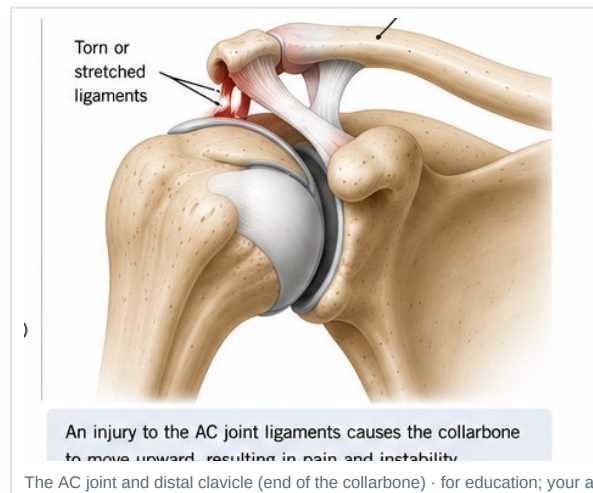


SHOULDER CONDITION

Distal Clavicle Osteolysis

Weightlifter's Shoulder — Patient Condition Guide

OVERVIEW

Distal clavicle osteolysis — 'weightlifter's shoulder' — is stress-related resorption of the end of the collarbone caused by repetitive high loads across the AC joint, classically from frequent bench pressing, dips, and overhead work. It is essentially an overuse injury of bone.

SYMPTOMS

- Aching pain at the top of the shoulder localized to the AC joint
- Pain sharpest during pressing movements (bench press, push-ups, dips)
- Soreness for a day or two after upper-body training
- Occasional swelling over the joint

DIAGNOSIS

Examination localizes the pain to the AC joint. X-rays or MRI show the characteristic changes at the end of the clavicle — bone edema and small erosions.

TREATMENT OPTIONS

The mainstay is load management: temporarily removing or modifying the aggravating lifts (narrower grip, limiting bar depth, swapping to neutral-grip pressing) while maintaining the rest of the training program. Anti-inflammatories and an occasional injection help settle flares. For athletes with persistent symptoms who want to keep training hard, arthroscopic distal clavicle excision is curative in the vast majority.

RECOVERY OUTLOOK

With training modification, symptoms typically settle over 6–12 weeks. After surgical excision, most lifters are pressing progressively again by 6–10 weeks.



SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/distal-clavicle-osteolysis.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

Distal Clavicle Osteolysis: Exercises & Strengthening

While modifying the aggravating lifts, keep the shoulder strong with this supporting program.

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.



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).



Wall Push-Plus

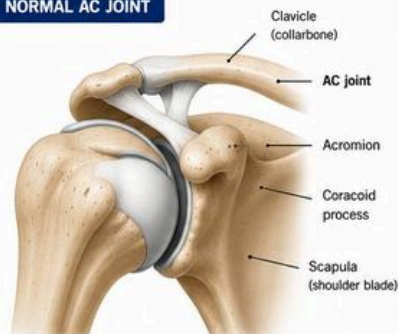
2 sets of 12, every other day

Push-up position against the wall: at the top, push the shoulder blades apart, reaching the wall away from you.

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 Sprain



Ligaments stretched, AC joint intact.

TYPE II Partial Tear



Ligaments partially torn, slight elevation of collarbone.

TYPE III Complete Tear



Complete tear of ligaments, collarbone elevated noticeably.

TYPE IV Complete Tear



Complete tear, collarbone displaced posteriorly (backward).

TYPE V Complete Tear



Complete tear, collarbone displaced superiorly (markedly upward).

i 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.

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

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

For patient education; your anatomy may differ.