

# RAPID RESEARCH

@physicaltherapyresearch

August 2023

### **Inside This Week:** All About the AC Joint

Surgery v. Physiotherapy for AC Joint Separation (GRD 3-5)

Risk Factors of Hook Plate Surgery for AC Joint

**Diagnosing AC Joint Pathology** 

### SURGERY V. PHYSIOTHERAPY FOR AC JOINT SEPARATION (GRD 3-5)

<u>Click for Full Text</u> (<u>Windhamre et al. 2022)</u>

This RCT compared the outcomes after operative treatment with a hook plate with the outcomes after nonoperative treatment of acute Rockwood type III and type V AC joint dislocations separately



## KEY FINDINGS

#### 124 patients randomized to Nonoperative or Operative treatment.

Follow-up data obtained over 24 months.

#### 3 Month Outcomes:

Non-operative had significantly better CS, SSV, QuickDASH, and pain scores.

#### At 6, 12, and 24 months:

No significant differences in the CS, SSV, QuickDASH score, pain, or EQ-5D score between the groups regardless of intervention.

#### Mean CS Scores At 24 months:

Type III; non-operative (88), operative (91) Type V; 90 vs. 91

#### <u>Overall:</u>

Average CS score of 97% for uninjured and injured shoulders. 86% of the patients rated the result as excellent or good.

### MAIN TAKEAWAYS

Both the nonoperative and operative treatment groups had very good restoration of shoulder function and patient satisfaction at 24 months.

Operative treatment did not lead to better outcomes compared with nonoperative treatment.

This study does not support surgery with a hook plate in patients with acute Rockwood type III or type V AC joint dislocations.

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### RISK FACTORS OF HOOK PLATE SURGERY FOR AC JOINT

<u>Click for Full Text</u> (Lee et al. 2023)

This systematic review identified the risk factors associated with the loss of reduction after acromioclavicular joint dislocation surgery using a hook plate.



## KEY FINDINGS

#### 118 patients with Hook Plate AC surgery; 29 month follow-up.

#### **Significant Factors in Reduction Loss Group:**

Age, Female, Rockwood type V, Time from injury to surgery >7 days.

#### No Significant Differences in Clinical Outcomes for:

Range of motion, ASES, subjective shoulder value, and pain between groups.

#### **Radiological Results as Significant Risk Factors:**

- Preoperative coracoid clavicular distance.
- Over-reduction.
- Female sex
- Time from injury to surgery >7 days
- Preoperative coracoid clavicular displacement ratio of the injured shoulder

## MAIN TAKEAWAYS

Main Risk Factors for Loss of Reduction of Hook Plate: Delayed timing of surgery >7 days Preoperative coracoid clavicular displacement ratio of the injured shoulder Female sex

### DIAGNOSING AC JOINT PATHOLOGY

**AUGUST 2023** 

<u>Click for Full Text</u> (Krill et al. 2018)

This review created a decision tree analysis enabling simple and accurate diagnosis of AC joint pathology.



# KEY FINDINGS

#### 2 Studies included

#### **Optimal Special Test Combo to Confirm AC Joint pathology:**

*Combined Paxinos sign and O'Brien's Test* [Specificity of 95.8% when performed in series]

*Paxinos sign and Hawkins-Kennedy Test* [Sensitivity of 93.7% when performed in parallel]

*Paxinos sign and O'Brien's Test* [Greatest positive likelihood ratio (2.71)]

*Paxinos sign and Hawkins-Kennedy Test:* [Lowest negative likelihood ratio (0.35)]

### MAIN TAKEAWAYS

No combination of special tests performed in series or in parallel creates more than a small impact on post-test probabilities to screen or confirm AC joint pathology.

Paxinos sign and O'Brien's Test is the only special test combination that has a small and sometimes important impact when used both in series and in parallel.

Physical exam testing is not beneficial for diagnosis of AC joint pathology when pretest probability is unequivocal.

Ultrasound-guided AC joint corticosteroid injection may be an appropriate new standard for treatment and surgical decision-making.

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