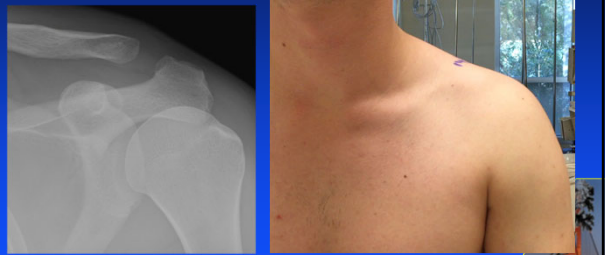


Management of Acromioclavicular Separation

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Left Shoulder



History

- 15 yo with left shoulder pain after tackle 4 weeks ago
- Diagnosed with AC separation following injury
- Still painful and unable to return to overhead lifting or sports



Polling Question: What are the next steps?

- A. Get additional imaging
- B. Refer to physical therapy
- C. Perform surgery
- D. Put in a sling for 6 weeks



Physical examination

- FROM
 - Painful with overhead movement
- Strength 5/5
- Pain and deformity at AC joint



Not just static displacement!



Symptoms!!!
Let the patient
demonstrate the
limitation!

Difficulty with cross arm adduction



Examination



AC Separation

- Acute AC - <6 weeks
 - AC joint repair
 - Don't need tissue
 - 2.5mm tunnels
- Chronic AC - > 6 weeks
 - Need biologic tissue
 - Autologous hamstring
 - 6mm tunnels



AC and CC ligaments

- AC ligaments
 - Control superior and inferior displacement
- CC ligaments
 - Control anterior and posterior displacement

Lee KW et al, AJSM 1997



Post-op Rehabilitation

- Phase 1 (0-6 weeks)
 - No ROM/ pendulum
 - Arm in sling – supported
- Phase 2 (7-12 weeks)
 - FROM AROM (start PT)
 - Isometrics
- Phase 3 (13-16 weeks)
 - Strengthening



AC Injury Classification

TABLE I Rockwood Classification of Acromioclavicular Injuries

Type	Acromioclavicular Ligaments	Coracoclavicular Ligaments	Coracoclavicular Interspace Distance*	Radiographic Appearance of Acromioclavicular Joint
I	Sprained	Intact	Normal	Normal
II	Disrupted	Sprained	<25%	Widened
III	Disrupted	Disrupted	25% to 100%	Widened
IV	Disrupted	Disrupted	Increased	Clavicle posteriorly displaced (axillary)
V	Disrupted	Disrupted	100% to 300%	N/A†
VI	Disrupted	Disrupted	Decreased	Clavicle displaced inferior to coracoid

*Distance between the superior aspect of the coracoid process and the inferior aspect of the clavicle
 †N/A = information not available.



AC Joint separation

