ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

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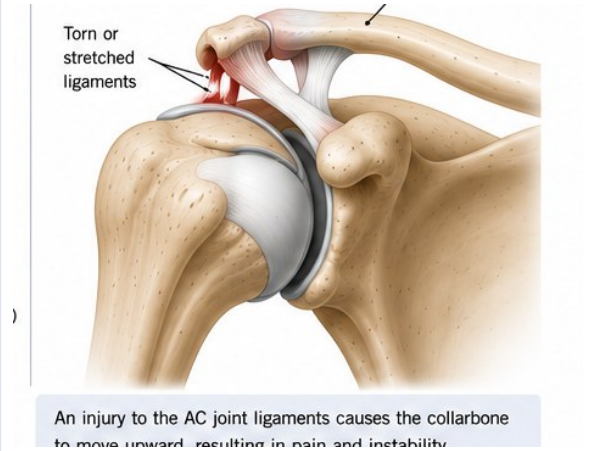
SHOULDER CONDITION

AC Joint Arthritis

Acromioclavicular Joint Arthritis — Patient Condition Guide



The AC joint · where the collarbone meets the shoulder · for education; your anatomy may differ

OVERVIEW

The acromioclavicular (AC) joint is the small joint where the collarbone meets the shoulder blade at the top of the shoulder. Wear-and-tear arthritis here is very common — especially in weightlifters, laborers, and patients with prior AC injuries — and causes pain localized to the top of the shoulder.

SYMPTOMS

- —Pinpoint pain and tenderness on the top of the shoulder
- —Pain reaching across the body (e.g., washing the opposite armpit, bench press)
- —Clicking or grinding at the top of the shoulder
- —Pain sleeping on the affected side

DIAGNOSIS

Examination localizes tenderness directly over the AC joint, and cross-body testing reproduces the pain. X-rays show joint narrowing and spurs. A small diagnostic injection can confirm the AC joint as the pain source.

TREATMENT OPTIONS

Initial care includes activity modification (adjusting pressing and overhead lifts), anti-inflammatories, and a corticosteroid injection when needed. If pain persists, arthroscopic distal clavicle excision — removing a few millimeters of the end of the collarbone so the surfaces no longer grind — is a reliable outpatient procedure.

RECOVERY OUTLOOK

Most patients manage AC arthritis without surgery. After distal clavicle excision, patients typically resume daily activities quickly and return to full training over 6–12 weeks.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/ac-joint-arthritis.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

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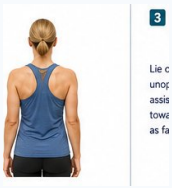
HOME EXERCISE PROGRAM

AC Joint Arthritis: Exercises & Strengthening

Strengthen the supporting muscles and maintain flexibility while avoiding painful end-range pressing.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.



Scapular Squeezes

10-second holds × 10, 3 times daily

Sit or stand tall and squeeze the shoulder blades together and slightly down, as if pinching a pencil between them. Do not shrug.

Band Rows

3 sets of 10–15, every other day

Pull the band toward your waist, squeezing the shoulder blades together, then release slowly with control.

Cross-Body Stretch

5 × 20-second holds, daily

Bring the arm straight across your chest and use the other hand to gently pull it closer until you feel a stretch in the back of the shoulder.

Band External Rotation ECCENTRIC

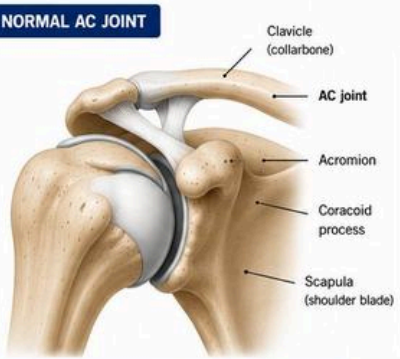
3 sets of 10–15, every other day

Elbow bent 90° and tucked at your side, rotate the forearm outward against the band, then return slowly — take 3–4 seconds on the way back (the eccentric phase).

AC JOINT SEPARATION / ARTHRITIS

The acromioclavicular (AC) joint is where the collarbone (clavicle) meets the highest point of the shoulder (acromion). Injury or wear and tear of this joint can cause pain and limit shoulder function.

NORMAL AC JOINT



In a normal AC joint, the ligaments hold the collarbone firmly in place.

AC JOINT SEPARATION

An injury to the AC joint ligaments causes the collarbone to move upward, resulting in pain and instability.

AC JOINT SEPARATION: ROCKWOOD CLASSIFICATION

TYPE I	TYPE II	TYPE III	TYPE IV	TYPE V
Sprain	Partial Tear	Complete Tear	Complete Tear	Complete Tear
Ligaments stretched, AC joint intact.	Ligaments partially torn, slight elevation of collarbone.	Complete tear of ligaments, collarbone elevated noticeably.	Complete tear, collarbone displaced posteriorly (backward).	Complete tear, collarbone displaced superiorly (markedly upward).

Types I and II are typically treated non-surgically. Types IV–VI are often treated surgically. Type III treatment depends on activity level, symptoms, and patient goals.

COMMON SYMPTOMS

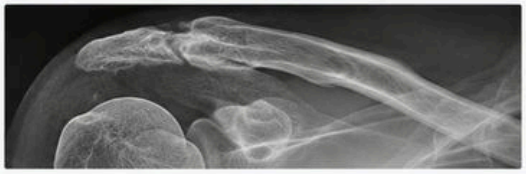
- Pain on the top of the shoulder (especially with activity)
- Swelling or tenderness over the AC joint
- Pain when reaching across the body
- Pain with overhead activities or lifting
- Weakness or loss of strength
- Clicking or popping

COMMON CAUSES

- Direct blow to the shoulder
- Fall on an outstretched arm
- Overuse (repetitive stress)
- Wear and tear / arthritis (degenerative changes)
- Previous AC joint injury

AC JOINT ARTHRITIS (DEGENERATIVE CHANGES)

Over time, wear and tear can break down the cartilage in the AC joint, causing bone spurs, joint space narrowing, and chronic pain.



TREATMENT OPTIONS

NON-SURGICAL

- Rest and activity modification
- Ice and anti-inflammatory medications
- Physical therapy (strengthening and stretching)
- Bracing or taping (in some cases)

Best for: Type I and II injuries, some Type III injuries, and AC joint arthritis

SURGICAL (IF NEEDED)

- AC joint reconstruction
- Distal clavicle excision (for arthritis)
- Ligament repair

Best for: Type IV–V injuries, chronic instability, or arthritis not improved with non-surgical care

EARLY DIAGNOSIS AND PROPER TREATMENT help reduce pain, restore strength, and prevent long-term problems such as chronic instability or arthritis.

For patient education; your anatomy may differ.