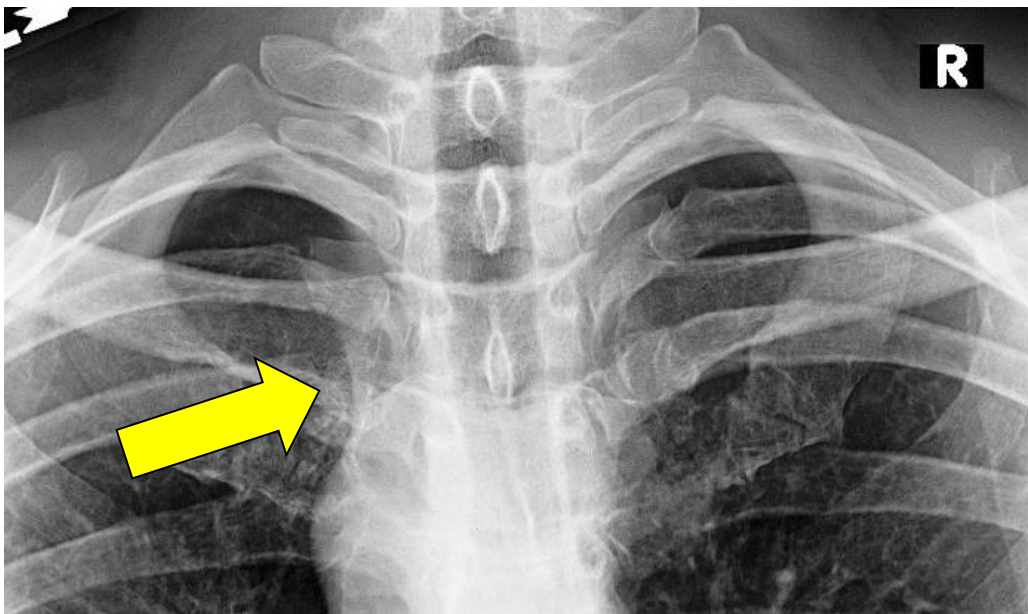


Sternoclavicular (SC) Joint Arthritis

Sternoclavicular (SC) arthritis can occur at the joint between the sternum (breastbone) and the clavicle (collarbone) when the cartilage on the ends of the bones breaks down due to wear and tear or injury. The symptoms of pain and swelling may get worse with overuse and repetitive activity. The patient may experience physical limitations, swelling, and inflammation as the worn bony ends grind together.



X-ray of sternoclavicular joints. While more difficult to see on X-ray, the clavicular ends meet the sternum to form the SC joint.

Frequent Signs and Symptoms

- Pain, tenderness, and swelling at the SC joint
- Pain at the sternoclavicular joint when attempting to bring the affected arm across and in front of the body

Etiology (Causes)

- Previous injury to the sternoclavicular joint that results in premature arthritis of the joint (wearing out the protective cartilage ends of the bones at the joint)
- Repetitive stress or previous injury to this joint



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Risk Factors

- Heavy labor
- Repetitive movements with shoulders
- Age, particularly post-menopausal women
- Instability of SC joint
- Injury to the SC joint

Prevention

- Maintain appropriate conditioning:
 - Shoulder and arm flexibility
 - Muscle strength and endurance
- Use proper technique while falling, landing, and tackling
- Avoid overuse

Outcomes

This condition typically responds to conservative management. The use of ice, stretching, and anti-inflammatory medications can often help to reduce pain. Dr. Chudik may also perform a steroid injection to manage pain symptoms. Individual outcomes may vary depending on the severity of the arthritis. The patient will need to adjust his/her activities to avoid aggravating the joint. In general, Dr. Chudik does not recommend surgery for this condition but in rare cases it may be required.

Potential Complications

- Pain, inflammation, and limitations may persist without treatment
- Prolonged limitations and susceptibility to recurrent inflammation if usual activities are resumed too soon
- Weakness or deconditioning in the shoulder due to pain
- Uncommon surgical complications:
 - Inadequate bone resection (failure to remove enough of the bone making painful contact)
 - Heterotopic ossification (recurrent bone formation) at the SC joint
 - Infection and bleeding
 - SC joint instability and continued symptoms
 - Delayed recovery



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Treatment Considerations

Initial treatment consists of ice, rest, anti-inflammatory medications, and rest from aggravating activities. Surgery outcomes are limited and conservative treatment is highly favored. If the patient does reach the point where surgery is necessary, Dr. Chudik can perform surgery to remove a portion of the damaged end of the clavicle. This prevents the worn bony ends from painful contact but leaves the ligaments in place to stabilize the joint.

Possible Medications

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen (**DO NOT** take within seven days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Topical ointments may be of benefit.
- Pain relievers may be prescribed as necessary by your physician. Use only as directed.
- Injections of corticosteroids may be given to reduce inflammation.

Modalities (Heat and Cold)

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 15 to 20 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.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak.

Notify My Office If Symptoms Worsen



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