

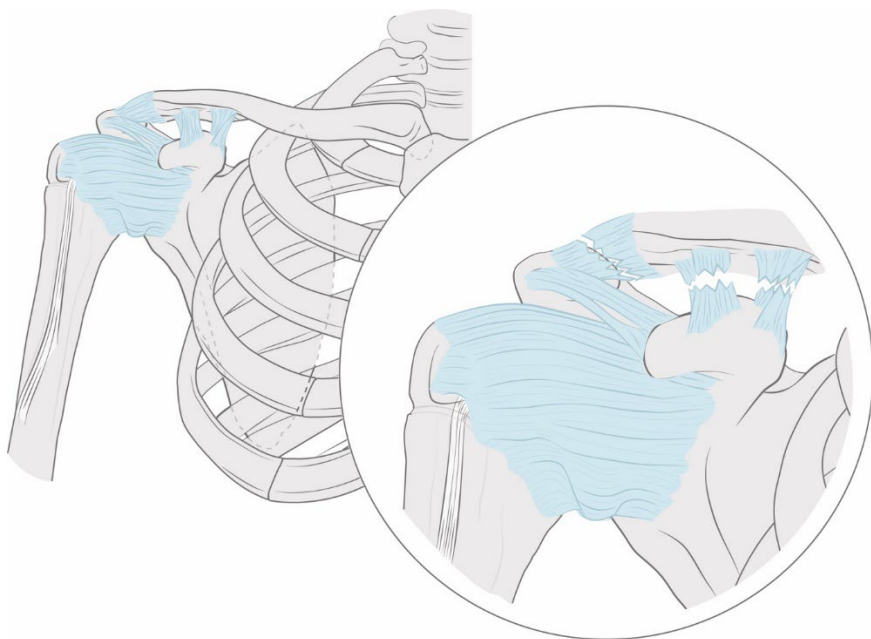
Information for patients and carers

Acromioclavicular Joint (ACJ) Injury

A decorative graphic at the bottom of the page consisting of three overlapping, wavy horizontal bands in shades of blue, ranging from a light sky blue to a dark navy blue.

What is my injury?

An injury to the Acromioclavicular joint (ACJ) means there has been a dislocation (or separation) between the clavicle (collarbone) and the acromion (bony tip of the shoulder). These injuries are usually caused by falling directly onto the shoulder.



How common are ACJ injuries?

ACJ injuries are very common, and the severity of the injury varies from person to person. Some people have a simple “sprain” at the joint, and some people having a complete dislocation which causes a visible deformity (usually a bump at the top of the shoulder).

What symptoms do ACJ injuries cause?

Initially, symptoms can include pain, swelling, bruising and difficulty lifting the arm. The pain experienced can be severe in some cases and sometimes can radiate towards the neck or down the arm.

How should I be looking after my shoulder?

The treatment in the first few days after an ACJ injury aims to settle down the pain and swelling by applying ice packs, taking regular painkillers and resting the shoulder. Sleeping can be troublesome and sleeping propped up with pillows can be helpful. You will slowly be able to increase the movement in the shoulder as your pain allows.

What do I do if I have been provided with a “sling” to wear?

The sling should be worn for comfort and should be positioned so that it is lifting your elbow upwards. For the first few days you may find it helpful to keep your arm in the sling and wear loose clothing on top of the sling. It is important that you take the arm out of the sling at regular intervals to gently move the elbow and wrist so that they do not become stiff and this will also reduce swelling in the arm.

Do I need further x-rays?

Your x-rays from A&E will be reviewed by an Orthopaedic consultant and depending on the severity of your injury you may be asked to come to a fracture clinic appointment. During this appointment the surgeon will decide whether more x-rays are needed, and what the treatment should be for your injury. If you have a mild “sprain” of the joint you may not need to attend a fracture clinic appointment, nor need any further x-rays.

Will I need surgery?

Most patients do not need surgery, and the treatment for an ACJ dislocation is a sling for a short period, followed by gradually increasing the movement in the shoulder. This will often be guided by a physiotherapist, which we will arrange if we think this will be beneficial for you. Sometimes, in more severe dislocations, surgery is required to relocate the collarbone back into its normal position. If you may need surgery, you will be reviewed in a fracture clinic and the risks and benefits of surgery will be explained in detail.

How quickly will things improve?

Most sprains will settle and the ligaments around the joint will heal within 6-8 weeks, but many people start to feel better within 3-4 weeks. A few people will have ongoing problems, which can include ongoing pain, feeling of weakness or pain when using the shoulder, or a persistent troublesome deformity (bump over the shoulder). Very occasionally some people will need surgery to address these problems. If you are having ongoing problems with the shoulder after 6-8 weeks, it is important that you contact us.

When can I get back to normal activities?

In terms of return to sport, we would generally recommend you are pain free before undertaking vigorous physical activity. This is usually 6 – 8 weeks but can be longer. Return to work should be guided by your symptom level and what your job involves, for example, manual workers may need more time off work than administration workers due to the nature of their job. In terms of driving, it is your responsibility to ensure you are fit to drive and can fully control your car before you return to driving. The DVLA website has further information regarding this.

Contact details

Should you require further advice or information please contact the Fracture clinic on **01772 522878** 9am-5pm Monday to Friday

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.info/bones-joints-muscles/joint-pain/joint-dislocations

Follow us on social media @lancshospitals

Lancashire Teaching Hospitals NHS Foundation Trust is not responsible for the content of external internet sites.

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Department: Trauma and Orthopaedics

Division: Surgery

Production date: July 2024

Review date: July 2027

JR 1154 v1