

40M right shoulder pain

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REUS



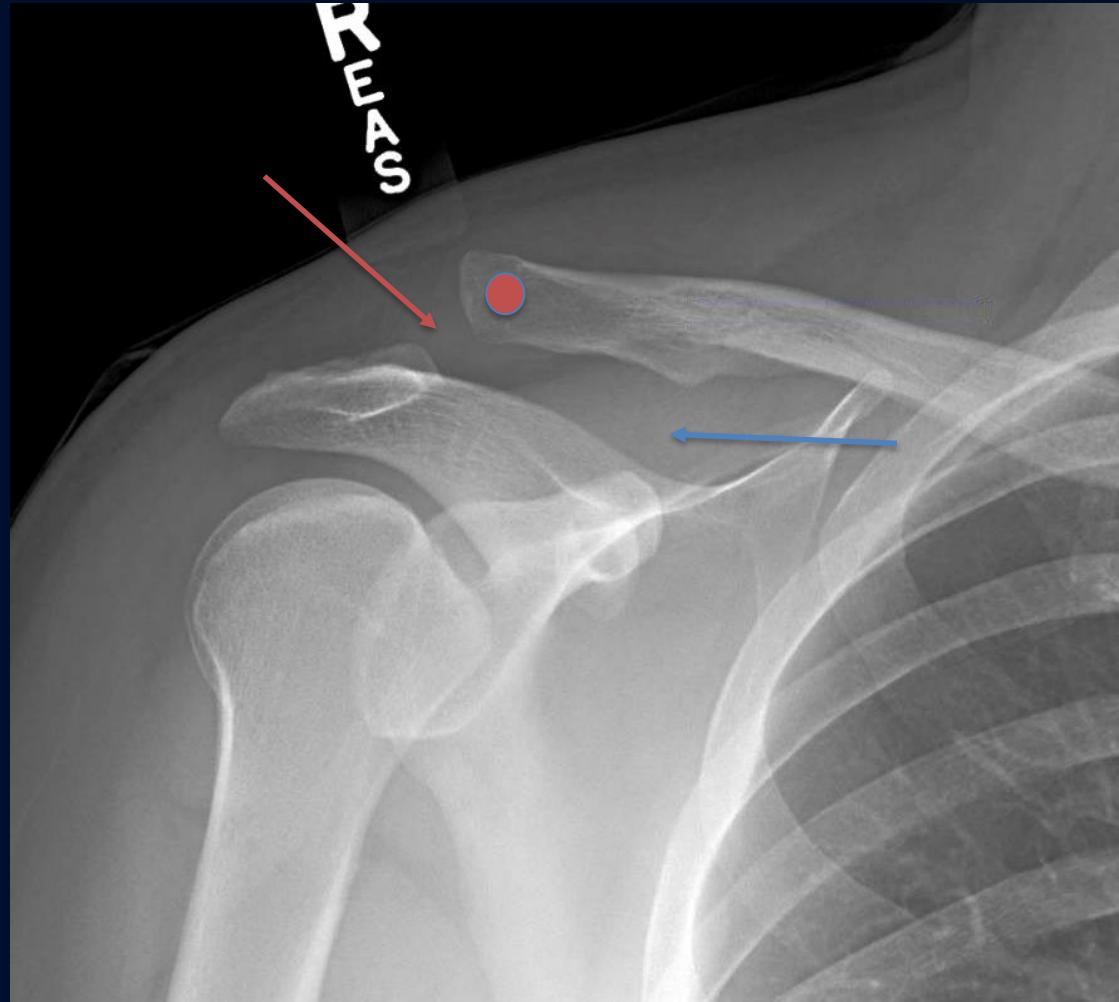
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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The edges of the leaf are slightly wavy.

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Acromioclavicular injury

AP radiograph of the right shoulder demonstrates superior displacement of the distal clavicle (red circle) at the AC joint with widening of the acromioclavicular (red arrow) and coracoclavicular (blue arrow) intervals



Acromioclavicular injury

- Common shoulder injury, ranges from a mild sprain to complete disruption of the AC joint and injury to surrounding structures
- Mechanism: usually occur from a direct blow or following a fall onto the shoulder with an adducted arm. This pushes the acromion forcibly inferiorly and medially with respect to the clavicle
- Normal AC interval: 5-8mm
- Normal CC interval: 10-13mm
- Rockwood Classification:
 - 1: clavicle not elevated with respect to acromion
 - 2: clavicle elevated but not above the superior border of the acromion
 - 3: clavicle elevated above the superior border of the acromion but coracoclavicular interval is $< 25\text{mm}$
 - 4: clavicle displaced posteriorly into trapezius
 - 5: clavicle is markedly elevated and coracoclavicular interval is $> 25\text{mm}$
 - 6: clavicle inferiorly displaced behind coracobrachialis and biceps tendons
- Management: In general types 1-2 are treated conservatively, types 4-6 are treated surgically, and type 3 injuries are variably treated

References

1. Bishop JY, Kaeding C. Treatment of the acute traumatic acromioclavicular separation. Sports Med Arthrosc. 2006;14 (4): 237-45
2. Hootman JM. Acromioclavicular Dislocation: Conservative or Surgical Therapy. J Athl Train. 2004;39 (1): 10-11