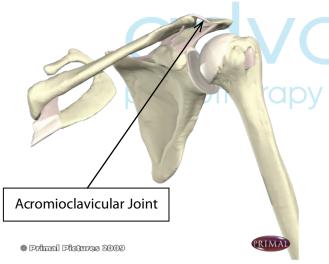
Patient Information Sheet

Shoulder - Acromioclavicular (AC) Joint Injury



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This refers to an injury to the structures associated with the acromioclavicular joint (AC joint). This joint connects the collar bone (clavicle) to the shoulder blade (scapula) and is placed under stress with all shoulder movements. The injury is often the direct result of falling onto the point of the shoulder.



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Types/Grade of AC Joint injury

There are various grading systems used for this injury. The most commonly used one is the Rookwood version which recognises different types of injury

Type 1 - Sprain of the joint capsule and ligaments

Type 2 – Complete tear of the AC ligaments and sprain of coraco-clavicular (CC) ligaments

Type 3 – Complete tear of AC and CC ligaments

Type 4 - Complete tear of AC and CC ligaments with posterior displacement of clavicle

Type 5 - Complete tear of AC and CC ligaments with superior displacement

Type 6 - Complete tear of AC and CC ligaments with inferior displacement of clavicle

Pain and Symptoms

Clinical Features may include

- Swelling that may have a delayed onset 24hrs + later over the joint
- Clicking, catching with active movements.
- Loss of movement
- Loss of power/strength
- Pain over the top and front of the shoulder
- Patient may report a popping sensation at the time of the injury
- Visible deformity is sometimes present

Diagnosis

The diagnosis is usually made from the history and from clinical testing. Further investigations such as x-ray, MRI and ultrasound can be undertaken to confirm the diagnosis and to assess other structures.

Treatment

Treatment regime for an AC joint injury will be dependent on the goals of the injured person and the type of injury. These injuries are generally treated non-surgically and a guided and supervised Physiotherapy program is central to good management. The aim of the program is to optimise the healing process whilst restoring movement and strength to the shoulder.

Surgical

In some of the higher grades of AC joint injuries surgery may be required to realign the joint and repair the damaged ligaments. This is a decision made by a specialist surgeon.

Recovery Time

The following is an approximate guide

2-4 weeks Type 1 Type 2 4-6 weeks Type 3-6 12-16 weeks