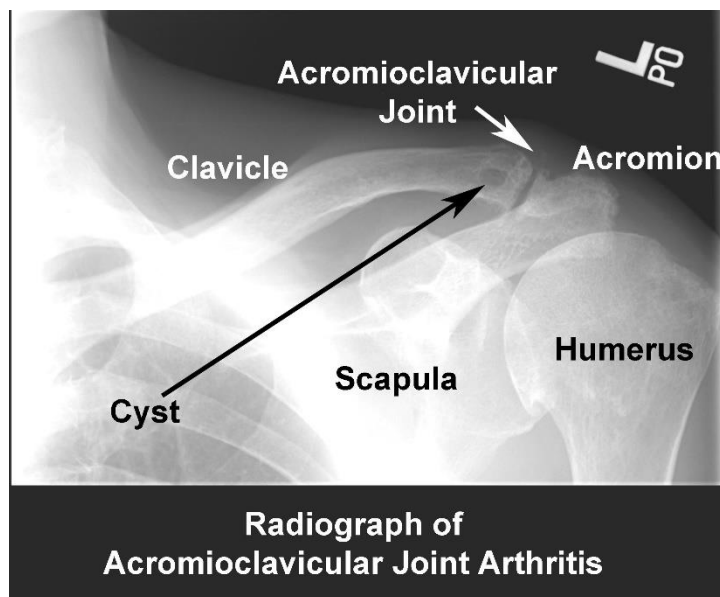


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Acromioclavicular (AC) Joint Arthritis

Acromioclavicular (AC) arthritis occurs when the protective cartilage covering the ends of the bones at the joint between the acromion (bony roof of the shoulder which is an extension of the shoulder blade) and clavicle (collar bone) wears out (arthritis). This cartilage wears out from excessive joint loading (in weightlifters or heavy laborers) or following injury. In active patients, shoulder pain and limitations can occur as the worn bony ends of the joint grind together and cause mechanical symptoms and inflammation.



Frequent Signs and Symptoms

- Tenderness and swelling or bump on top of the shoulder (at the AC joint) especially with repetitive overhead activities of heavy lifting
- Loss of strength or increased pain with overhead activities, bench press, or when reaching across the body can occur

Etiology (Causes)

- Previous injury to the acromioclavicular joint that results in premature arthritis of the joint (wearing out the protective cartilage ends of the bones at the joint)
- Wear and tear from heavy repetitive loading of the joint often seen in weightlifters or heavy laborers.



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Risk Factors

- Sports that require contact or collision, throwing sports, racquetball, and squash
- Activities that cause heavy repetitive loading of the acromioclavicular joint such as weightlifting
- Previous shoulder injury, acromioclavicular sprain, or dislocation

Prevention

- Maintain appropriate conditioning, including shoulder and arm flexibility, muscle strength, and endurance.
- Maintain proper technique and have a coach correct improper technique (including falling, landing, and tackling).

Outcomes

The treatment and outcome depends upon symptoms. Not all patients with X-ray findings of acromioclavicular (AC) joint arthritis have pain. Generally, younger, more active patients that place higher demands on their shoulders have more pain. Older patients with lower demands can usually expect excellent results from mild activity restrictions, ice, anti-inflammatory medications, and AC joint injections. For patients with symptomatic AC arthritis that does not respond to conservative treatment, surgery to remove the damaged end of the clavicle can often alleviate symptoms and allow a full functional recovery.

Potential Complications

- Pain, inflammation, and limitations may persist without treatment.
- Weakness and de-conditioning of the shoulder because of pain and limitations
- Uncommon complications following surgery
 - Inadequate bone resection
 - Heterotopic ossification (recurrent bone formation) at the AC joint
 - Infection and bleeding
 - AC joint instability and continued symptoms
 - Delayed recovery

General Treatment Considerations

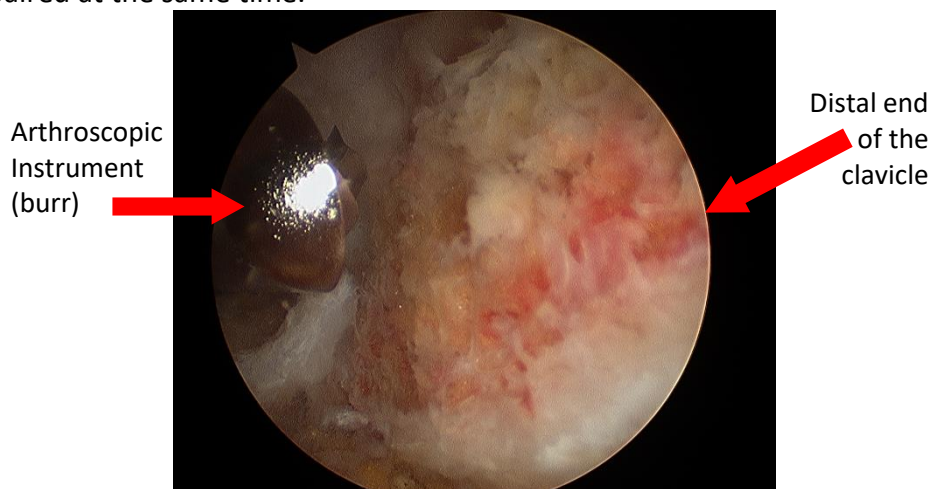
Initial treatment consists of modification of activities (stop the aggravating activities), rest, ice, and anti-inflammatory medications to relieve pain. Surgery is not required even if the patient continues to have symptoms despite non-surgical treatment. Surgery can be performed at any point when the patient decides symptoms are sufficient to undergo surgery.



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When symptoms warrant, Dr. Chudik can arthroscopically (using a small camera to view the joint through small incisions) remove five to seven millimeters of bone from the damaged end of the clavicle. This keeps the worn and painful surfaces from contacting while leaving the surrounding AC joint ligaments to maintain a stable and functional AC joint. This procedure is called a “distal clavicle resection (DCR).” Dr. Chudik has performed this procedure on many heavy overhead laborers and competitive weightlifters who have successfully returned to full level of activity without limitations. At the time of the operation, Dr. Chudik can use the same arthroscopic portals to also inspect and treat the shoulder joint, ligaments, labrum, cartilage, and rotator cuff. Sometimes, rotator cuff tears have been found despite a negative MRI, and can be repaired at the same time.



Arthroscopic photo of the resected distal clavicle

Possible Medications

- Nonsteroidal anti-inflammatory medications, such as ibuprofen and Naprosyn® (**DO NOT** take within 10 days before surgery) or other minor pain relievers, such as acetaminophen, can be helpful. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Pain relievers are usually not prescribed for this condition.

Modalities

Cold is used to relieve pain and reduce inflammation. Cold should be applied for 10 to 15 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.

Notify My Office if Symptoms Worsen

