

Shoulder AC Separation

A shoulder separation, also called an AC separation, occurs when you injure the ligaments that stabilize the connection between your collarbone (clavicle) and the highest point for your shoulder blade (acromion). This is called the acromioclavicular joint or AC joint. Injury to this joint occurs when the two bones separate, resulting in a ligament sprain or, in more severe cases, a tear.

An AC separation is a common injury that results from a forceful blow to the shoulder. This type of injury is commonly seen in contact sports like football, rugby, or hockey but can also result from a fall onto a hard surface.

Depending on the extent of your injury you may have disrupted one or both of the ligaments that connect your clavicle to your acromion. These ligaments are called the acromioclavicular (AC) and the coracoclavicular (CC) ligaments.

Your shoulder separation is classified in one of six types based on the severity of the injury and the degree of clavicular separation. X-rays of your injured shoulder and, on occasion, your uninjured shoulder may be taken to aid in the diagnosis and classification of your separation.

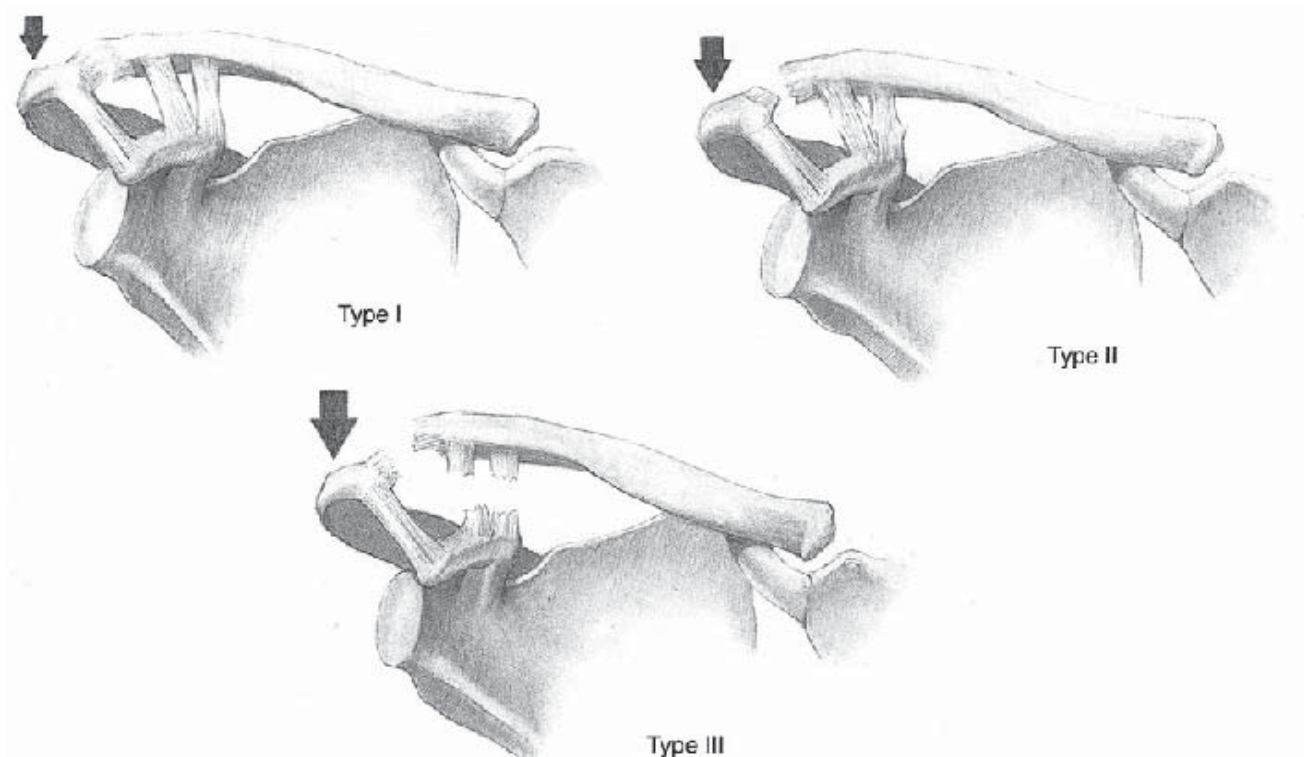
Type I- The AC ligaments are partially or completely disrupted, but the CC ligaments are intact.

As a result, there is no noticeable upward separation of the clavicle from the acromion.

