

Abstract

Title:

Case Study of a Patient with Dislocation of Acromioclavicular Joint.

Thesis aim:

The aim of this thesis is to discuss the rehabilitation of a patient in the state after reposition of the acromioclavicular joint with temporary K-wire transfixation. The thesis is divided into a theoretical and a practical part. In the theoretical part the kinesiology of the upper extremity and cervical spine, types of dislocations, clinical picture, and the rehabilitation is discussed. The practical part includes an anamnesis, examination, and therapy progress of a 31 year old man one week after the removal of the transfixation by K-wire.

Clinical findings:

The measurement of ROM showed a marked limitation in the movement of shoulder joint. Both flexion and abduction of the right shoulder joint was severely limited.

The active abduction was limited to 40°, and active flexion 80°. The internal and external rotation was also severely limited, both active and passively. All the movements of shoulder joint except extension were accompanied by pain.

Methods:

Methods used in the rehabilitation of this patient were active and passive movements to improve ROM. Soft tissue techniques for the scar and trigger points, and fascia techniques for restricted fascia. PIR was used for relaxation of hypertonic muscles. PNF techniques were used for strengthening of muscles included in the first diagonal. Exercises with gym ball and theraband were included for activation of the interscapular muscles. The therapy sessions lasted from 1 to 1.5 hours, and 5 sessions were completed.

Result:

The result of therapy was a decrease in pain and a significant increase in ROM. The active abduction improved from 40° to 85°, and the active flexion improved from 80° to 120°. Functional movements were also performed in a more satisfying manner, and with only slight perception of pain.

Conclusion

The case study was a very interesting, and useful experience for me as a future physiotherapist. I got to use my theoretical and practical knowledge in a real setting. It was also useful to see that the therapy I chose and applied had an positive effect on the patient.

Keywords:

AC joint dislocation, Hypertonicity, Functional movement patterns, Stretching, Soft tissue techniques, Active and passive movements, Proprioceptive Neuromuscular Facilitation, Therapeutic exercises.