Acromioclavicular Joint Separation

ORTHOSPORTS

Todd Gothelf MD (USA), FRACS, FAAOS, Dip. ABOS Foot, Ankle, Shoulder Surgeon



Orthopaedic Surgeons

The Acromioclavicular Joint (or AC joint) is the main attachment between the collar bone and the rest of the arm. The joint is mostly involved with overhead motion of the arm and heavy lifting.

The AC joint separation occurs usually from a fall directly onto the arm or shoulder. This type of fall commonly happens in sports, especially cycling, snowboarding, skiing, or football.

A separation of the AC joint involves the rupturing of ligaments around the end of the collar bone. We classify these ruptures based on the severity of the injury. In other words, the more ligaments ruptured, the worse the injury, and the higher the grade.

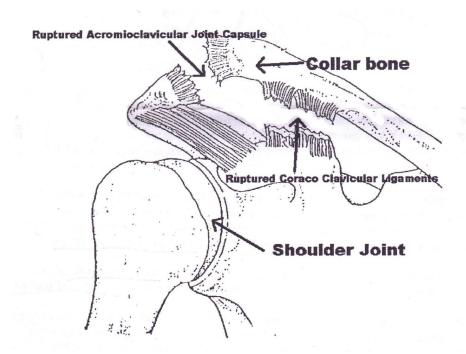
J. Goldberg A. Turnbull R. Pattinson A. Loefler

J. Negrine I. Popoff

D. Sher T. Gothelf

Sports Physicians

J. Best M. Cusi P. Annett

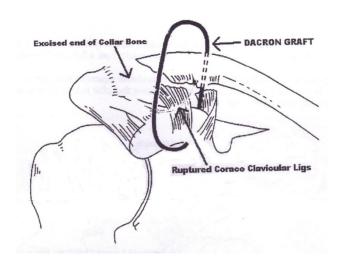


Grade I and II injuries are generally mild. The ligaments are either stretched or partially torn. Pain and swelling usually lasts between one and three weeks, and permanent deformity and disability are rarely problems. A sling is usually given for comfort for a few weeks, followed by a course of physiotherapy and gradual mobilisation. Sports can be resumed when the pain resolves, usually in 6-8 weeks.

A <u>Grade III injury</u> involves rupture of all of the ligaments around the AC joint, resulting in a deformity or increased bump at the end of the collar bone. An X-ray will confirm this injury, as the collar bone sits higher than its usual position. Treatment of this injury can be either non-operative or operative, and the risks and benefits of both treatments will be discussed with me in order to come for you to come to an informed decision.

Non-operative treatment involves immobilisation in a sling for two to three weeks followed by a course of physiotherapy. Return to sporting activities can occur when symptoms resolve, usually in six to eight weeks. Even though the bump on the top of the shoulder always remains prominent, many patients may do well with this treatment. A small percentage of people may develop ongoing pain and permanent weakness, especially in those persons doing overhead work or throwing sports.

Surgery involves a small 5 cm incision over the top of the shoulder. The end of the collar bone is excised if damaged and torn ligaments replaced. The choice of replacement will depend on your surgeon - either an artificial ligament out of strong material, or a tendon from another part of your body. A sling is worn for three weeks, followed by a structured physiotherapy program. Return to sporting activities can resume at three months.



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