Abstract – half-time review

The acromioclavicular joint project

Background

Acromioclavicular joint (ACJ) dislocations account for up to 10% of shoulder injuries in a general population and are classified according to Rockwood using radiographs and clinical examination. Types 1 and 2 (sprains) are treated conservatively, but in type 3 (complete dislocations) patients with sequele may be candidates for ligament reconstruction, at our institution using a gracilis tendon autograft. Types 4-6 are candidates for subacute surgery. No consensus exists regarding radiographic projections, criteria for surgical intervention nor optimal surgical method. The aim of this prospective project was to describe the epidemiology, assess the radiographic methods for classification and treatment outcomes in patients with ACJ dislocations.

Methods

I and II: Studies surgical treatment of chronic types 3-5 ACJ dislocations. The outcome measures are DASH-score, Constant score, EQ-5D and complications. Study I (1) analysed the GraftRope method and was halted prematurely. Study II analyses the anatomic coracoclavicular reconstruction technique. Data retrieval completed.

III: Evaluates the outcome after gracilis tendon autografting using KOOS and isometric knee flexion strength. (2)

IV: Describes the epidemiology of ACJ dislocations in a general urban population. In manuscript.

VI: Evaluates the outcome after conservative treatment of ACJ dislocations type 1-3. Outcome measures are DASH score and EQ-5D. Data retrieval completed

**Results**

I: The GraftRope technique is associated with high rate of complications.

III: Gracilis tendon harvesting is a safe procedure.

V: Weighted- or internal rotation radiographs are not useful in the classification of ACJ dislocations.

IV: The annual incidence of ACJ dislocations in a general population is 20 per 10^5 inhabitants.

**Implications**

The studies in this project are designed around clinical questions where current evidence is lacking or inconclusive and our results will have implications on the management of patients with ACJ dislocations.

**Publications**