A Grade Six Acromioclavicular Joint Separation in a Collegiate Football Player
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**Background:** A twenty-one year old male division III collegiate football player sustained a grade 6 inferior acromioclavicular(AC) joint separation(Rockwood Classification System) with corresponding displaced angulated cortical clavicular fracture. The player was hit over the right AC joint with a helmet of an opposing player. The athlete walked off the field and reported to the ATC severe pain and discomfort over the superior aspect of his right shoulder. Physical evaluation revealed obvious deformity, ecchymosis and patient guarding. Range of motion, strength and special tests were not completed due to the obvious deformity. The patient’s Neurological and circulatory examination was normal. **Differential Diagnosis:** Clavicular fracture, AC Sprain, SC Sprain, 1st Rib Contusion.  **Treatment:** Immediate treatment consisted of ice application and sling and swathe technique. Diagnostic imaging revealed a grade 6 AC joint separation with associated Robinson’s type 2A2 displaced angulated cortical clavicular fracture. Surgical intervention was required and completed two days post injury. Post surgical treatment consisted of immobilization in a “Slingshot” immobilizer for four weeks. Currently, the patient has been cleared for all motions of the wrist, hand, and elbow but is not to lift, push or pull anything heavier than a coffee cup. **Uniqueness:** Grade six AC separations with corresponding clavicular angulated fractures are extremely rare. Brachial plexus lesions are often a byproduct of AC joint separations of this magnitude. However, in this particular case, the angulated fracture of the clavicle may have prevented this secondary injury from occurring. Most AC joint separations occur as a result of a fall on the tip of the shoulder or on the outstretched hand and the result is a superior separation. The AC joint separation in this case occurred from blunt force trauma to the lateral end of the clavicle, which accounts for the uncommon inferior separation. **Conclusion:** In this case, the clavicular fracture was secondary to the grade 6 AC sprain, which was not obvious without the help of diagnostic imaging. This demonstrates the need for certified athletic trainers to continue their efforts to look for all associated injuries. Had immediate action not been taken, more serious consequences could have occurred. The combination of the clavicle fracture with the corresponding inferior AC separation is not common and warranted surgical intervention. The surgical intervention of clavicle fractures is somewhat controversial. While all decisions should be made on a case by case basis, several factors determine whether surgical or conservative treatments are appropriate. Skin tainting, gross non-union, and cosmetic concerns should be taken into consideration. **Word Count:** 422