

Acromioclavicular Dislocation

Rehabilitation Protocol

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Introduction

Acromioclavicular (AC) dislocations (or distal clavicle fractures with horizontal coracoclavicular instability) are classified into different grades according to their severity and require differentiated management. Type I and II injuries (Rockwood classification, lower severity) are treated conservatively, with good to excellent reported outcomes. In type III injuries, rehabilitation is a key component in both surgical and non-surgical management. Type IV to VI injuries (Rockwood classification, higher severity) usually require surgical treatment, followed by rehabilitation protocols similar to those used in the postoperative setting. In all cases, rehabilitation should follow a progressive and individualized approach, guided by pain levels and the patient's functional status.

Protocol Phases

Phase 1: Protection and Pain Control (Weeks 0–3)

Goal: Reduce pain, allow ligament healing, and prevent stiffness.

Interventions:

- Sling immobilization (2 weeks in conservative treatment, 4 weeks postoperatively).
- Cryotherapy 3–5 times per day.
- Active movements of the elbow, wrist, and hand.
- Cervical spine mobility exercises.
- Pendulum exercises only if pain allows.

Phase 2: Progressive Mobility (Weeks 3–6)

Goal: Restore mobility without compromising stability.

Interventions:

- Active-assisted range of motion (flexion and abduction initially up to 90°).
- Active scapular mobility exercises.
- Pain-free isometric exercises for the rotator cuff and deltoid.
- Avoid loading or movements above 90°.

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Phase 3: Functional Strengthening (Weeks 6–12)

Goal: Improve strength and neuromuscular control.

Interventions:

- Elastic band exercises for the rotator cuff, periscapular musculature, and deltoid.
- Proprioception and scapular stability exercises.
- Progressive active movements to full, pain-free range of motion.

Phase 4: Progressive Return to Activity (Weeks 12–20+)

Goal: Restore full function, strength, and stability.

Interventions:

- Advanced strengthening (weights, higher-resistance bands).
- Simulation of sports-specific or work-related activities.
- Return to contact sports only after full strength and control are achieved, with medical clearance.

Additional Considerations

- Progression should be individualized and symptom-based.
- Scapular control exercises are essential in all phases.
- There is no absolute consensus on timelines; full return typically occurs between 3 and 6 months.
- Surgical approach may modify early progression timelines.

Discharge Criteria

- Full, pain-free range of motion.
- Symmetrical strength (at least 90% of the contralateral side).
- AC joint stability with no clinical signs of instability.
- Medical clearance according to the activity to be resumed.

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