

## Gr I/II Acromioclavicular Separation

Week one	Weeks two to four
<b>Initial Evaluation</b>	<b>Evaluate</b>
Posture and position of the shoulder girdle Rule out cervical injury with neurological screen PROM Assess RTW and sport expectations	Posture and position of the shoulder girdle AROM, PROM, and MMT
<b>Patient Education</b>	<b>Patient Education</b>
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)	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
<b>Therapeutic Exercise</b>	<b>Therapeutic Exercise</b>
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)	Initiate UBE (disco urage 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
<b>Manual Techniques</b>	<b>Manual Techniques</b>
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	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
<b>Modalities</b>	<b>Modalities</b>
Any modalities may be used for pain management with exception of heat during acute phase	Any modalities as indicated
<b>Goals</b>	<b>Goals</b>
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	Full PROM AROM Goals: *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

<b>Weeks four to discharge</b>
<b>Evaluate</b>
<p>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</p>
<b>Patient Education</b>
<p>Anticipate patients with Gr II injury returning to sport around 46 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</p>
<b>Therapeutic Exercise</b>
<p>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</p>
<b>Manual Techniques</b>
<p>Any techniques as indicated  Continue and progress rhythmic stabilization as indicated</p>
<b>Modalities</b>
<p>Any modalities as indicated</p>
<b>Goals</b>
<p>Full AROM and PROM  Unrestricted symptom free return to sports and/work duties  Independent with HEP</p>

References

Brigham and Womens Hospital: Department of Rehabilitation Services. Standard of Care: AC Joint Separation. 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.