Acromioclavicular (AC) separation

Description
Acromioclavicular (AC) separation is a sprain (partial or complete tear), injury, or inflammation of the ligaments on the top of the shoulder where the collarbone (clavicle) attaches to the roof of the shoulder (acromion).

The structures involved are the acromioclavicular (AC) and coracoclavicular (CC) ligaments. These attach the clavicle to the acromion or coracoid (part of the scapula).

Common signs and symptoms
- Tenderness and swelling or bump on top of the shoulder (at the AC joint)
- Bruising that appears at the site of injury and sometimes the chest (usually within 48 hours)
- Loss of strength or pain with overhead activities or when reaching across the body

Causes
- Impact or falling on the tip of the shoulder
- Falling on an outstretched hand or on the tip of the elbow

Risk of further injury
- Sports that require contact or collision, throwing sports, racquetball and squash
- Poor physical conditioning
- Previous shoulder sprain or dislocation
- Inadequate protective equipment

Initial treatment
Initial treatment consists of medication and ice to relieve pain, stretching to prevent shoulder stiffness, and modification of activities to allow the ligaments to heal. Treatment options include surgical and nonsurgical intervention.

Return to sports activity is much earlier with nonoperative treatment and is based on type of sport and position, arm injured (dominant versus nondominant), and severity of sprain. Surgical intervention requires 4 to 6 months’ healing before a return to sports is possible.

Pain control
Nonsteroidal anti-inflammatory medications such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers such as acetaminophen, are
often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.

Stronger pain relievers may be prescribed as necessary by your physician. Use only as directed.

**Swelling control**

Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage. Use Ice for the first 72 hours after the initial injury.

**Stretching and upper extremity exercises**

All stretches should be performed before and after any activity. Do three sets of each stretch and hold each stretch for 25-30 seconds.

**Passive range of motion**

- Holding wand (baseball bat, stick, etc.) with involved hand palm facing up, push wand directly away from body using uninvolved hand until you feel a stretch.

**Theraband exercises**

- Fix a piece of Theraband or tubing to a stationary object to provide the needed resistance.
- While keeping elbow in at your side move outward in the desired direction through resistance.
- Slowly return to starting position and then repeat.
- Do 3 sets of 15 for 2-3 sessions per day.

Abduction
Extension

Forward Flexion
A. Forward Flexion

B. Abduction
C. Scaption (Same position as Abduction, but move arm 45 degrees towards midline.)

Please call 859-323-5533 with questions or for more information.