

# Non-Operative AC Joint Sprain Treatment Protocol

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## Purpose & Philosophy

Acromioclavicular (AC) joint sprains are common in contact sports and falls onto the shoulder. Most low- and moderate-grade AC joint injuries heal well with non-operative treatment. The goal is pain control, restoration of motion and strength, and safe return to sport without chronic instability.

## Appropriate Candidates

Grade I–II AC joint sprains and select Grade III injuries with acceptable alignment, no neurovascular compromise, and athletes able to tolerate non-operative care.

## Phase 1: Protection & Symptom Control (Weeks 0–2)

Goals include pain reduction and protection of the AC joint. A sling may be used for comfort for a short period. Activities involving cross-body adduction, overhead loading, and contact are avoided. Gentle pendulum exercises and pain-free range of motion are initiated as tolerated. Pain control includes acetaminophen and ice; NSAIDs may be used selectively if appropriate.

## Phase 2: Motion Restoration & Early Strength (Weeks 2–4)

Focus shifts to restoring full shoulder range of motion and initiating gentle strengthening. Emphasis is placed on rotator cuff activation, scapular stabilization, and postural control. Progression is guided by pain and movement quality.

## Phase 3: Strengthening & Load Progression (Weeks 4–8)

Goals include improving shoulder strength, endurance, and tolerance to functional loading. Progressive resistance exercises are introduced, avoiding excessive AC joint shear early. Closed-chain and functional patterns are emphasized.

## Phase 4: Return to Sport or Full Activity (Weeks 8–12+)

Gradual return to sport-specific or occupational activities is initiated. Contact athletes progress once pain-free strength and range of motion are restored. Protective padding may be considered during early return to contact sports.

## Return-to-Play Criteria

Full, pain-free shoulder range of motion; symmetric shoulder and scapular strength; ability to tolerate sport-specific demands including contact if applicable; confidence in shoulder function.

## Failure of Non-Operative Treatment

Persistent pain, functional limitation, or instability despite appropriate rehabilitation should prompt reassessment and discussion of alternative treatment options.

## Key Principles

Most AC joint sprains heal reliably without surgery. Avoiding premature return to contact and restoring scapular control are critical to preventing chronic symptoms.

## Key References

Rockwood CA et al. Disorders of the acromioclavicular joint. J Bone Joint Surg Am. 1998.

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