

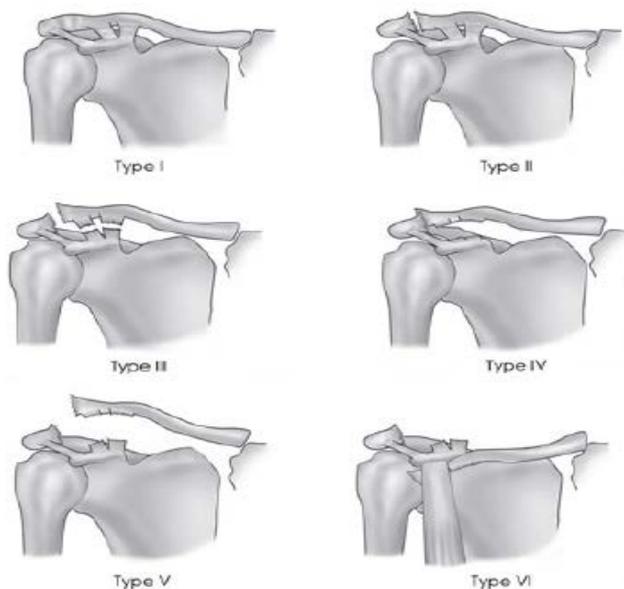
## What is the AC joint?

The acromioclavicular (AC) joint is the point of your shoulder where your distal clavicle (collarbone) attaches to the point of your scapula (shoulder blade).



## How is it injured?

AC joint injuries occur from a fall onto the point of the shoulder or onto an outstretched arm, which disturbs one or more of the surrounding ligaments <sup>(1)</sup>. AC joint injuries vary significantly in severity and are graded from 1 (least severe) to 6 (most severe) as illustrated below.



**Fig. 2** Schematic of the Rockwood [2] classification of acromioclavicular joint dislocations.

## What is the healing time, and how are AC joint injuries managed?

**Type 1:** These involve sprains to the surrounding ligaments of the AC joint with normal X-rays (i.e. the bones are well aligned).

These can be treated with physiotherapy and can return to sport in as little as 1-2 weeks <sup>(3)</sup>.

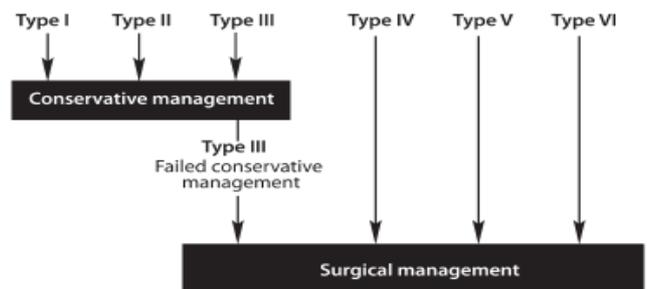
**Type 2:** Involves a more severe sprain to the ligaments surrounding the AC joint. X-rays may show the distal clavicle slightly elevated.

These can be treated with a short period of sling immobilization and physiotherapy and return to sport within 4-8 weeks <sup>(3)</sup>.

**Type 3:** This involves the rupturing of ligaments attaching to the AC joint and an obvious deformity will be present as well as significant instability.

The management of these usually involves a longer period of immobilization in a sling, followed by 5-8 weeks of physiotherapy <sup>(2)</sup>. Some of these injuries do not heal adequately and will need further surgical assessment and/or intervention <sup>(3)</sup>.

**Types 4-6:** These injuries involve complete rupture of surrounding supporting ligaments and soft tissues. Patients are referred to an orthopaedic specialist and will likely need surgical intervention to stabilise the joint <sup>(3)</sup>.



**Fig. 3** Treatment algorithm for acromioclavicular joint dislocations based on the Rockwood classification.

## What will physiotherapy involve?

- Assessment, grading of injury and guidance around expected return to work and sporting activities.



- Provision of an appropriate sling or brace if required
- Joint and soft tissue mobilization to accelerate recovery and improve range of motion.
- Taping to reduce pain, improve function and enable safe return to activity.



Progressive exercise programs to help you recover your strength and performance.

- Protective guards or padding for return to sport.

## References:

1. Bontempo, N., Mazzoca, A. (2010). Biomechanics and treatment of acromioclavicular and sternoclavicular joint injuries. *British Journal of Sports Medicine*, 44, 361-369.
2. Yewlett, A., Dearden, P. M., Ferran, N. A., Evans, R. O., Kulkarni, R. (2012). Acromioclavicular joint dislocation: Diagnosis and Management. *Shoulder and Elbow*, 4, 81-86.
3. Reid, D., Polson, K., Johnson, L. (2012). Acromioclavicular joint separations Grades I-III – A review of the literature and best practice guidelines. *Sports Medicine*, 42(8), 681-696.



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