

77-07-0998

Abstract of Progress

THE FATE OF THE ACROMIOCLAVICULAR JOINT IN ATHLETIC INJURIES. J. E. Cox,
Naval Regional Medical Clinic, Annapolis.

Of 164 acromioclavicular joint injuries to midshipmen at the U.S. Naval Academy between July 1973 and November 1978, 99 were Type I, 52 were Type II, and only 13 were Type III. Follow-up evaluation from 6 months to 5 years revealed that 36% of Type I, 48% of Type II, and 69% of Type III had residual symptoms. Positive physical findings were present in 43% of Type I, 77% of Type II, and 100% of Type III injuries. Roentgenographic changes were noted in 70% of Type I, 75% of Type II, and 100% of Type III. This evaluation suggests: aggressive treatment and rehabilitation are indicated in acute acromioclavicular injuries; residual problems from Type I and Type II injuries are much more frequent than indicated in the literature; symptoms in Type I, but not in Type II, injuries are directly related to the presence of positive physical findings; roentgenographic changes are extremely common and are not correlated with symptoms; treatment of Type II injuries with the acromioclavicular immobilizer results in much fewer complications than symptomatic treatment; rehabilitation is important.

CI NO: 7-07-998

NAV1.954306.001

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J. S. Cox, T. F. Hewes, Naval Hospital, Annapolis.

Injuries to the acromioclavicular joint are usually classified as Grade 1, 2, or 3, depending on the severity of the injury and the amount of displacement of the distal clavicle from the acromium. By far the most common injuries are the first and second degree injuries, commonly known as "incomplete separations" of the acromioclavicular joint. The third degree injuries are complete separations accompanied by disability and the long-term effects are well-known to all physicians. It is the incomplete separation that has remained the problem to most orthopaedic surgeons. These injuries are usually undertreated and it is thought that there is minimal disability resulting from these injuries. A previous study performed at the Naval Academy 4 years ago indicated that there was disability in these individuals as well as x-ray changes in the injured joints. It is estimated that approximately 150 injuries of the acromioclavicular joint have occurred in the 4 years since the previous evaluation. Only a few have been Grade 3 injuries. All midshipmen with a history of acromioclavicular injury are currently being examined and evaluated. This evaluation will be conducted over the next year. A clinical examination is correlated with the patient's description of his symptoms. X-rays are obtained and compared to those taken at the time of the original injury. It is apparent that there are x-ray changes in the injured joint in a significant number of these injuries.

OSNO: 7-07-998.