

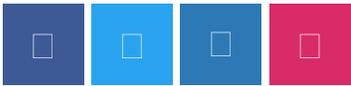


MENU

Health

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AC Joint Problems

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WHAT YOU NEED TO KNOW

- The most common conditions of the acromioclavicular joint are [arthritis](#), fractures and separations.
- Acromioclavicular joint wear and tear is common among weight lifters.
- Treatment for AC joint problems ranges from non-operative to surgical procedures depending on the type of injury.

What is the AC joint?

The acromioclavicular, or AC, joint is a joint in the shoulder where two bones meet. One of these bones is the collarbone, or clavicle. The second bone is actually part of the shoulder blade (scapula), which is the big bone behind the shoulder that also forms part of the shoulder joint. The portion of the shoulder blade that meets the clavicle is called the acromion. As a result, where the clavicle meets the acromion is called the AC joint. Like most joints in the body where bones meet, there is cartilage between the two bones, which is the white tissue between bones that allows them to move on each other, like Teflon on two ball bearings.

What types of conditions occur at the AC joint?

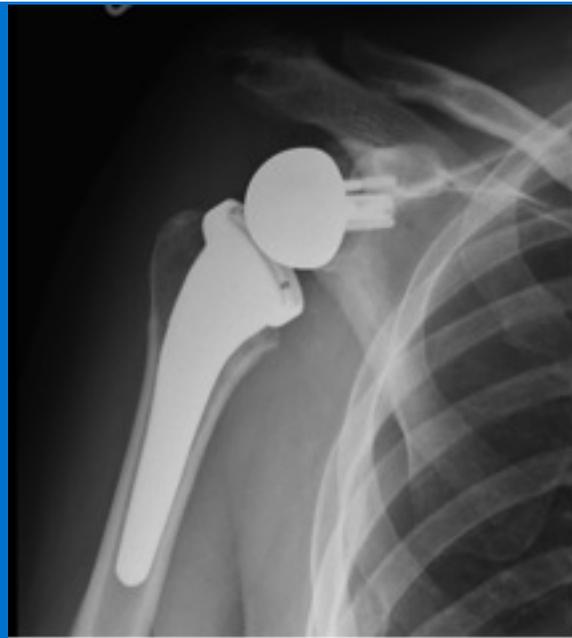
There are many things that can happen to the AC joint, but the most common conditions are arthritis, fractures and separations. Arthritis is a condition characterized by loss of cartilage in the joint, which is essentially wear and tear of the smooth cartilage that allows the bones to move smoothly. Like arthritis at other joints in the body, it is characterized by pain and swelling, especially with activity. Over time, the joint can wear out and get larger, with spurs forming around it. These spurs are a sign of the arthritis and not a cause of the pain. Reaching across the body toward the other arm aggravates arthritis at the AC joint. AC joint wear and tear is common in weight lifters, especially among those who bench press and to a lesser extent, military press. In weight lifters the arthritis at the AC joint has a special name — osteolysis.

How is arthritis of the AC joint treated?



Reversing the Course of
Shoulder Disability

Reverse total shoulder replacement surgery may be an option for patients with shoulder degeneration and debilitating shoulder problems. Johns Hopkins shoulder surgeon Dr. Uma Srikumaran explains how this technology can be used to treat people who are not candidates for normal total shoulder replacement.



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What can be done if those treatments do not work?

If rest, ice, medication and modifying your activity does not work, then the next step is a cortisone shot. One shot into the joint sometimes takes care of the pain and swelling permanently, but the effect is unpredictable and may not last forever. Usually no more than one or two cortisone shots are given before surgery is considered.

If these treatments do not work then surgery can be considered. Since the pain is due to the ends of the bones making contact with each other, the treatment is actually removal of a portion of the end of the collarbone. The AC joint is one of the few joints in the body that you can live without a portion of the bone making up the joint. The surgery can be done through a small incision about 1-inch long, or it can be done with several small incisions using an arthroscopic technique. Regardless of the technique, the recovery and results are about the same. In most cases the patient can go home the same day as the surgery wearing an arm sling. The stitches come out about a week later and motion of the shoulder begins right away. It takes

about four to six weeks to get complete motion and a few more weeks to begin regaining strength. Recovery is variable depending upon many factors but most patients are back to full activity by three months.

What are the results of AC joint surgery?

Most patients get excellent pain relief with this operation, and nearly 95 percent return to their preinjury level of activity and sports. There are few complications and most patients are very satisfied with the result. There is always a possibility of infection but it is rare. Occasionally a patient may have some fatigue or pain with



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