then incline AROM

Comments: Wean from sling after 2 weeks if pain allows; no lifting anything heavier than a cup of coffee; return to work on a case-by-case basis, OK to drive once sling is discontinued, OK for aquatic therapy; OK to begin low impact activity like jogging, elliptical, lower body weight training; no cross body adduction; no resisted shoulder forward elevation; no lying on the affected side

Total Visits: 18 – Two to three times per week with daily home stretching

Phase 2: Weeks 6 through 12 – Full Motion Recovery, Early Strength Recovery

Physician Goals: Regain normal shoulder range of motion; Return to normal function of the shoulder beginning with activities of daily living

Exercises: Continue passive stretching and joint mobilization as needed to regain/maintain full range of motion in all planes, continue strengthening scapular stabilizers, when AROM is full and painless begin resistance work with light hand weights or bands and progress as tolerated, increase weight/resistance when 30 repetitions are easy and painless

Comments: Maximum weight with upright forward elevation is 5 pounds, still no cross-body adduction or lying on the affected side

Phase 3: Weeks 12+ - Return to All Activities including Recreational Sports

Physician Goals: Gradually resume all activities, including recreational sports as strength and pain allow

Exercises: Continue strengthening scapular stabilizers, advance upper body resistance work without restrictions, OK for cross-body strengthening beginning with low resistance and progressing as tolerated, two hand plyometrics and progress to one hand depending on patient goals, sport-specific movement patterns and strengthening as needed

Comments: Goal of PT is to regain strength needed to perform all ADLs and recreational activities without pain, transition to HEP or school ATC when ready; Golfers may begin putting at 6 weeks, chipping at 3 months and progress to full golf by 4.5 months; Light tennis/pickleball at 4.5 months; overhead throwers (baseball/football) begin throwing program at 4.5 months, contact sports at 4.5 months,

Total Visits: 24 – One to two times per week with daily home stretching; strengthening 3x per week including PT