
Acromioclavicular joint separation in athletes

Ramy Mohammed Samy El Zahhar

Acromioclavicular (AC) joint injuries represent 40 % to 50% of athletic shoulder injuries . (Thorndike , 1942 , Kaplan et al , 2005).The treatment of AC instability has been ongoing source of controversy . Long before a three-grade classification of the injury was developed Tossy et al and Allman in the 1960s (Tossy et al, 1963, Allman , 1976) and then expanded by Rockwood in 1989 (Willimas et al, 1989), surgeons debated the method and timing of treatment .The greatest source if dispute has been the issue of non surgical management versus surgical reconstruction for complete dislocations .(Ryan simovitch, et al, 2009)In the mid 1970s , most residency program directors in the United States recommended surgical treatment for type III dislocations .(Powers , Bach 1974)However , by the early 1990s , 135 of 187 surgeons preferred non surgical treatment (72.2 %) .(Cox , 1992) .A series of comparative studies has supported this trend .(Gaplin et al, 1985, Larsen et al, 1986 , Taft et al, 1987 , Bannister , Phillips et al, 1998)Today , the tendency in management is towards minimal intervention . (Bradley , Elkousy 2003)However , surgical management , most commonly in the form of coracoclavicular (CC) fixation (Lemos 1998) and / or ligament reconstruction is often undertaken after consideration of individual patient demands and injury chronicity. (Weaver , Dunn , 1972)Significant recent advances have been made in the approach to AC joint injury . there is a consensus that type I and II AC joint injury should be treated non surgically , while acute type IV , V and VI injuries should be treated surgically , the correct algorithm for treating type III injuries is not known ; most studies do not show a significant difference in the clinical outcome between non surgically and surgically treated patients . Although it has not been sufficiently demonstrated , it may be that a subset of overhead athletes and heavy laborers would benefit from surgical reconstruction of type III injuries . The idea that adequate rehabilitation is critical to a successful outcome of non surgical treatment of a type III injury is worthy of attention and further study . It is often the case that non surgical care translates into benign neglect , and perhaps inadequate rehabilitation has been responsible for some failures related to non surgical treatment . (Ryan simovitch et al, 2009)