

Acromioclavicular joint (ACJ) injury

Information for patients



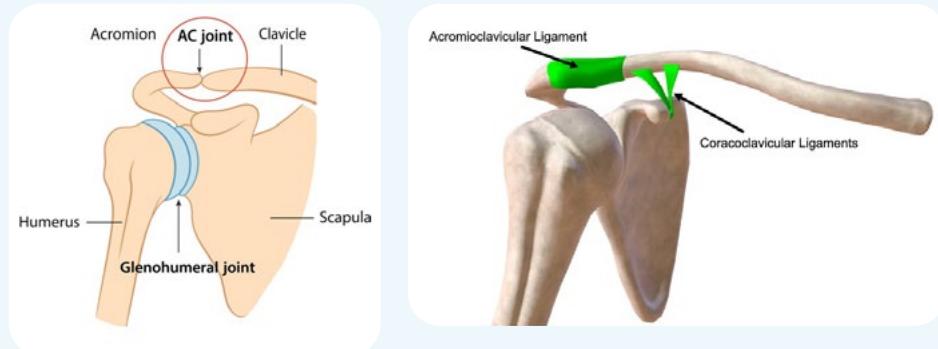
This booklet contains information about your shoulder injury. It will help you to understand what the injury means and how we plan to help you recover with physiotherapy rehabilitation.

What is an acromioclavicular joint (ACJ) injury?

The acromioclavicular joint (ACJ) is where the collarbone meets the shoulder blade. The joint is strengthened by ligaments called the acromioclavicular and coracoclavicular ligaments. Injuries here are commonly caused by a fall onto or direct blow to the shoulder e.g. falling off a bike. The force causes an injury to the ligaments that surround and stabilise the ACJ.

Symptoms include localised pain, swelling and visible deformity. However, these symptoms do quickly settle down well.

Injuries vary in their severity from a sprain of the joint that does not result in any abnormality on x-ray, to those where the ligaments may be stretched or torn. A grading system can be used to assess the amount of soft tissue injury that has occurred. Encouragingly most of these injuries can be managed with physiotherapy and do not require surgery.



After your injury

Physiotherapy will help you make a full recovery. Your physiotherapist will advise and help you to settle your pain and protect your shoulder whilst it recovers and guide you through your rehabilitation journey.

It is important to manage your pain following your injury. In the first few days following your injury ice packs can be a nice way of helping to reduce the pain and swelling in your shoulder. We would suggest using an ice pack on your shoulder for about 15 minutes every three or four hours during the day. If your shoulder pain is not well controlled with simple painkillers, we would recommend you seek advice from a healthcare professional (such as your GP), as this will help you make a full recovery.

Following your injury, we recommend that you use a sling initially to rest the injured tissues to allow them to heal. This will also help with the pain and discomfort that you will be experiencing.

You can remove your sling, as your comfort allows, to perform simple activities of daily living tasks, such as eating, dressing, showering, etc. This will not cause any further damage to your soft tissues and often it feels nice to start moving your arm again.

How long you should use a sling for varies from patient to patient and we recommend that you work closely with your physiotherapist, who will guide you on how long to continue using the sling.



How do I fit my sling?

Video link: https://www.youtube.com/watch?v=3ZFnoKjw_Zs

1. Support your arm on a pillow before you start. Slide your sling underneath the arm so that your elbow is tucked into the corner of the sling, as shown.
2. Now using the non-operated arm, feed the strap around your back and over the non-operated shoulder, as shown.
3. Now pull the strap up on itself and fix the Velcro at a level where the arm feels comfortable and supported, as shown.



How can I sleep?

Sleeping can be a little uncomfortable if you try to lie on your injured shoulder. We recommend that you lie on your back or the opposite side. Ordinary pillows can be used to give yourself comfort and support (feather pillows are easier to use than foam ones).



If sleeping on your side, having a pillow or two under your head usually gives enough support for most people. A pillow tucked along your back helps to prevent you rolling onto your operated shoulder in the night. A pillow in front of your tummy is a nice place to rest your hand to help you sleep.



If sleeping on your back, use a pillow under the elbow of your operated arm as shown. Again, important in helping you get a good night's rest.

Rehabilitation

Rehabilitation is very important if you are to make a full recovery following your injury. The physiotherapist will guide you on how to return to your normal work and activities and is vital if you are to make a full recovery.

It is important to keep your hand, wrist and elbow moving to prevent them becoming stiff.

The following exercises should be performed twice a day, and we recommend between 10 and 15 repetitions, however you can do more if your shoulder feels comfortable.



In standing, carefully place your hand on a tabletop. Then gently step back and without putting any weight through your arm, perform a forward bow as shown in the picture.

Video link:

<https://www.youtube.com/watch?v=94NXN9-MqNk>



From lying on your back with your elbows supported, use your non-affected arm to lift the other up and over towards your head.

Video link:

<https://www.youtube.com/watch?app=desktop&v=GkhahPUKb2Q>

Your physiotherapist will show you further exercises to start to regain your shoulder movement and strength over time. Good muscle control will mean your shoulder starts to feel more like its normal self.

Your rehabilitation will progress until you have made a good recovery back to all your normal activities, work and sports.

When can I do my normal activities?

This depends upon your symptoms. Most people are comfortable by between six to 12 weeks following injury.

Driving can be resumed when you are comfortable and safe to control a car. It is wise to discuss this with your insurance company. We would advise you not to drive while your arm is in a sling.

Guide:

• Light work (no lifting)	1-3 weeks
• Medium (light lifting below shoulder level)	3-6 weeks onwards
• Heavy (above shoulder level)	6-12 weeks

If you are at all worried about your shoulder you should contact the hospital's shoulder and elbow team. The telephone numbers are below.

Useful contact numbers:

- Kings Mill Hospital: 01623 622515, extension 3221 (Mon to Fri, 8am-5pm).
- Newark Hospital: 01636 68168, extension 5885 (Mon to Fri, 8am-5pm).

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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