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Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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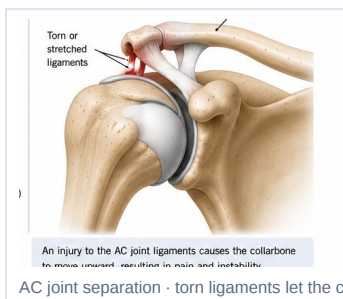
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SHOULDER CONDITION

AC Joint Separation

Acromioclavicular Joint Injury — Patient Condition Guide



OVERVIEW

The acromioclavicular (AC) joint sits where the collarbone meets the shoulder blade. A separation occurs when a fall onto the shoulder — common in cycling, football, and hockey — stretches or tears the ligaments holding this joint together.

ANATOMY

The AC joint is stabilized by the AC ligaments and, further out, the coracoclavicular (CC) ligaments. Injury severity is graded I through VI based on how much these ligaments are disrupted and how far the collarbone displaces.

SYMPTOMS

- Pain and tenderness at the top of the shoulder
- A visible bump or step-off where the collarbone sits too high
- Pain with reaching across the body
- Swelling and bruising over the joint

DIAGNOSIS

Diagnosis is largely clinical, supported by X-rays that show the degree of separation between the collarbone and shoulder blade, sometimes compared side-to-side or with weighted views.

TREATMENT OPTIONS

Lower-grade separations (I–III) are usually treated with a sling, ice, and physical therapy, healing well without surgery. Higher-grade separations (IV–VI), or grade III injuries in overhead athletes and laborers, may be treated with AC joint reconstruction to restore normal anatomy.

RECOVERY TIMELINE

- Non-surgical: return to activity over 2–6 weeks as symptoms allow
- Post-surgical weeks 0–6: sling immobilization

- Months 2–4: progressive strengthening
- Months 4–6: return to contact sport

FAQS

Q Will the bump on my shoulder go away?

With non-surgical treatment, a visible bump often persists even after the injury heals, though it usually doesn't limit function.

Q Do I need surgery for my AC separation?

Most lower-grade separations do not require surgery; higher-grade injuries or those in high-demand patients are more likely to benefit from reconstruction.



SCAN FOR THE LATEST VERSION ONLINE

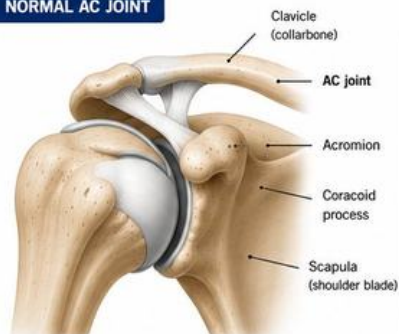
robertpettitmd.com/handouts/ac-joint-separation.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

AC JOINT SEPARATION / ARTHRITIS

The acromioclavicular (AC) joint is where the collarbone (clavicle) meets the highest point of the shoulder (acromion). Injury or wear and tear of this joint can cause pain and limit shoulder function.

NORMAL AC JOINT



In a normal AC joint, the ligaments hold the collarbone firmly in place.

AC JOINT SEPARATION



An injury to the AC joint ligaments causes the collarbone to move upward, resulting in pain and instability.

AC JOINT SEPARATION: ROCKWOOD CLASSIFICATION



i Types I and II are typically treated non-surgically. Types IV–VI are often treated surgically. Type III treatment depends on activity level, symptoms, and patient goals.

★ **EARLY DIAGNOSIS AND PROPER TREATMENT** help reduce pain, restore strength, and prevent long-term problems such as chronic instability or arthritis.

COMMON SYMPTOMS

- Pain on the top of the shoulder (especially with activity)
- Swelling or tenderness over the AC joint
- Pain when reaching across the body
- Pain with overhead activities or lifting
- Weakness or loss of strength
- Clicking or popping

COMMON CAUSES

- Direct blow to the shoulder
- Fall on an outstretched arm
- Overuse (repetitive stress)
- Wear and tear / arthritis (degenerative changes)
- Previous AC joint injury

AC JOINT ARTHRITIS (DEGENERATIVE CHANGES)

Over time, wear and tear can break down the cartilage in the AC joint, causing bone spurs, joint space narrowing, and chronic pain.



TREATMENT OPTIONS

NON-SURGICAL

- Rest and activity modification
- Ice and anti-inflammatory medications
- Physical therapy (strengthening and stretching)
- Bracing or taping (in some cases)

Best for: Type I and II injuries, some Type III injuries, and AC joint arthritis

SURGICAL (IF NEEDED)

- AC joint reconstruction
- Distal clavicle excision (for arthritis)
- Ligament repair

Best for: Type IV–V injuries, chronic instability, or arthritis not improved with non-surgical care

For patient education; your anatomy may differ.