Virtual Fracture Clinic

Patient information

**Acromioclavicular Joint Sprain**

Specialist Support
This leaflet can be made available in another language, large print or another format. Please speak to the Virtual Fracture Clinic who can advise you.
This information leaflet follows up your recent conversation with the Fracture Clinic, where your case was reviewed by an orthopaedic Consultant (Bone specialist).

You have sustained a sprain to your Acromioclavicular joint (AC Joint). This is the joint between the top of the shoulder blade (acromion) and the end of the clavicle. This normally takes around 6 weeks to heal. The pain can be quite bad for the first few weeks, but soft tissue injuries can persist for up to 3 months. Use the sling (if provided) for up to 3 weeks and for comfort only. You may use the arm in the meantime within the parameters of pain. It is important to keep the shoulder moving to prevent stiffness.

Your AC Joint will be more prominent then before your injury. This will be permanent but will not affect your range of movement.

Follow the management plan outlined below taking painkillers as required. You may find it more comfortable to sleep propped up with pillows.

If you are worried that you are unable to follow this rehabilitation plan, or have any questions, then please contact us by using the contact numbers on this leaflet.

**Healing:**

This normally takes 6 weeks to heal.

**Pain and swelling**

Take regular over-the-counter analgesia (painkillers) until pain settles. You may find it continues to be a bit achy and throb for a few months after your injury. An ice pack will help initially with pain and swelling (make sure the ice is not in direct contact with the skin).

**Using your arm:**

You can use your arm as pain allows. It is very important with this type of injury to keep your elbow and wrist moving to prevent stiffness. Early gentle shoulder exercises are
important and will be alleviate some cramp-like pain. You should not perform any exercises above shoulder height for 2 weeks.

**Follow up:** Routine follow-ups are not required as they settle well. However, if you continue to have pain or are limited in what you do, please get in touch with us.

<table>
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<tr>
<th>Weeks since injury</th>
<th>Plan</th>
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<tbody>
<tr>
<td>0 - 3</td>
<td>✓ If provided, wear the sling during the day removing it only for the exercises and personal hygiene needs. You do not need to wear it at night. ✓ Start the “initial exercises.” × Do not lift your elbow above shoulder height as this may be painful.</td>
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<tr>
<td>3 - 6</td>
<td>✓ Wean out of the sling and begin normal light activities with the arm. Increase movement as shown in the Stage 2 exercises. × You should avoid heavy lifting for the full 6 weeks ✓ You can start stage 3 exercises once you can do stage 2 exercises with no pain.</td>
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<tr>
<td>6 -12</td>
<td>✓ The injury has healed. ✓ You can resume normal activity but be guided by any pain you have. ✓ You should be able to carry out day to day activities, but more arduous tasks may cause discomfort. ✓ Start to lift your arm over-head.</td>
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Exercises
It is important to do these exercises several times a day - when waiting for the kettle to boil or during TV ads are good times to jog your memory. The more regularly you do these exercises the less likely you will develop a stiff shoulder.

All these exercises should be performed within the limitation of your pain without forcing movement.

Please progress through these exercises as per the guidelines outlined in the above table.

Initial Exercises

Bend and straighten your elbow as far as possible without pain until moderate stretch only. Other hand may be used to assist this movement. Repeat exercise 10 -15 times.

With elbow at side of body and bent to 90°. Slowly rotate your palm up and then down as far as you can go without pain. Repeat exercise 10-15 times.

<table>
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| 8+                 | ✓ If you are still experiencing significant pain and stiffness then please contact us for further advise  
|                    | ✗ Do not lift your elbow above shoulder height as this may be painful.

Exercises
These exercises can be done sitting or standing. Bring shoulders back in a squeezing of shoulder blades motion. Hold this position for 30-60 seconds and repeat 5 times providing there is no increase in pain.

Gently curl your fingers into a fist, and move your wrist up and down. Do this 10—15 times. This will prevent wrist and hand stiffness caused by lack of use.
Place your hands on a cloth, on a table, and slide your hands away from you. Slide your hands back towards you to the start position. Repeat 10 times provided there is no increase in symptoms.

Keep your elbows tucked into your side and your elbows bent. Hold onto a stick/umbrella/golf club or similar. Use your unaffected arm to push your injured hand outwards until you feel a stretch. Repeat in the opposite direction. Repeat 10 times.
**Stage 3 Exercises**

To start 6 weeks after injury unless **pain free** on Stage 2 exercise

**With your arm in front of you,**

- **lift arms above head and lower.**
- **Repeat 10 times.**
- **Hold onto a stick/umbrella/golf club or similar if you find this helpful.**

**Moving your arm sideway,**

- **lifting arm above head.**
- **Repeat 10 times.**
- **Hold onto a stick/umbrella/golf club or similar if you find this helpful.**

**If you are worried and have been unable to follow this rehabilitation plan then please contact us by using the contact numbers on this leaflet.**
Smoking cessation
Medical evidence suggests that smoking prolongs fracture healing time. In extreme cases it can stop healing altogether.

It is important that you consider this information with relation to your recent injury. Stopping smoking during the healing phase of your fracture will help ensure optimal recovery from this injury.

For advice on smoking cessation and local support available, please refer to the following website: http://smokefree.nhs.uk or discuss this with your GP.

Comments
We are always interested to hear your views about your experience of Virtual Fracture Clinic and the information provided. If you have any comments, please contact us by phone (see below for contact numbers) or via email at: VFC.feedback@porthosp.nhs.uk

Sources of information
This information has been developed by the Fracture Clinic Team, Portsmouth.

Contact Day hours
Virtual Fracture Clinic (Monday – Friday, 8am – 5pm)
Tel: 023 9228 6551 – leave a message and we will call you back.

Fracture Clinic nurse-in-charge (Monday – Friday, 8am – 5pm)
023 9228 6000 BLEEP 1379.

Outside these times, urgent queries only, Emergency Department 023 9228 6561.
Data Protection Legislation – Privacy Notice

Further information on how we look after your personal information can be found on the Trust Information Governance webpage at www.porthosp.nhs.uk - or alternatively, please speak to a member of staff.

Consent - What does this mean?

Before any doctor, nurse or therapist examines or treats you they must have your consent or permission. Consent ranges from allowing a doctor to take your blood pressure (rolling up your sleeve and presenting your arm is implied consent) to signing a form saying you agree to the treatment or operation.

It is important before giving permission that you understand what you are agreeing to. If you do not understand – ask. More detailed information is available on request.

How to comment on your treatment

We aim to provide the best possible service and if you have a question or a concern about your treatment then the Patient Advice and Liaison Service (PALS) are always happy to try to help you get answers you need. You can contact PALS on 0800 917 6039 or E-mail: PHT.pals@porthosp.nhs.uk who will contact the department concerned on your behalf.

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