Case Presentation

Kenneth G. Swan, Jr., M.D. Clinical Assistant Professor Rutgers Robert Wood Johnson Medical School June 1, 2023



Life In Motion

www.UOANJ.com | 1-855-UOA-DOCS

Case Presentation

- 17M WR/CB injured right shoulder while being tackled
 - c/o right shoulder pain
 - Had to be helped off the field
 - Might have heard/felt a "crack"
 - No history of prior injury
 - Older brother dislocated his shoulder when he was in HS

– Thoughts?



- Painful at rest and with ROM
- Able to lift his arm up and move it around



- Painful at rest and with ROM
- Able to lift his arm up and move it around
- Not tender about the glenohumeral joint



- Painful at rest and with ROM
- Able to lift his arm up and move it around
- Not tender about the glenohumeral joint
- Tender superiorly

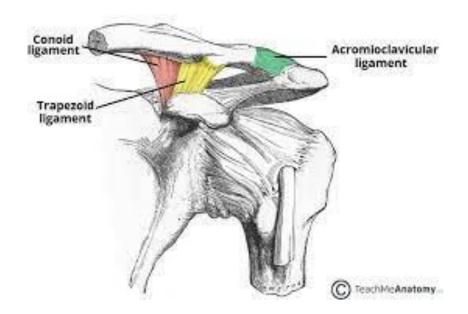


- Painful at rest and with ROM
- Able to lift his arm up and move it around
- Not tender about the glenohumeral joint
- Tender superiorly
- No palpable clavicle deformity

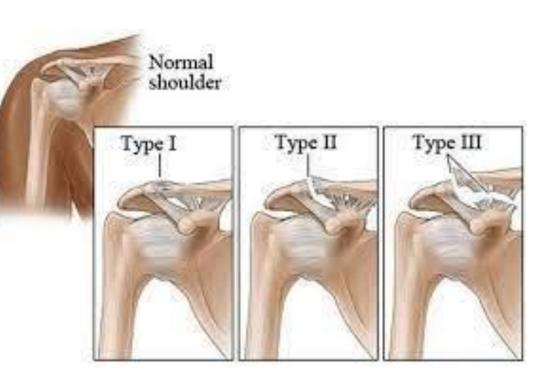


- Painful at rest and with ROM
- Able to lift his arm up and move it around
- Not tender about the glenohumeral joint
- Tender superiorly
- No palpable clavicle deformity
- + tender AC joint
- Pain with X-arm maneuver

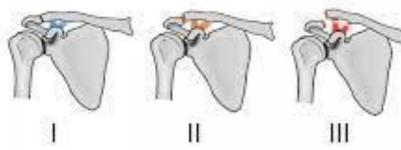
- aka "Separated Shoulder"
- Injury to acromioclavicular joint
- AC ligament
- +/- Coracoclavicular ligaments

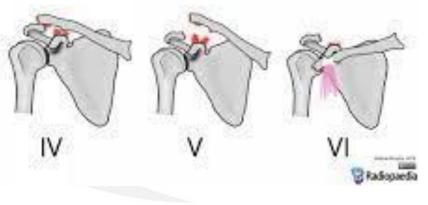


- aka "Separated Shoulder"
- Injury to acromioclavicular joint
- AC ligament
- +/- Coracoclavicular ligaments



Rockwood classification of acromioclavicular joint injury





www.UOANJ.com



- Painful at rest and with ROM
- Able to lift his arm up and move it around
- Not tender about the glenohumeral joint
- Tender superiorly
- No palpable clavicle deformity
- + tender AC joint
- Pain with X-arm maneuver



www.UOANJ.com

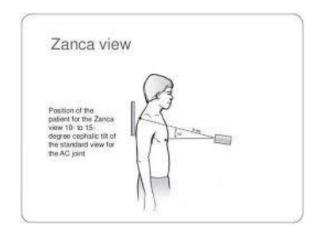






- Zanca view
 - AP 10 degree cephalic tilt
 - Better view of AC joint





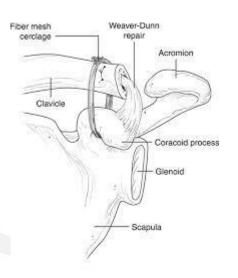
AC separation: Treatment

- Management based on grade of injury
- Non-op, sling, PT
 VS
- AC/CC ligament repair/reconstruction
- Most AC separations treated conservatively

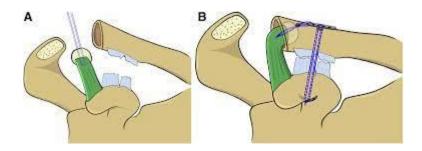
- Grade I, II
 - Non op
 - Possible Early RTP
- Grade IV, V, VI
 - Operative repair/recon
 - Some Grade V can be tx'd non op
- Grade III
 - Controversial
 - Usually non op but some literature support surgery in throwers and laborers

AC Separation: Treatment

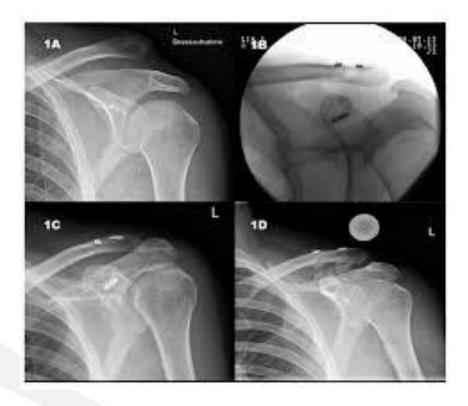
- Surgical treatment = CC repair/reconstruction
- "Weaver Dunn" procedure
- *Many* different techniques







AC Reconstruction



 What if in the locker room we suspect a Grade I/II AC separation?

- What if in the locker room we suspect a Grade I/II AC separation?
 - Return to play?

- What if in the locker room we suspect a Grade I/II AC separation?
 - Return to play?
 - Injection?

- What if in the locker room we suspect a Grade I/II AC separation?
 - Return to play?
 - Injection?
 - Padding or protection ideas?

AC injury, game management







www.UOANJ.com



- Jan 2, 1994
- 32 rushes 168 yds
- 10 receptions 61 yds
- 229yds, 78yds after AC injury
- Surgery 1 mos later

THANK YOU!

www.UOANJ.com