

Alta View Sports Medicine



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# Acromioclavicular (AC) Joint Dislocation

## What to Expect

An acromioclavicular (AC) joint dislocation, or “separated shoulder,” is not truly an injury to the shoulder joint itself, but of the ligaments that attach the clavicle to the scapula. This injury commonly occurs from a direct blow to the shoulder such as a fall during sporting activity. A mild sprain involves the AC ligaments that attach the clavicle to the top portion of the scapula called the acromion. Severe injuries rupture both the AC ligaments as well as the coracoclavicular (CC) ligaments that attach the undersurface of the clavicle to the scapula. There is a sensation of a “sagging shoulder” as the weight of the arm pulls the scapula down away from the clavicle, causing a noticeable bump deformity the top of the shoulder. Mild sprains can be treated conservatively with rest, therapy, and time. More severe injuries require surgery to restore the anatomic relationship of the clavicle and scapula to optimize shoulder function.

The AC joint is reconstructed using a combination of strong sutures and buttons to restore the scapula height to the clavicle and in more chronic injuries a tendon graft may be necessary to reinforce the construct. Direct visualization and intraoperative x-ray help ensure adequate restoration AC joint. The goal of surgery is to restore the anatomic length of the clavicle to ensure return of shoulder motion and arm strength over time. This surgery can be performed as an outpatient, getting you home the same day.

For more information, see [orthoinfo.aaos.org](http://orthoinfo.aaos.org)



## Phase 1 (0 – 2 weeks postop)

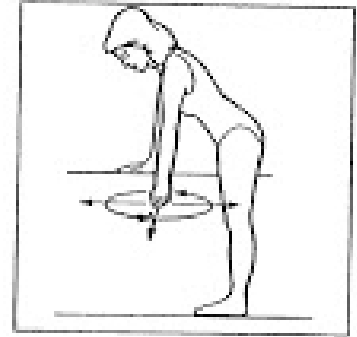
Goals: Control pain, Diminish swelling, Protect the repair

- Pain: You will be prescribed pain medication to use after surgery. Use as directed and wean use to as needed. You may take an anti-inflammatory medication (i.e. ibuprofen, naproxen) as you wean from the narcotic. Do not drive or use alcohol while taking narcotic pain medication.
- Sling: A sling will be placed before you wake up from surgery. Keep the sling on at all times when up and about and when sleeping. You may remove your arm gently from the sling to move your elbow, wrist, and fingers when sitting in a controlled environment at home a few times a day. Avoid trying to lift your arm above 90°. Plan on using the sling for 4-6 weeks.
  - Have someone help you remove and replace the sling. It is easier to wear button down shirts instead of pullover shirts. With the sling removed, hold your shoulder steady as if the sling were still on, slip your shirt over your arm and shoulder, and then have someone assist in replacing the sling and pillow.
- Ice: Place a bag of ice or cryocuff on the shoulder for 1 hour a few times each day and after therapy or home exercises.
- Dressing: Try to keep the surgical dressing in place until your follow up appointment. If it does begin to fall off, remove the dressing and keep the area clean and dry. Do not remove underlying steri strips.
  - You may shower after the 3<sup>rd</sup> day, but stand keeping the shoulder away from the direct shower spray. To wash under your arm bend forward allowing the hanging arm to drift away from your body. Keep the incision site dry.
- Driving: make arrangements for the first month after surgery.
- Schedule your postoperative visit for 10-14 days after surgery. At this visit:
  - Suture removal if needed
  - Review of your surgery and rehab plan

## Exercises

- Precautions:
  - NO lifting objects
  - NO sudden arm movements
- Arm, wrist, finger motion
  - Remove arm from sling to bend your elbow, wrist, and fingers for 5 min 5x/day
- Pendulum exercises (begin on day 3)
  - Gently remove sling, bend forward to allow your hanging arm to fall away from your body.
  - Use your unaffected arm to rotate your operative arm in a circular motion and side to side. Your operative shoulder and arm should remain completely relaxed
  - 5 min 5x/day

Pendulum Exercise



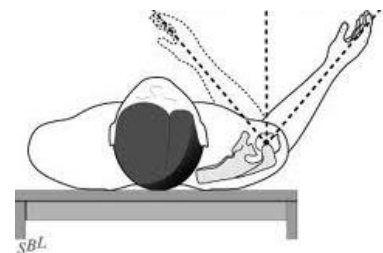
## Phase 2 (2 - 6 weeks postop)

