Clavicle and AC Joint Injuries

Queensland Ambulance Service

Exclusion from transport to General Practice

- Associated injuries of ribs or cervical spine
- Severe “tenting” (skin is white at the fracture site)
- Compound fracture (skin broken over deformity)
- Neurovascular compromise (no sensation or warmth in corresponding upper limb)
- Complete inability to mobilize independently.

Management

- Analgesia as required
- Immobilisation of shoulder girdle.

General Practice

Assessment

1. Continually assess the neurovascular status of associated upper limb
2. Exclude associated rib fractures and/or any cervical spine injury
3. Identify if injury is confined to the clavicle or the AC joint
4. Imaging as required.

Management

Clavicle fracture – medial third:
- Call Orthopaedic Registrar (5470 6600)

Clavicle fracture – middle third:
- Complete displacement with >2cm shortening:
  - Consider appropriate analgesia +/- NSAID
  - Apply collar and cuff immobilisation
  - Provide supplied information handout to patient
  - Refer to SCHHS Fracture Clinic.
If the patient has any of the following, please call the orthopaedic registrar (5470 6600) prior to referral to the emergency department:

- Rib fractures
- Cervical spine injury
- Clavicle fractures in the medial and lateral thirds
- Significantly displaced fractures
- Fracture-dislocation of the shoulder
- Neurovascular deterioration
- Worsening pain requiring intramuscular analgesics
- Any other serious clinical concerns not already listed.

Complete displacement with no shortening:
- Consider appropriate analgesia +/- NSAID
- Apply collar and cuff immobilisation
- Provide supplied information handout to patient
- Refer to Community Fracture Clinic.

Minimal displacement or greenstick:
- Consider appropriate analgesia +/- NSAID
- Provide supplied information handout to patient
- Review with usual G.P. in 1 week (if symptoms persist at 3 weeks, consider X-ray).

Clavicle fracture – lateral third:
- Call Orthopaedic Registrar (5470 6600)

AC joint injury – Types I to III:
Type I = Normal
Type II = Subluxation of the AC joint space is <1cm and normal coracoclavicular space
Type III = Subluxation of the AC joint space is >1cm and widening of the coracoclavicular space is >50%.

- Consider appropriate analgesia +/- NSAID
- Shoulder sling
- Exercises
- Provide supplied information handout to patient
- Type III patients who are active sportpeople or manual labourers – consider referring to SCHHS Fracture Clinic.

AC Joint Injury - Types IV to VI:
Types IV to VI = Subluxation of the AC joint space is >1cm and widening of the coracoclavicular space is >50% and there is associated displacement of the clavicle.

- Consider appropriate analgesia +/- NSAID
- Refer to SCHHS Fracture Clinic.

Escalation triggers

Refer to the Emergency Department

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- Cervical spine injury
- Clavicle fractures in the medial and lateral thirds
- Significantly displaced fractures
- Fracture-dislocation of the shoulder
- Neurovascular deterioration
- Worsening pain requiring intramuscular analgesics
- Any other serious clinical concerns not already listed.

Disclaimer:
This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.