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Physical Therapy following Acromioclavicular Joint Injury

The following is a basic framework from which to work during rehabilitation following an acromioclavicular (AC) joint injury. Physical therapists may employ specific exercises at their discretion within these guidelines. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

Injury - 2 wks:

PROTECTION PHASE

- Ice encouraged for the first week at a minimum: should be used 3-4 times per day.
- Sling should be in place for 5-7 days when not performing exercises.
- Initiate exercise program 3 times per day:
 - Immediate elbow, forearm and hand range of motion out of sling
 - Passive and active assistive ER at the side to 30, flexion to 130
- No lifting with involved extremity.
- AVOID scapular ROM exercises
- AVOID cross body adduction

2 - 6 weeks:

RANGE OF MOTION PHASE

- May discontinue sling.
- Advance active and passive ROM in all planes to tolerance.
- Focus on scapular stabilization (engage rhomboids and trapezius)
- Lifting restriction of 5 pounds with the involved extremity until 4 weeks from injury
- Initiate gentle rotator cuff strengthening; progress to light resistive Theraband exercises.
- Initiate scapular AROM exercises.

>6 weeks:

STRENGTHENING PHASE

- Discontinue all lifting restrictions
- Advance rotator cuff strengthening and scapular stabilization
- Initiate functional progression to sports-specific activities at 6-8 weeks