Goals: Control pain, Gentle shoulder motion, Protect the repair

- Sling: Use the sling at all times when up and about. Use caution when showering as outlined in Phase 1. You may wean out of the sling after 6 weeks.
- No lifting > 2 lbs, no forceful pushing or pulling. Avoid reaching behind your back.
- Pain: begin to wean off narcotic pain medication.
- Schedule a clinic visit about 6 weeks from your surgery date

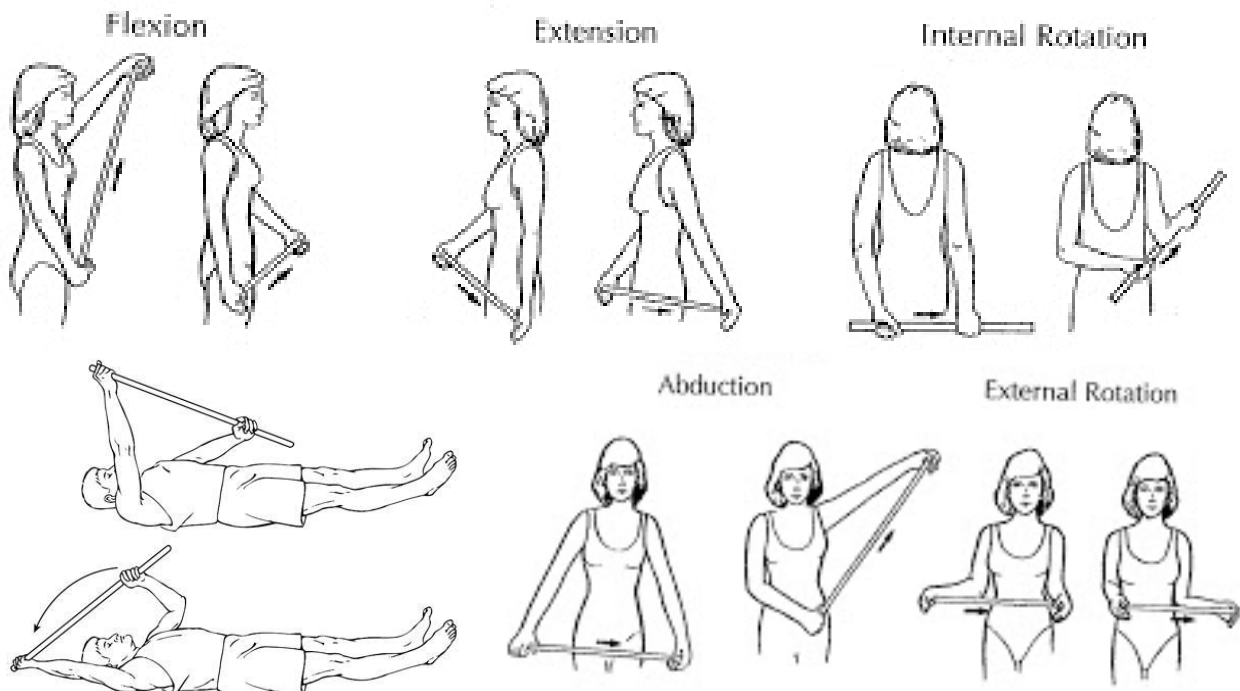
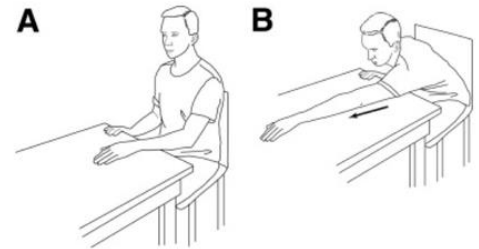
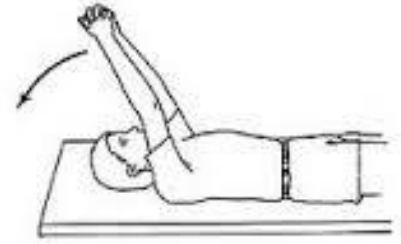
## Exercises

- Continue daily Pendulum exercise
- Lower extremity weight training and cardiovascular training for general health
- Supine Shoulder internal/external rotation
  - 5 min 5x/day



