

SHOULDER SEPARATION

What is a shoulder separation?

A shoulder separation occurs when you tear the ligaments that hold your collarbone (clavicle) to the joint where it meets the shoulder blade. Your collarbone may move out of its normal place and push up the skin on the top of your shoulder. Another term for shoulder separation is acromioclavicular (AC) separation or sprain.

Shoulder separations, or sprains, are graded I, II, or III, depending on how far the collarbone is separated from the shoulder. A grade I sprain has tenderness but no actual separation. A grade II sprain has slight separation of the clavicle from the shoulder, and grade III has a greater separation.

How does it occur?

A shoulder separation can result from a blow to your shoulder or a fall on your shoulder. It also can result from a fall on your outstretched hand or arm. It is a common injury in contact sports such as football, rugby, hockey, or lacrosse. It may occur from falling onto a hard surface, such as might happen during downhill skiing, volleyball, rock climbing, and soccer.

What are the symptoms?

Symptoms include the following:

- severe pain at the moment the injury occurs
- limited shoulder movement and tenderness on top of your shoulder at the end of your collarbone
- swelling and bruising of your shoulder
- a misshapen shoulder

How is it diagnosed?

Your healthcare provider will examine your shoulder for tenderness and a bump over the tip of your collarbone. You will need to have X-rays to make sure it is an AC separation and not a fracture.

How is it treated?

Right after your injury put an ice pack on your shoulder for 20 to 30 minutes. Keep putting ice on your shoulder every 3 to 4 hours for the first 2 to 3 days, then as needed for the next several weeks. Cold helps reduce the pain, swelling, and inflammation.

The treatment of your separated shoulder depends on the severity. Grade I separations and some grade II and grade III separations may be placed in a sling or shoulder immobilizer. The sling or immobilizer will keep you from lifting

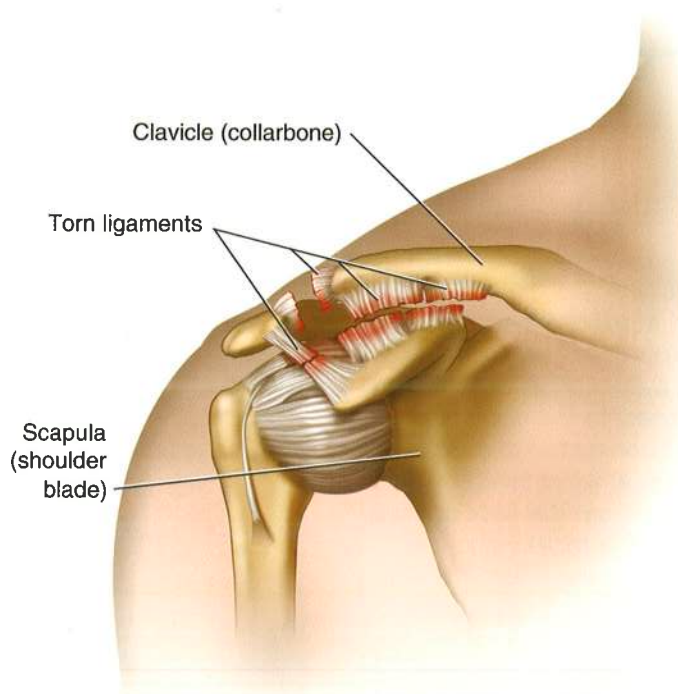
your arm away from your chest and help the ligaments heal. Your shoulder will be kept immobile until you are pain free. Then you will begin rehabilitation exercises. Your healthcare provider may prescribe an anti-inflammatory medicine or other pain medicine (adults aged 65 years and older should not take non-steroidal anti-inflammatory medicine for more than 7 days without their healthcare provider's approval).

For most grade II and grade III separations, treatment is the same. However, in some cases surgery may be needed to reposition the bones or repair torn ligaments. Your arm will then be in a sling for up to 6 weeks to allow healing before you begin rehabilitation exercises. You should consult an orthopedic surgeon if you have a severe grade III injury.

How long will the effects last?

