

FACT SHEET

Dislocation, Acromioclavicular Joint

What Else is it Called?

AC Separation

What Is it?

- Acromioclavicular dislocation refers to an injury around the shoulder that includes a separation of the joint between the collarbone (clavicle) and the shoulder blade (the scapula). This injury is often confused with a dislocation of the shoulder (glenohumeral dislocation).
- The clavicle is attached to the scapula by three ligaments. Injuries to this joint are graded from I to V.
- Grade I is a simple sprain.
- With a Grade II injury, there is a tear of one of these ligaments (the acromioclavicular ligament).
- Grade III injuries involve a tearing of all three ligaments.
- Grades IV and V involve injury to the surrounding muscles.
- Grades I and II are sometimes called an incomplete dislocation or subluxation.
- Grades III, IV and V constitute a true dislocation.

How Is It Diagnosed?

History:

- Often, there has been a direct blow to the top of the shoulder area, either from a fall or occasionally resulting from a heavy object falling on the shoulder.
- An attempt to break a fall with an outstretched arm could also cause the dislocation.

What to look for:

- Tenderness and swelling on the top of the shoulder.
- Loss of function.
- Asymmetry of the two shoulders with a noticeable hump on the affected side.
- Abrasion across the shoulder joint.
- Limited active range of motion.
- Painful assisted range of motion of the joint.
- Neurological function.
- Check of the circulation.

Tests:

- Plain x-rays can confirm the diagnosis.
- The individual may be asked to hold a weight in the injured hand to pull the joint apart. This test can show the difference between a complete dislocation and an incomplete dislocation.
- An electromyogram may be needed to assess nerve damage if indicated, but this is uncommon.

What is the Expected Return to Work Time?

For non-dominant injuries, individuals may return to work earlier if duties are one handed. Dominant side injuries will require longer recovery, as individuals are not able to use their hand above shoulder height in either sedentary or active jobs.

Job Classification.....	RTW Minimum – Maximum
Sedentary Work.....	0 days – 21 days (calendar days)
Light Work.....	14 days – 28 days
Medium Work.....	21 days – 42 days
Heavy Work.....	42 days – 56 days
Very Heavy Work.....	42 days – 56 days

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How is it Treated?

- Minor (Grade 1) injuries are treated with a sling for a few days to reduce the pain with a gradual return to active motion of the shoulder as tolerated.
- Cold therapy and pain medications may be indicated.
- Grade II injuries may be treated with a sling and time to heal, or surgery. Ice, pain medication and physical therapy are added when appropriate.
- Grade III treatment also ranges from a sling to strapping or surgery. Surgery is more likely to be suggested for these injuries if the individual is intolerant of the strapping device, does not want to have the bump remain on the top of his or her shoulder, or if his or her lifestyle demands heavy overhead work.
- The surgical procedure is open reduction with internal fixation (ORIF). A metal screw may be inserted or material such as suture or wire used to hold the joint in position.
- If the end of the clavicle is damaged, it may need to be surgically removed to reduce the chance of developing arthritis. Chronic pain from the injury after conservative or non operative treatment may be an indication for removal of the end of the clavicle (excision of the distal clavicle).
- Likewise, there is a small cushion between the bone ends (meniscus) that may be dislodged during the injury and may be an indication for surgery.
- All methods of treatment demand 6 to 8 weeks of treatment time.

- After the dislocation is healed, joint pain may be treated with corticosteroid injection.

What is the Predicted Outcome?

Normal joint function should return in about 6 to 8 weeks after Grade I and most Grade II injuries. Grade III dislocations treated surgically will require more extensive therapy for full recovery. Aggressive therapy often cannot begin until 6 weeks after surgery. Chronic pain and decreased joint function does develop in some individuals. Grade II and III injuries not treated with surgery to reduce the dislocation will leave individuals with a bump on the tip of their shoulder. Surgery will leave a scar about two inches long.

What are the Work Restrictions and Accommodations?

- With surgical reconstruction on dominant shoulder, must avoid lifting, carrying or overhead work for 2 months.
- May be restricted by a sling or harness, which limits manual dexterity.

What Are the Common Prescriptions?

- Anti-inflammatories
- Analgesics
- Steroid injection

*"A safe and timely return to work benefits the patient and his or her family by enhancing recovery and reducing disability."
Canadian Medical Association*