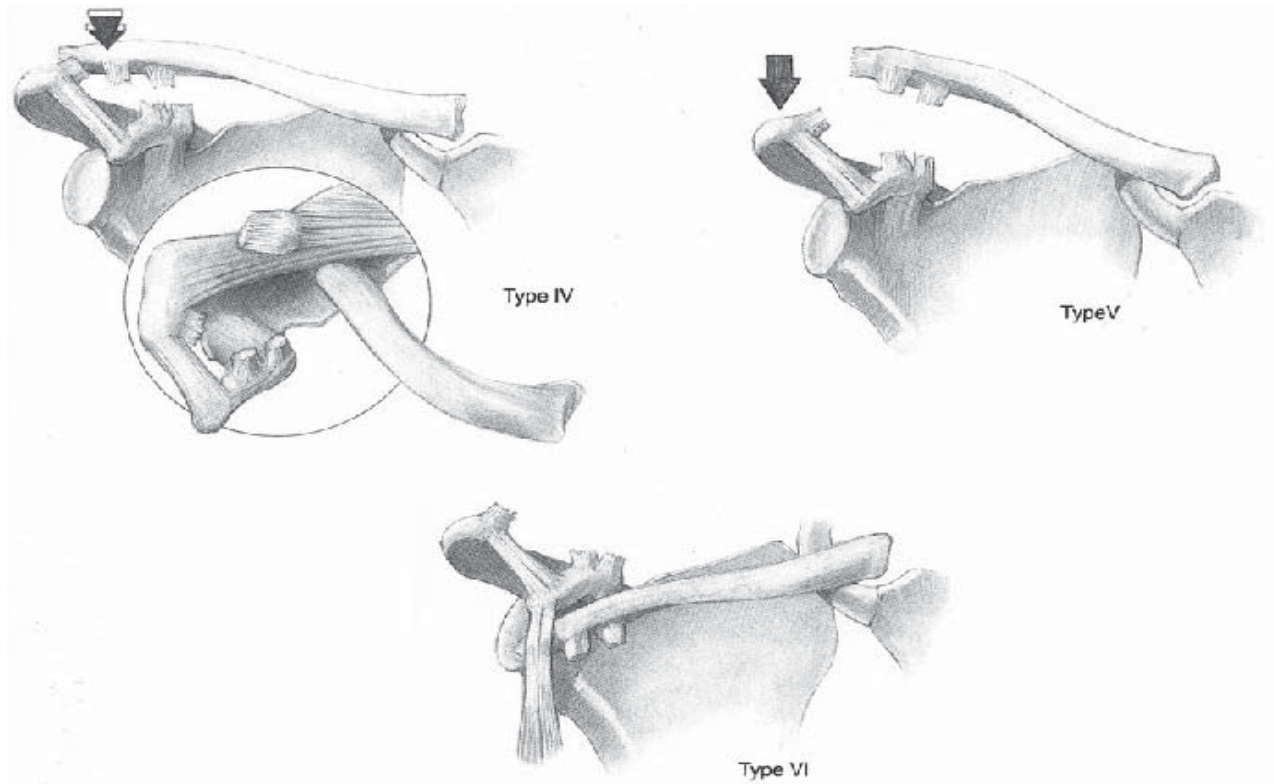
Type II- The AC ligaments are torn and, in addition, the CC ligaments are partially disrupted.

As a result, there is some partial separation of the clavicle from the acromion. This upward separation may not be visibly noticeable.

Type III- Both the AC and CC ligaments are completely disrupted. This results in complete separation of the clavicle from the acromion. This upward separation is visibly noticeable.



Type IV, V and VI are uncommon. These injuries involve further disruption and tearing of other soft tissue in the shoulder.



Treatment:

Type I and II shoulder separations do not require surgery. Typical treatment for your shoulder separation will include the use of a sling for a few days until the pain subsides. The use of ice for the first 48 hours is highly recommended. Dr. Norberg also recommends the use of anti-inflammatory pain medication to help with pain control. As the pain begins to subside, we encourage you to return to activities as tolerated, letting pain be your guide. Generally, you will be able to return to full normal activities within 4-6 weeks and sports activities within 6-8 weeks.

Multiple studies have been done comparing outcomes of surgical versus non-surgical treatment of Type III separations. These studies have shown equivalent function and pain relief with non-operative versus operative treatment. Some studies have shown potential benefit to repairing Type III AC separations in patients who are competitive overhead athletes or heavy manual laborers who work at or above shoulder height.

Surgical treatment has added risks of infection, anesthetic complications and nerve/artery injuries. A bump or prominence will remain at the separation site with the addition of a surgical scar. Patients who undergo surgery must wear a sling for six weeks and limit shoulder activity for three months. The majority of patients with Type III separations should be managed with a sling and resumption of activities as tolerated unless you are a competitive athlete or a heavy manual laborer and this is your dominant arm. Type IV, V and VI injuries require evaluation for surgical repair.

Dr. Norberg's Clinic Locations:

Edina: 4010 W. 65th Street Edina, MN 55435 Phone: 952-920-0970 Fax: 952-920-0148

Eden Prairie: 12982 Valley View Road Eden Prairie, MN 55344 Phone: 952-456-7470

Plymouth - Westhealth: 2855 Campus Drive Suite 300 Plymouth, MN 55441 Phone: 763-520-2961

www.tcomn.com Twitter: @FrankNorbergMD