Some separations heal by themselves in 2 to 4 weeks without any loss of shoulder use. However, sometimes slight stiffness or loss of movement in the shoulder may occur, which may be temporary or, rarely, long-lasting. A severe separation may take 2 months or more to heal, particularly if you have surgery to repair it.

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You may have a permanent bump over your shoulder joint after a separation regardless of treatment. The bump does not normally cause other medical problems.

How can I take care of myself?

Avoid participating in sports until the injury has healed.

You should move your shoulder as the pain subsides to prevent a frozen or stiff shoulder.

With your healthcare provider's permission, work with a trainer or physical therapist to strengthen your shoulder.

When can I return to my sport or activity?

The goal of rehabilitation is to return you to your sport or activity as soon as is safely possible. If you return too soon you may worsen your injury, which could lead to permanent damage. Everyone recovers from injury at a different rate. Return to your sport will be determined by how soon your shoulder recovers, not by how many days or weeks it has been since your injury occurred.

You may safely return to your sport or activity when:

- your injured shoulder has full range of motion without pain
- your injured shoulder has regained normal strength compared to the uninjured shoulder

In throwing sports, you must gradually build your tolerance to throwing. This means you should start with gentle tossing and gradually throw harder. In contact sports, your shoulder must not be tender to touch. Contact should progress from minimal contact to harder contact. You may be given a special pad to put over your AC joint to protect it from further injury.

What can I do to help prevent recurring shoulder separation?

Exercise and lift weights under the supervision of a trainer or physical therapist to strengthen your shoulder muscles. Muscle-strengthening exercises will also help strengthen your ligaments and tendons. If you have symptoms, you should avoid activities that aggravate your pain, use ice packs, and take anti-inflammatory medicine if needed.

SHOULDER SEPARATION REHABILITATION EXERCISES

Do these exercises as soon as your healthcare provider says you can.

Part I



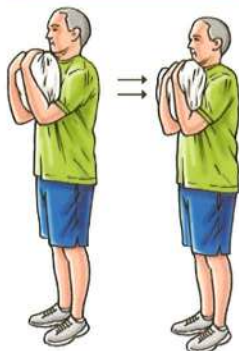
1. ISOMETRIC SHOULDER EXTERNAL ROTATION: Standing in a doorway with your elbow bent 90° and the back of your wrist pressing against the door frame, try to press your hand outward into the door frame. Hold for 5 seconds. Do 3 sets of 10.

ISOMETRIC SHOULDER EXTERNAL ROTATION

2. ISOMETRIC SHOULDER INTERNAL ROTATION: Standing in a doorway with your elbow bent 90° and the front of your wrist pressing against the door frame, try to press your palm into the door frame. Hold for 5 seconds. Do 3 sets of 10.



ISOMETRIC SHOULDER INTERNAL ROTATION



3. ISOMETRIC SHOULDER ADDUCTION: With a pillow between your chest and your arms, squeeze the pillow with your arms and squeeze your elbows into your sides and hold 5 seconds. Do 3 sets of 10.

ISOMETRIC SHOULDER ADDUCTION

4. ISOMETRIC SHOULDER FLEXION: Stand facing a wall with your elbow bent at a right angle and held close to your body. Press your fist forward against the wall, hold this for 5 seconds, then rest. Do 3 sets of 10.



ISOMETRIC SHOULDER FLEXION



5. ISOMETRIC SHOULDER EXTENSION: Standing facing away from the wall with your elbow touching the wall, press the back of your elbow into the wall and hold for 5 seconds. Rest. Do 3 sets of 10.

ISOMETRIC SHOULDER EXTENSION

6. ISOMETRIC SHOULDER ABDUCTION: Standing with one side towards the wall and your elbow bent at a 90-degree angle, press the side of your arm into the wall as if attempting to lift it. Hold for 5 seconds. Rest. Do 3 sets of 10.



ISOMETRIC SHOULDER ABDUCTION



7. SHOULDER FLEXION: Stand with your arms hanging down at your side. Keep your elbow straight and lift your arms up over your head as far as you can reach. Hold the end position for 5 seconds. Do this 10 times.

