



Orthopedic Surgery, Sports Medicine & Arthroscopy Specialists

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REHABILITATION PROTOCOL- Nonoperative AC joint sprain

The rehabilitation guidelines are presented in a criterion based progression program. Individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS

PHASE 1 (~0-2 weeks)

REHAB GOALS	<ol style="list-style-type: none"> 1. Protection of the shoulder 2. Gradual restoration of ROM 3. Minimize swelling & pain
PRECAUTIONS	<ol style="list-style-type: none"> 1. Sling immobilization as needed until pain controlled (usually grade 1-little/none, grade 2-1 week, grade 3-2-3 weeks) 2. ROM precautions: Avoid behind back IR, cross body adduction, end range elevation. 3. Ice as needed for pain 4. No lifting or carrying objects
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Active & passive elbow, wrist, hand ROM, ball squeeze, gripping ○ Low load active assist ROM ○ No stretching at this time. Soft tissue mobilizations/techniques as tolerated ○ Table slides, wall slides, progress reclined flexion to upright ○ Supine flexion & pulleys
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ As above ○ LE and core activities when pain tolerates. Non wt bearing to UE ○ Closed chain- scapular exercises ○ Scapular clocks
CARDIOVASCULAR EXERCISE	Stationary bike with sling as pain tolerates
PROGRESSION CRITERIA	<ul style="list-style-type: none"> ○ Full passive ROM ○ Out of sling

PHASE 2 (~3-6 weeks)

REHAB GOALS	<ol style="list-style-type: none"> 1. Achieve ROM goals
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	<ol style="list-style-type: none"> 2. Normalize rotator cuff guarding & neuromuscular control 3. Minimize pain and swelling
PRECAUTIONS	<ol style="list-style-type: none"> 1. ROM precautions: Avoid cross body adduction 2. Ice as needed after activity 3. No lifting or carrying objects
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Continue phase 1 exercises ○ ROM restrictions: as above ○ Glenohumeral/scapular mobilizations as needed ○ Active assist ROM
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ Continue phase 1 exercises ○ Pushup plus, multilevel rows, ER/IR theraband/cable column ○ Rhythmic stabilization supine ○ Shoulder dumps, single leg trunk flexion bends, hip hike, squats ○ Single leg balance
CARDIOVASCULAR EXERCISE	<p>Continue phase 1</p> <p>Elliptical, stairmaster</p>
PROGRESSION CRITERIA	<ul style="list-style-type: none"> ○ Pain free ADLs ○ Full active ROM without pain

PHASE 3 (~7-12 wks)

REHAB GOALS	<ul style="list-style-type: none"> ○ Gradual restoration of ROM ○ Improve scapular, cuff strength ○ Minimize pain
PRECAUTIONS	
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Continue exercises from phase 2. ○ Mobilizations as needed
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ Continue exercises from phase 2 ○ LE & core- progress strengthening, ok for UE wt bearing. ○ PNF w/rubber tubing ○ Cuff, biceps, triceps, pec, scapular strengthening ○ Multilevel rows, prone scapular, scaption ○ PNF in D2 ○ One hand pushup with light ball on wall ○ Plyometrics- 90-90 supine ball toss, overhead supine ball, medicine ball chest pass ○ Sport specific LE activities
CARDIOVASCULAR	<p>Continue phase 2</p>

EXERCISE	Treadmill walking- progress to jog if no pain with 2 miles walking fast pace
PROGRESSION CRITERIA	<ul style="list-style-type: none"> ○ No pain with overhead activity or ADLs ○ Normal glenohumeral & scapulothoracic mechanics ○ UE weight bearing without pain

PHASE 4 (~12+ weeks)

REHAB GOALS	<ul style="list-style-type: none"> ○ Full ROM in all planes ○ No pain ○ Improvement of strength, endurance, neuromuscular control ○ Return to sport/work
PRECAUTIONS	Post-activity soreness should resolve within 24 hours Avoid post activity swelling
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> ○ Continue with flexibility exercises from previous phase ○ Gentle end range stretching ○ LE and core flexibility ○ Mobilizations as needed
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> ○ Continue phase 3 activities. Progress with resistance/load. ○ UE- return to gym exercises. Can bench press (narrow grip, low weight, avoid full lock out) & overhead press (narrow grip, avoid full lock out) ○ thrower’s exercises: ER/IR at 0 abduction (progress to IR/ER as pain tolerates), scaption ER full can, rows into ER at 90 abduction seated on stability ball, lower trap seated on stability ball, elbow flexion, elbow extension/triceps, wrist extension, wrist flexion, supination, pronation, sleeper stretch, supine horizontal adduction stretch into IR, Prone horizontal abduction neutral/full ER at 100, prone row, Diagonal pattern (D2) flexion/extension ○ Balance/proprioception- progress to unstable surface, perturbations, etc ○ Plyometrics- LE drills. UE- progress two handed chest pass, 2 hand overhead, single hand 90/90 ○ Overhead-ok to progress to interval throwing program ○ Sport specific drills ok to start
CARDIOVASCULAR EXERCISE	Continue from phase 3, add upper body ergometer if needed. Jog/run progression
PROGRESSION CRITERIA – RETURN TO SPORT/WORK	<ul style="list-style-type: none"> ○ Pain free, full ROM, uncompensated under fast & resisted conditions ○ 90% strength of contralateral side rotator cuff & scapular (at least 70% rotator cuff ratio). ○ Completion of throwing program/sport specific program ○ At least 90% functional closed kinetic chain tests

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| | <ul style="list-style-type: none">○ Overhead athletes with normal mechanics/form and no pain post activity |
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