

# Acromioclavicular (AC) joint osteoarthritis

## Information for patients

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### **What is acromioclavicular (AC) joint osteoarthritis?**

The acromioclavicular (AC) joint is made up of part of the shoulder blade and collar bone.

The ends of the bones are covered in a smooth, rubbery surface (articular cartilage). This cushions the joint.

Normal age related changes to the joint and cartilage can occur with repeated stresses and strains. This can result in a condition called osteoarthritis. This is common in people over 40 but can occur younger.

### **What are the symptoms?**

Pain and tenderness over the shoulder

- Pain can spread to the upper arm, neck or chest
- Pain can be due to other neck or shoulder conditions
- Activities that stress the joint can be painful, e.g:
  - Carrying a rucksack or bag
  - Repeated heavy or high arm work
  - Taking the arm across the body e.g. reaching for a seat belt.

### **What are the causes?**

AC joint arthritis can be due to:

- Repeated heavy or high arm work e.g. weight lifters or manual workers
- Following an old injury to the shoulder.

### **How is it diagnosed?**

An assessment will confirm the diagnosis.

In some cases an x-ray may be taken but this is commonly not needed. This just confirms the findings from the assessment.

## **What is the treatment?**

The majority of people with this condition do not need any form of surgery.

Symptoms often take time to improve. There is no quick fix.

## **What is the treatment?**

How can I help my pain?

### **Relative rest**

Avoid or cut down repeated heavy or high arm work to allow the pain to settle. It is important to continue with gentle, comfortable movement during this period to prevent any stiffness developing.

### **Pacing and spacing**

When your shoulder is sore you should pace your activities to avoid pain. Space your activities and don't do too much in one go.

### **Medication (anti-inflammatories)**

Anti-inflammatory drugs can help control pain. You should consult your GP or Pharmacist before taking anti-inflammatories, especially if you have other health problems or you are taking other medication.

### **Progressive exercise programme**

You may be referred to a physiotherapist for advice about exercises. This may help to improve your pain and movement.

### **Cortisone injection**

If your pain is not settling you may be offered a cortisone injection in some cases. This may give some pain relief for a short period of time.

This leaflet was compiled by the Physiotherapy Department, St John's Hospital, NHS Lothian and approved by the Patient Information Leaflet Group, NHS Lothian Physiotherapy Services.

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