

# Acromioclavicular Joint Disruption

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The acromioclavicular (A/C) joint is a relatively weak and inflexible joint which derives its name from the bones which form its union: the acromion- a bony prominence of the shoulder blade and the clavicle or collar bone. Injuries to this joint are seen in contact sports due to excessive or repeated trauma. Contusion, sprain or separation may result from injuries, with arthritis occasionally developing as a later complication.

The cause of injury involves some type of blow to the shoulder area, generally a fall on the point of the shoulder. The athlete often times will describe hearing a “pop” or feeling a tearing inside the shoulder at the moment of impact. Initial complaints will include local pain and tenderness over the AC joint, especially noticed with rotating the shoulder or raising the arm. Any weight in the involved arm, as it is held dangling, will increase the pain and a noticeable bump may be felt over the AC joint which is not felt on the opposite shoulder. Swelling and/or bruising is sometimes present.

Early evaluation of the shoulder should be sought to determine the extent of injury. In this type of injury, x-rays are very useful to grade the severity of possible ligament damage and to allow for proper treatment selection.

In a mild AC joint injury or sprain, the ligaments have been stretched but are still intact. Early treatment should include the use of ice or cold packs and nutritional support to fight inflammation and promote tissue healing. Also a sling for protection of the joint (a Kenny Howard sling) may be indicated. Full range of motion should return in five (5) to seven (7) days. If proper muscle rehabilitation is employed, return to activity should take place in two (2) to three (3) weeks. A moderate sprain involving definite ligament damage requires a sling for two (2) to four (4) weeks with the same treatment as a mild range of motion and successful rehabilitation, strengthening the shoulder girdle. A severe sprain will require the above measures with slinging for six (6) to eight (8) weeks. Surgery may be performed but the benefit of surgical fixation is questionable. It is reasonable for an athlete with a severe sprain to follow a conservative course of treatment for six (6) months before considering surgery. Return to activity is dependent upon the degree of recovery and the renewal of shoulder function.

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