

Acromioclavicular Joint Separation/sprain

****DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

Initial rehab will depend on the severity of the separation. Most often treated conservatively. Patient can be progressed through phases of protocol more rapidly than time frames given, as tolerated.

Phase I: 0 – 4 weeks

Goals for Phase I:

1. Pain and swelling control
 2. Good ROM
 3. Functional Strength
 4. Functional ADL's
- A. Orthotics: Use a figure 8 brace and +/--shoulder immobilizer for rest and protection as needed; A/C caps or hockey pads as needed for the high impact athlete
 - B. ROM: Work to restore full active and passive ROM (avoid GH horizontal adduction, scapular depression, and GH hyperextension)
 - C. Strength: Begin with isometrics and wrist/elbow strengthening; PRE's as tolerated (emphasis should be placed on upper traps (limit scapular depression), rotator cuff and parascapular strengthening.
 - D. Functional activities: use arm for ADL's as tolerated, light duty work as prescribed by physician.
 - A. Modalities: Use for pain, inflammation, swelling control, and muscle re-education as needed.

Phase II: 4 – 8 weeks

Goals for Phase II:

1. Normal ROM
 2. Good strength
 3. Begin work/sports activities
- A. Orthotics: Discontinue use of sling as tolerated
 - B. ROM: Continue as needed
 - C. Strengthening: More aggressive PRE's (progress weights, thera-band etc)
 - D. Functional Activities: Increase functional use of arm as tolerated, job related activities (lifting, pushing, pulling etc.); sports related drills (begin throwing etc.)

Phase III: 8 weeks to release

Goals for Phase III

1. Normal Strength
 2. Release to work/sports
- A. Continue strengthening/conditioning/functional activities as needed
 - B. Biodex: Release to sports when involved arm 80% of uninvolved