



Acute AC Separation Non-Operative Protocol



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Physical Therapy Prescription

Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121

Name: _____

Date of Surgery: _____

Diagnosis: R / L Acute AC Separation Non-Operative Protocol

Frequency: 2-3 times per week for _____ weeks, Therapy to start 3-5 days after surgery

***VERY IMPORTANT: THERAPIST MUST OBSERVE ATHLETE DURING EXERCISES
TO MAINTAIN SCAPULAR RETRACTION AT ALL TIMES DURING THERAPY***

Weeks 0-3

- Therapist to observe athlete during rehab for proper mechanics
- Posture shirt on at all times awake including therapy sessions while; may remove for sleep and hygiene
- McConnell/Kinesio taping of shoulder in scapular retraction 2 times per week. Leave each for 48 hours
 - Please provide home instructions for kinesiotaping if applicable
- Focus on restoring full pain-free ROM (emphasis on scapular retraction)
- Scapular retraction and posture training exercises
- Progress to strengthening of deltoid, trapezius, and periscapular muscles
- After full ROM is restored (does not need to be completely pain free), progress to Rotator cuff strengthening
- *Baseball/Softball/Throwing athletes: see additional instructions below*

Weeks 3+

- Continue to observe athlete during rehab for proper mechanics (scapular retraction, posture, etc...)
- Progress ROM and strengthening of deltoid, trapezius, rotator cuff muscles, periscapular muscles
- When patient has achieved pain-free full ROM and no pain on rotator cuff testing, may progress to sport specific training
- Plyometric exercises

Return to Sport/Activity

1. Full pain-free ROM
2. Strength 80-90% of uninjured side
3. Cleared RTS testing with PT
4. Clearance from physician

Additional Instructions for Baseball/Softball/Throwing Athletes

- Stretching program – ultimate goal is ~120-130 degrees of external rotation in Abducted/ER position
- Add Hip/Abductors/Core strengthening to protocol in anticipation of return to throwing
 - Single leg squats bilateral, Core strengthening, hip rotation
- Return to throw program to start when athlete has achieved full pain-free ROM, strength 80-90% of uninjured side. Most commonly started weeks 6-8 pending grade of separation
 - MD will provide return to throw program when athlete is ready/cleared to throw

Signature: _____

Date:

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