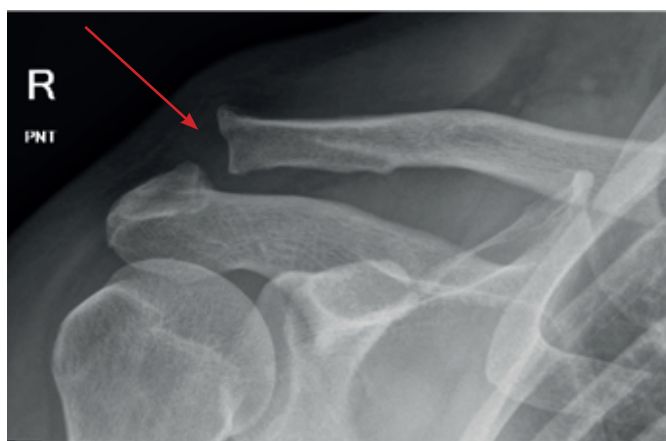


Acromioclavicular joint injury

Your Emergency Department doctor has referred you to the Virtual Fracture Clinic. This allows fast access to a specialist opinion without having to visit the hospital in person.

An orthopaedic doctor will review your case, then a physiotherapist will contact you by telephone to discuss your management plan.

Your diagnosis is acromioclavicular joint injury



The acromioclavicular (AC) joint is where the clavicle (collarbone) meets the acromion (the bone on the top of the shoulder blade). The joint is held stable by ligaments and a joint capsule.

A dislocation means that one or more of the ligaments have been damaged.

AC joint dislocations are common and often occur from a fall onto the point of the shoulder or fall onto an outstretched hand.

You will be given a sling to support your arm, this should be used for around 2 weeks while the injury heals. Wear the sling during the day, but remove it for hygiene and exercises, it can be removed to sleep if more comfortable.

Early management: the first three days after the injury

It is normal for your shoulder to become bruised and swollen. This will settle over a few weeks. The following guidelines can help to minimise swelling and pain:

Rest

Rest for the first few days and avoid any activity that increases your pain.

Ice

Ice the shoulder for **20 minutes every 1-2 hours**. Use an ice pack or a bag of frozen vegetables wrapped in wet tea-towel (do not place ice directly on the skin). Continue this for **3 to 7 days** after your injury.

Sling



Wear your sling to support the arm for **2 weeks**. Your hand should be slightly higher than your elbow in the sling.

The sling can be removed for showers and sleeping when comfortable.

Lifting

For the first **3 weeks** you should not lift objects heavier than a cup of tea or mobile phone (**250 grams**). After three weeks, lift no more than 5 kilograms with that arm until after six weeks.

Medication

Simple medication such as paracetamol or anti-inflammatories may help to control your pain. Speak with your local doctor (GP) or pharmacist about your medication options.

Smoking

Research shows that smoking increases the risk of poor healing in injuries. Stopping smoking will improve the chance of a good outcome. For further information on quitting smoking visit www.quitnow.gov.au or speak with your GP.

Rehabilitation: After three days

Start these exercises four times a day or as pain allows.



Open and close your hand – repeat 10 times.

Progression: Hold a soft ball or ball of socks. Squeeze and relax – repeat 10-15 times.



Move your wrist up and down – repeat 10-15 times.



Elbow bend and straighten: bend and straighten your elbow so you feel a mild to moderate stretch. Use your other hand to help if necessary. Do not push into pain – repeat 10 to 15 times.



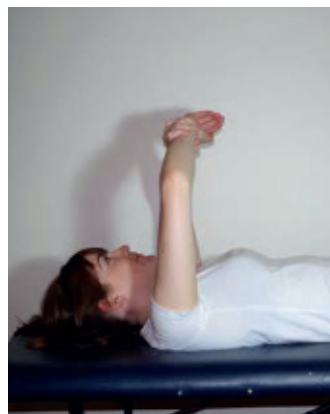
Forearm rotations: with your elbow bent to 90 degrees by your side, rotate your palm up and down so you feel a mild to moderate stretch – repeat 10-15 times.

After one week

Start active assist shoulder exercises.