## Phase 2 Exercises continued

- Supine passive forward flexion to 90°
  - Lying on your back, raise your surgical arm by the wrist/elbow using your unaffected arm
- Table slides
  - Place surgical arm on a magazine or other flat sliding object on a table, stabilize at wrist with unaffected hand to begin sliding motion. Hold for 10 sec. Retract by reclining body and using unaffected hand. Avoid lifting surgical arm off table.
- Scapula retraction
- Stick Exercises
  - Use unaffected arm to gently push surgical arm in abduction, external rotation, forward flexion, extension, and internal rotation as shown below. Hold each stretch for 10 sec. Keep surgical shoulder relaxed throughout the motions.
  - Goal by 6 weeks: passive motion to 90° of forward flexion/abduction, full internal/external rotation
  - Goal by 12 weeks: full motion in each plane as your unaffected shoulder



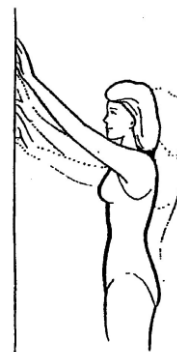
## Phase 3 (6-12 weeks postop)

Goals: Continue shoulder stretching, improve to full range of motion, protect the repair site, begin shoulder strengthening

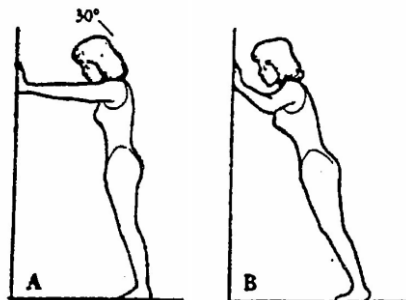
- Sling: You may wean out of the sling. If you experience any increase in shoulder pain or feeling of fatigue, replace the sling to allow the shoulder to rest. You may remove the sling to sleep.
- No lifting or carrying objects > 5 lbs. You may use your arm for regular activities of daily living around the house.
- Schedule a clinic visit about 3 months from your surgery date

### Exercises

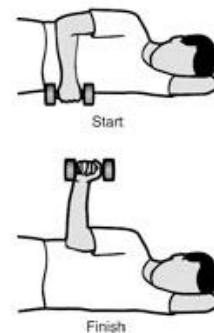
- Continue stretching exercises from Phase 2, advance to achieve full motion
- Walk the Wall
  - Gently walk up and back down a wall keeping your surgical shoulder relaxed. Hold for 10 sec and lean into the wall at the point where you feel the stretching sensation/mild pain.



- Wall Push-Ups

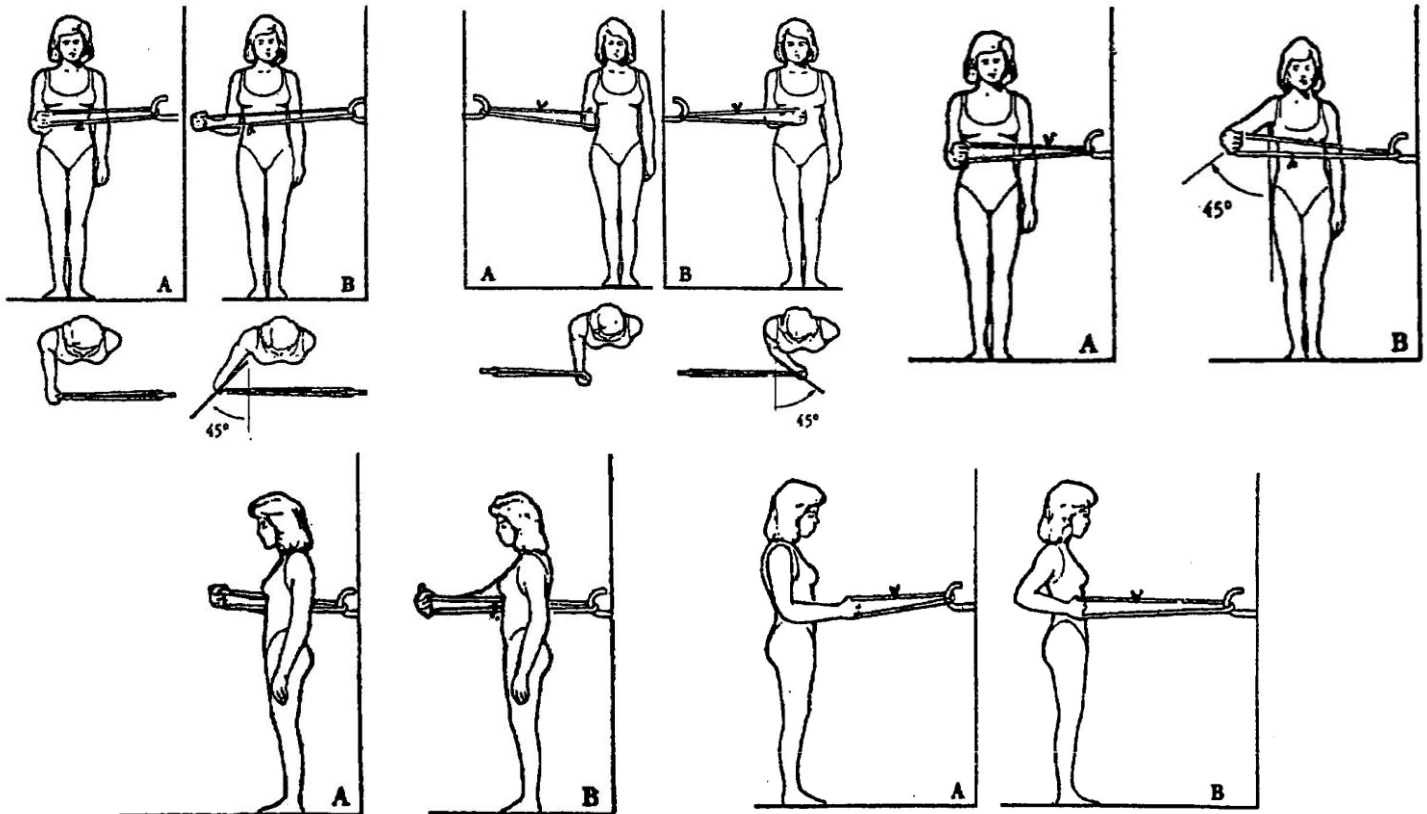
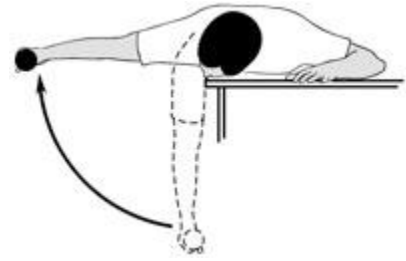


