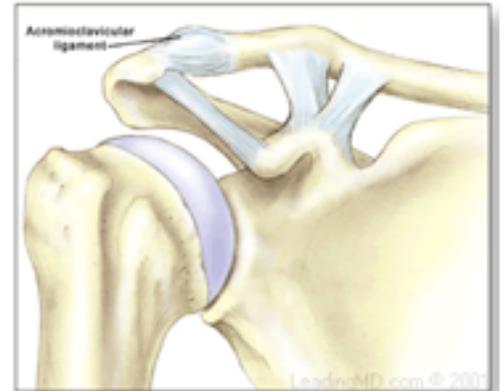


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## **Acromioclavicular (AC) Joint Arthritis of the Shoulder**

The AC joint is located at the tip of the shoulder where the shoulder blade (scapula) and collarbone (clavicle) come together at a point on the upper part of the shoulder blade called the acromion. These two bones are held together by ligaments. One group of ligaments envelope the joint to form a capsule that covers the joint; these ligaments are termed the acromioclavicular ligaments. Another set of ligaments stabilize the shoulder by holding the clavicle in place by attaching it to a bony projection on the surface of the shoulder blade called the coracoid process. These ligaments are called the coracoclavicular ligaments. There is a disk of cartilage in the joint between the two bones that helps the guide the joint movement. As you move the shoulder, the AC joint allows movement to occur between the clavicle and scapula.



### **What is AC arthritis?**

AC joint arthrosis(arthritis) is most common in middle aged patients when the cartilage in the AC joint begins to wear out. With this condition there is typically pain that limits motion of the arm.

### **Causes of AC Arthritis of the Shoulder**

The primary cause of AC arthritis is due to wear and tear. As a person does lifting of the arm stress is placed across this joint and over time this stress can cause the cartilage to wear over repetitive stress. Constant overhead lifting, such as weightlifters or construction workers, can increase the incidence of the disease. Traumatic causes from a fall onto the end of the shoulder can also contribute to the disease.



### **Symptoms of AC Arthritis of the Shoulder**

One of the first signs is pain and tenderness at the top of the shoulder around the AC joint. Sleeping on the side that is painful may increase the pain. In addition, there may be decreased shoulder motion. Compression of the joint, such as bringing the arm across the chest may result in increased pain. There may be swelling at the AC joint. If the AC joint had ben injured in the past, there may be a snap or click as the shoulder is moved, and there may be a slight prominence of the AC joint.

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### **Diagnosis**

Usually the diagnosis of AC joint arthritis is made during physical exam. X-rays will also demonstrate narrowing of the joint and the presence of bone spurs.

### **Non-Surgical Treatment**

The goal of treatment for AC joint arthritis is to eliminate pain and restore movement to the shoulder. Treatment, initially, may be conservative, consisting of rest and NSAIDs. Ice may be applied to decrease the pain and inflammation at the joint. Cortisone or other injections may be used if the pain persists. Physical therapy can help restore the motion and retrain muscles around the shoulder to help lessen the load across the AC joint

### **Surgical Treatment**

Should rest, ice, medications and activity modification fail to reduce your pain and allow you to perform the activities you like to perform, surgery may be indicated for the next step. The most common procedure is AC joint resection (mumford procedure) This procedure is done under arthroscopic guidance to remove the arthritic portion of the end of the collar bone. The surgery can is often done in conjunction with other procedures such as rotator cuff repair. It is same day surgery and may begin motion of the shoulder immediately. Full recovery for an isolated AC resection can be expected to be three months.

### **Results and Risks of Surgery**

May series of patients have been reported in the literature showing high levels of pain relief; nearly 95 percent of patients return to their normal activities and sports with few complications. As with any surgery there are potential risks, such as, infection (less than 0.5%) persistent pain, incomplete resolution of symptoms, damage to nerves and vessels and possible need for further surgeries.