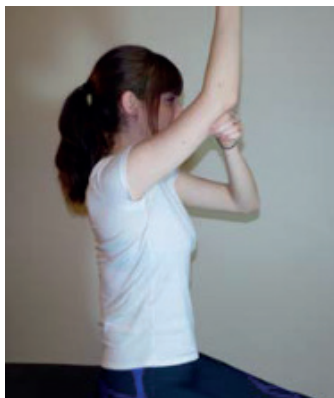


Place your hands on a cloth, on a table, and slide your hands away from you. Slide your hands back towards you to the start position. Repeat 10 times provided there is no increase in symptoms.

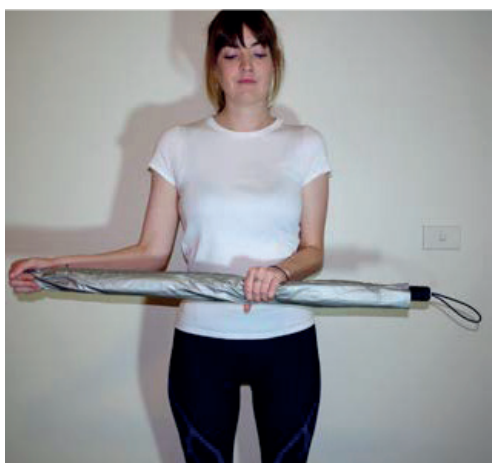


Supine shoulder flexion: lay on your back. Use your other hand to lift your arm up off your chest. **Do not flex your elbow more than 90 degrees** – repeat 10-15 times.

After two weeks



Shoulder flexion: Use your other hand to lift your arm up to the front – repeat 10-15 times.



Assisted shoulder external rotations: Keep the elbow of your injured arm tucked into your side. Hold on to an umbrella / stick / broom handle and use this to push the injured hand outwards until you feel a mild to moderate stretch. Hold for 5 seconds - repeat 10 times.

Physiotherapy

Physiotherapy is important after an acromioclavicular joint injury to strengthen the shoulder.

Speak with the Virtual Fracture Clinic or your local doctor (GP) about physiotherapy options available to you.

Expected return to daily activities

It is important to note that different people recover from injuries at different rates.

Driving

You can return to driving 3 weeks following your injury, provided your arm strength is restored and you are able to lift your arm without pain.

Return to work

The amount of time you will need off work relates to the severity of your injury and your work requirements. Discuss your return to work plan with your local doctor and employer.

As a guide:

- Manual workers - If you need to climb ladders or do repetitive lifting it may take 6 to 10 weeks to return to normal duties.
- Desk workers - you can return as soon as your pain allows.

Return to sport

It is recommended that you see a physiotherapist for a guided return to sport program.

Longer-term recovery and expectations

Most people return to their regular activity levels within 3 months of the injury. Occasionally they have ongoing shoulder stiffness.

Patients who still have significant problems 3 months following their injury despite rehabilitation may need to see an orthopaedic specialist. Discuss with your local doctor.

When to contact the Virtual Fracture Clinic

- If you have not heard from us within three working days after your Emergency Department visit.
- If your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help.
- If you notice increasing pain without a cause after it was improving.
- If you notice major numbness, pins and needles, or changes in circulation in your arm, hand or fingers.
- If your symptoms are still bad after 6 weeks.

If you have any questions or concerns, please contact the Virtual Fracture Clinic:

T: 0448 193 644

E: myfracture@health.qld.gov.au

This fact sheet provides some information to assist with management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury.

All treatment options have risks and benefits. This advice is of a general nature and is appropriate for most patients with this condition. However, it may not apply to your specific injury and circumstances.

If you have any concerns about progress of your rehabilitation, contact the Virtual Fracture Clinic promptly.

Do not continue the exercises in the brochure if:

- You experience increasing pain that does not settle quickly with rest (some discomfort is common)
- Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
- You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it.

This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at the Townsville University Hospital. If you do not understand the information seek clarification from the Virtual Fracture Clinic.

Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition.

Keep this brochure as you may need to read it again. Thank you to the Royal Melbourne Hospital VFC for their assistance.



Partnering with Consumers - This patient information brochure supports National Safety and Quality Health Service Standard 2. Consumers and/or carers provided feedback on this patient information.



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