2 Acromioclavicular (AC) Joint Arthritis
This leaflet will give you some information about acromioclavicular (AC) joint arthritis, and how it can be managed. AC joint arthritis can be a disabling condition that affects mainly middle age people.

**KEY POINTS**

- Osteoarthritis of the AC joint is a painful condition.
- Often associated with significant pain and restriction in shoulder movement.
- The majority of people with AC joint arthritis can manage their symptoms with painkillers and regular shoulder exercises.
- There is no cure for arthritis, the focus of treatment is on improving your symptoms. They may never go away completely.
- Surgery to remove part of the collar bone is only considered in severe cases.
WHAT IS THE AC JOINT?

The shoulder is made up of three bones: the scapula (*shoulder blade*), the humerus (*upper arm bone*) and the clavicle (*collarbone*). The part of the scapula that makes up the roof of the shoulder is called the acromion. The joint where the acromion (*scapula*) and the clavicle (*collarbone*) join is the AC joint.

![Acromioclavicular Joint Diagram](image-url)
WHAT IS AC JOINT ARTHRITIS?

AC joint arthritis is ‘wear and tear’ arthritis. This is where the smooth cartilage surface covering the joints becomes thin and rough. The ends of the bone can then rub together causing pain. Most of the time there is no obvious cause for this, but it can develop due to an injury or overuse.
WHAT ARE THE SYMPTOMS?

The main symptoms are:

☑ Pain directly on the pointy bit on top of your shoulder.
☑ Pain is often worse when the arm is brought across your chest.
☑ Restricted movement of the shoulder, interfering with daily activities and sleep.

AC joint arthritis causes pain on the pointy bit on the top of your shoulder.
WHAT CAN I DO TO HELP EASE THE PAIN?

There is no cure for arthritis. However, there are several things that will improve your pain. The pain may never go away completely but painkiller and exercise regimes are important to bring your symptoms to a manageable level.

Pain reducing medication

There is strong evidence that simple painkillers and anti-inflammatory tablets can significantly help the pain. Simple medicines such as Paracetamol when taken regularly can greatly reduce the pain you feel. These medicines are safe and have little side effects for most people. You should speak to your Pharmacist or GP to get the right medicine for you.

If you don’t like taking medicine, then you could try applying anti-inflammatory cream over the tender area. You should check with your pharmacist or GP to ensure you have no contraindications to these painkillers.

Some people find that heat and cold application helps. For heat, you can try a hot water bottle. For cold, try an ice pack or ice wrapped in cloth. Please be careful not to apply hot or cold packs directly to the skin as they can damage your skin if not used correctly.
Physiotherapy

It is important to get your pain under control and to keep as much movement in the shoulder as possible. This keeps the muscles strong and nourishes the joint surface.

Simple exercises may help prevent your shoulder from stiffening up. Please see the separate physiotherapy instruction sheet. We would encourage you to try the exercises daily to strengthen your shoulder and help settle down the pain.

These exercises are a good starting point, but sometimes additional physiotherapy is required. The majority of shoulder problems get better if you complete the exercises daily. However, it should be appreciated that it can take a number of months of regular exercise to improve.
WHAT ARE YOUR OTHER TREATMENT OPTIONS?

Most people can manage their symptoms well with painkillers and shoulder exercises. For severe symptoms there are some other treatment options to consider:

❖ Injections - local anaesthetic and steroid (cortisone) injections into the AC joint can be tried. This can be given by GP or specialist physiotherapy. They are not a cure, but can improve pain if you are experiencing a particularly bad flare of symptoms. They should be used in conjunction with the shoulder exercises. It is advised that no more than three injections should be given due to possible negative effects steroid can have in the shoulder.

❖ Keyhole (arthroscopic) or open surgery to remove the AC joint. This involves removing the end of the collar bone so the bones don’t rub together. The aim of the operation is to improve your pain, but we can’t guarantee it will improve your movement. Reduced pain and improved function has been reported in 90% of people (9 out of 10). The shoulder is often painful for the first few weeks after the surgery, but this is managed with regular pain relief. Most recovery occurs in the first 3 months after surgery but full recovery can take between 9 and 12 months.

☑ You should only consider having the AC joint excised if you have:
  • Severe shoulder pain that interferes with everyday activities, such as dressing, toileting and washing.
  • Failure to manage your symptoms with other treatment such as painkillers, injections and exercise regimes.
What are the risks of surgery:

Complications are uncommon, with less than 1 person out of 10 experiencing the following complications:

- **Pain** - After the operation it is common to experience pain as the shoulder heals. This will improve considerably over the first 6-8 weeks. Local tenderness over the top of the shoulder can be present for up to 12 months after the surgery. Unfortunately some people develop persistent pain that doesn’t go away. Occasionally, this requires further surgery but in some people they are left with chronic pain that is difficult to treat.

- **Stiffness** - The shoulder can become stiff after the surgery and you can develop a frozen shoulder. This results in pain and reduced range of movement. This can be treated with physiotherapy. This can take several months to improve.

- **Infection** - An infection may cause local redness, pain and leaking from the wound. If an infection develops you will require antibiotics.

- **AC joint instability** - Rarely too much of the collar bone is taken away and it becomes unstable. Sometimes further surgery is required to stabilise the joint.

- **Nerve Injury** - If a nerve is damaged during the surgery you may have numbness and loss of power in the arm. This is a rare complication, occurring in less than 1 in 100 people.

- **Anaesthetic risk** - Surgery is performed under a general anaesthetic. You will be reviewed by anaesthetist who will discuss your individual risk and whether it is safe to go ahead.
Useful Information and Contacts:

NHS Forth Valley website has other useful information and contacts:

www.nhsforthvalley.com/health-services/know-who-to-turn-to-when-you-are-ill

https://nhsforthvalley.com/publications/patient-information-leaflets/

NHS Inform provides health information and details of services and support in your area. Visit www.nhsinform.scot for general advice including the latest on COVID-19 and www.nhsinform.scot/msk for advice about muscles, bones and joints.

The Chartered Society of Physiotherapy also provides useful information at www.csp.org.uk/MSKadvice

For people with mental health or psychological problems and in crisis, support is available by phoning NHS 24 on 111, Samaritans on 116 123 or Breathing Space on 0800 83 85 87.