

# AC Joint Test

| Patient Information  |                      |
|--|----------------------|
| Name:  | Gender:              |
| Age:   | Date of Examination: |
| Reason for Examination   |                      |
| Suspected AC joint injury<br>Shoulder pain<br>Post-traumatic assessment<br>Other:  | Notes:               |
| Specific AC Joint Tests  |                      |
| 1. O'Brien's Test (Active Compression Test)  |                      |
| <b>Instructions:</b> Have the patient flex their arm to 90 degrees, adduct 10-15 degrees, and internally rotate so the thumb is down. Then, apply a downward force. The test is then repeated with the palm facing up. |                      |
| <b>Positive:</b> Pain or discomfort localized to the AC joint<br><b>Negative:</b> No pain or discomfort localized to the AC joint  | Notes:               |
| 2. Cross-Body Adduction Test   |                      |
| <b>Instructions:</b> Passively bring the patient's arm across the chest at 90 degrees of flexion. The examiner applies pressure to the elbow, pushing the arm closer to the chest.                                     |                      |
| <b>Positive:</b> Pain over the AC joint when arm is adducted across the body<br><b>Negative:</b> No pain over the AC joint during test   | Notes:               |

### 3. Load and Shift Test

**Instructions:** Stabilize the clavicle with one hand and apply an anterior and posterior force to the humerus with the other hand. This tests the stability of the AC joint.

**Positive:** Excessive movement or pain at the AC joint

**Negative:** Stable joint without excessive movement or pain

Notes:

#### Imaging

X-Ray

MRI

Ultrasound

Findings:

#### Assessment

Diagnosis:

Severity of Injury (if applicable):

#### Management Plan

Conservative Treatment (Rest, Ice, Compression, Elevation - RICE)

Physical Therapy

Pain Management (Medications)

Surgical Consultation

Specific Recommendations:

**Follow-Up**

Next Appointment:

Date:

Time:

Monitoring Parameters:

**Provider's Comments**

Doctor's Name and Signature:

Date Signed: