



ACJ Instability/Dislocation

Surgery may be necessary depending on the degree of joint displacement and injury to the ligaments which support the AC joint.

ACJ dislocation classified to:

I – ACJ sprain **II** – ACJ subluxation (partial dislocation) **III** – All ligaments torn. Up to 100% dislocation **IV** – Clavicle displaced posterior to the acromion **V** – Dislocation with the clavicle button halting through the delto-trapizial musculature **VI** – Clavicle displaced under coracoid.

Type I & II are treated conservatively with physiotherapy to retrain the shoulder muscles and with painkillers and anti-inflammatories. If pain remains a problem, then ACJ excision arthroplasty may be necessary. Types IV-VI are usually treated surgically. Type III remains controversial with some surgeons advocating conservative management and others surgical.

Surgery, in acute cases involves reconstruction of the ligaments holding the clavicle down to a bone which is part of the scapula, the corocoid.

In the chronic cases, a modified Weaver Dunn procedure is carried out. This utilises the transfer of the CA ligament to the excised end of the distal clavicle. This transfer is then protected with fixation between the clavicle and the coracoid.