Background ISAKOS upper extremity committee has suggested a subclassification of Rockwood type III acromioclavicular (AC) joint dislocations in a stable type A recommended non-surgical treatment and an unstable type B recommended surgical treatment. The objective of this prospective cohort study was to investigate if this subclassification is clinically relevant.

Methods Inclusion criteria were patients aged 18–60 with acute AC joint dislocation and >50% superior displacement of the clavicle. Patients were treated non-surgically with 3 months of home-based training and the option of delayed surgical intervention. Assessment was done at baseline and 6 weeks, 3 months, 6 months, and 1 year after the injury. At 6 weeks, patients were classified as stable if they presented with no scapular dyskinesia (SD) and no over-riding of the clavicle to the acromion on radiographs, and unstable if they presented with any of the two. The primary outcome was the Western Ontario Shoulder Instability Index (WOSI).

Results Eighty-eight patients contributed data for the subclassification at 6 weeks: 20 patients were classified as stable and 68 as unstable. There was a statistically significant but not clinically relevant difference in WOSI between the two groups at 6 months (p=0.03), but not at 3 months and 1 year. No patients from the stable group were classified as unstable at 6 months; 20 patients were classified as stable and 68 as unstable.

Conclusion Surgery. Patients presenting with SD had worse WOSI at all time points compared to those without SD. The ISAKOS subclassification of Rockwood type III in a stable type A and an unstable type B is not clinically applicable. The presence of SD was associated with a worse result.

Introduction The dynamic knee valgus and the stiff landing maneuver are movement patterns associated with the anterior cruciate ligament (ACL) injury mechanism. Drop jumps (DJ) and cutting maneuvers (CM) are used to assess the risk of ACL injuries, but it is not known if such standardized athletic tasks are suitable to represent and assess these movement patterns. The aim of this study was to compare the DJ and CM impact phase (within 70 ms) knee abduction moment (KAM) and the initial contact knee flexion angle (KFA). A significant 3-way interaction (p < 0.001).

Results Males increased the knee flexion angle at IC over time, while females leaned towards greater extension (interaction; p < 0.001). Moreover, a significant 3-way interaction showed that while both sexes demonstrated inter-limb symmetry for knee flexion angles at IC as children, females increased asymmetry over time, while males did not (interaction; p < 0.001).

Conclusion This prospective study demonstrates that age influences DJ performance and that changes for females, not males, generally move towards a more extended knee and greater asymmetry between limbs. This may have implications for knee injury and may be a target for intervention to lower injury risk.