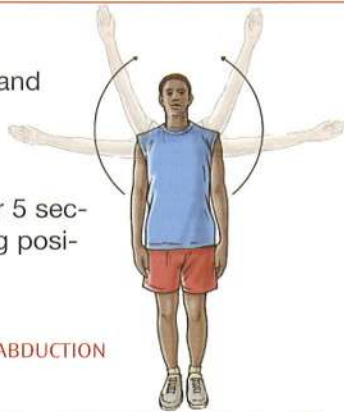
SHOULDER FLEXION

8. SHOULDER EXTENSION: Stand with your arms at your sides. Move the arm on one side back, keeping your elbow straight. Hold this position for 5 seconds. Return to the starting position and repeat 10 times.



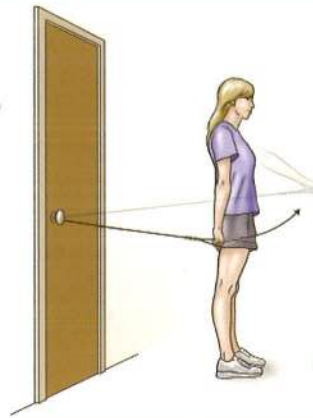
SHOULDER EXTENSION

9. SHOULDER ABDUCTION: Stand with your arms at your sides. Bring your arms up, out to the side, and toward the ceiling. Hold for 5 seconds. Return to the starting position. Repeat 10 times.



SHOULDER ABDUCTION

14. RESISTED SHOULDER FLEXION: Holding tubing connected to a door knob at waist level, face away from the door, keep your elbow straight and pull your arm forward. Do 3 sets of 10.



RESISTED SHOULDER FLEXION

Part II

10. RESISTED SHOULDER INTERNAL ROTATION: Holding tubing connected to a door knob at waist level, keep your elbow in at your side and rotate your arm inward across your body. Make sure you keep your forearm parallel to the floor. Do 3 sets of 10.



RESISTED SHOULDER INTERNAL ROTATION

15. RESISTED SHOULDER EXTENSION: Face a door holding tubing connected to the door knob at waist level, pull your arm back. Be sure to keep your elbow straight. Do 3 sets of 10.

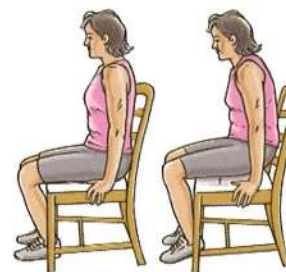


RESISTED SHOULDER EXTENSION

12. RESISTED SHOULDER EXTERNAL ROTATION: Stand sideways next to a door. Rest the hand farthest away from the door across your stomach. With that hand grasp tubing that is connected to a doorknob at waist level. Keeping your elbow in at your side, rotate your arm outward and away from your waist. Make sure you keep your elbow bent 90 degrees and your forearm parallel to the floor. Repeat 10 times. Build up to 3 sets of 10.



RESISTED SHOULDER EXTERNAL ROTATION



LATISSIMUS DORSI STRENGTHENING

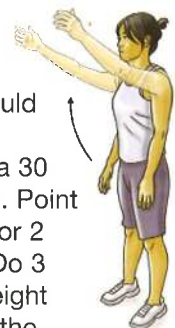
16. LATISSIMUS DORSI STRENGTHENING: Sit on a firm chair. Place your hands on the seat on either side of you. Lift your buttocks off the chair. Hold this position for 5 seconds and then relax. Repeat 10 times. Do 3 sets of 10.

13. RESISTED SHOULDER ADDUCTION: Stand sideways next to a door. With the hand closest to the door, hold tubing connected to a door knob at waist level. Stand away from the door approximately 8 to 10 inches. Slowly bring your arm with tubing next to your body. Do 3 sets of 10.



RESISTED SHOULDER ADDUCTION

17. SCAPTION: Stand with your arms at your sides and with your elbows straight. Slowly raise your arms to eye level. As you raise your arms, they should be spread apart so that they are only slightly in front of your body (at about a 30 degree angle to the front of your body). Point your thumbs toward the ceiling. Hold for 2 seconds and lower your arms slowly. Do 3 sets of 10. Hold a soup can or light weight when doing the exercise and increase the weight as the exercise gets easier. Your provider may instruct you to do this exercise with your thumbs down.



SCAPTION