



TITLE: Acromioclavicular joint injuries: assessment and management - A systematic review

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ABSTRACT

Introduction

The assessment and management of acromioclavicular (AC) joint injury remains controversial. The aim of this systematic review is to look at the available evidence in the literature and compare operative vs non-operative management of AC joint injuries based on Rockwood's classification.

Methods

A systematic review was conducted based on the PRISMA guidelines. A comprehensive search of Medline, Pubmed, EMBASE and Cochrane databases was performed. The search terms used were acromioclavicular joint injury*, AC joint fracture*, AC joint dislocation*, AC joint separation*; conservative management, non-operative management, immobilisation; surgery, operative, ORIF, ligament reconstruction. These were then screened against the inclusion and exclusion criteria.

Results

Type I and II have generally been treated non-operatively and Type IV onwards operatively. For

Type III injuries, apart from one retrospective study, the shortlisted papers either reported better outcomes in patients with non-operative management, or similar outcomes in both groups.

Discussion

The management of acromioclavicular joint injuries should not only be based on the Rockwood classification but a thorough examination must be performed. Although management for other types of AC joint injuries is clear, there still remains no consensus on the treatment of Type III Injuries. Some evidence suggests trialling with a period of conservative management before deciding to operate.

BIOGRAPHY

Mohammad Zeeshan Nasser has completed his Masters Degree in Orthopaedic Trauma Science from Queen Mary University of London in 2020. He is also a member of the Royal College of Surgeons of Edinburgh (MRCS). He has a passion for pursuing a career in Orthopaedic Surgery and is currently working as a Junior Doctor in a Major Trauma Centre in London.

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