- Sidelying external/internal rotation
  - Lie on non-operative side, keep elbow bent at 90°. Lift hand off your abdomen and raise to the ceiling keeping elbow at your side.
  - Begin with 1 lb weight, advance to 5 lbs



## Phase 3 Exercises continued

- Prone Horizontal Abduction
  - Keep the elbow straight, raise arm slowly to eye level straight out to your side.
- Prone Horizontal Abduction/External Rotation
  - Keep the elbow straight, raise arm slowly to eye level straight out to your side with your thumb pointing up toward the ceiling
- Theraband Exercises
  - Begin with Yellow theraband, progress weekly as long as each previous band is easy to use
  - Other exercises can be introduced by your therapist





## Phase 4 (3-4 months postop)

Goals: Maintain full passive range of motion, Progress shoulder strengthening, Return to regular activities

- Avoid any forceful pushing or pulling motions. No lifting objects greater than 15 lb at this point, avoid any overhead lifting.
- Although you may feel ready to get back to full activity, the repair takes months to solidify. Use caution when returning to regular activity.
- You may begin running sports without contact risk, skiing, golf, basketball once you have achieved full motion and near full strength

### Exercises

- Continue stretching and strengthening exercises from Phases 2 & 3
- Continue lower extremity and cardiovascular conditioning for general health
- Push-Up Progression
- May advance to limited weight training with high-rep/low weight
  - Bicep Curls
  - Triceps Curls/ Prone Rowing
  - Front Pull Downs
  - Limited Seated Bench Press
  - Other weight training as directed

## Phase 5 (4-6 months postop)

Goals: Maintain full active range of motion, Continue shoulder and periscapular strengthening, Return to full activity and sport

- Return to full activity including lifting without restriction, weight training, throwing, and sports activity requires that you have pain-free full active range of motion and shoulder strength near that of your unaffected shoulder. This will be discussed in a clinic visit prior to your full release. Again, return to full activity is variable depending on your injury, your motion, pain, and expectations.
- Any direct blow to the shoulder including falls and tackles puts your AC joint at risk of reinjury. Use caution when returning to sport and understand your limits.

### Exercises

- Plyometric shoulder exercises
- Strength athletes can begin a more aggressive weight training program under appropriate supervision, no maximum loads until after 6 months
- Overhead athletes (baseball, softball, tennis, etc):
  - Gradual, progressive throwing program
- Sports participation
  - Gradually return to sports. Allow for 1-2 days of rest after any increase in shoulder pain.
  - Obtain MD clearance for participation in any contact sports