

## Post-op Rehabilitation

- You will wear a collar and cuff for 2 weeks and then mobilise as pain allows. You may see a physiotherapist at this time.
- You will be able to drive after about 2 weeks.
- If you do a heavy manual job then you may need up to 6 weeks off work.

**This leaflet has been written to help you understand more about your problem and is not a substitute for professional medical advice. It should be used in conjunction with verbal information and treatment given by your doctors, physiotherapists and nurses. Some parts of this booklet may not relate to your care as all patients have to be assessed individually.**

**This leaflet has been compiled by Mr Frank Sibly and Tonia Chester from a template by the American Academy of Orthopaedic Surgeons**

**If you have any comments or suggestions to help make this leaflet more useful for patients like yourself then please contact Tonia Chester or drop your suggestion into orthopaedic clinic.**

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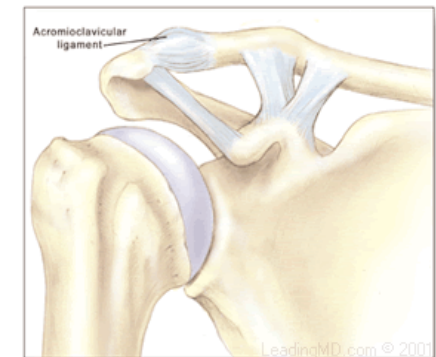
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## Acromioclavicular Arthritis

Orthopaedic Department



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Some joints in the body are more likely to develop problems from normal wear and tear. Degeneration causes the cartilage that cushions the joint to wear out. This type of arthritis is called osteoarthritis.

The acromioclavicular (AC) joint in the shoulder is a common spot for osteoarthritis to develop in middle age. Degeneration of the AC joint can be painful and can cause difficulty using the shoulder for everyday activities.

The part of the shoulder blade (scapula) that makes up the roof of the shoulder and connects with the clavicle is called the acromion. The joint where the acromion and the collar bone (clavicle) join is the AC joint.

## What are the symptoms of this condition?

In its early stages, AC joint osteoarthritis usually causes pain and tenderness in the front of the shoulder around the joint. The pain is often worse when the arm is brought across the chest, since this motion compresses the joint. The pain is vague and may spread to include the shoulder, the front of the chest, and the neck. If the joint has been injured in the past, there may be a bigger bump over the joint on the affected shoulder than on the unaffected shoulder. The joint may also click or snap as it moves.

Diagnosis of AC joint osteoarthritis is usually made by physical examination. The AC joint is usually tender.

X-rays can show narrowing of the joint and bone spurs around the joint, which are signs of degeneration.

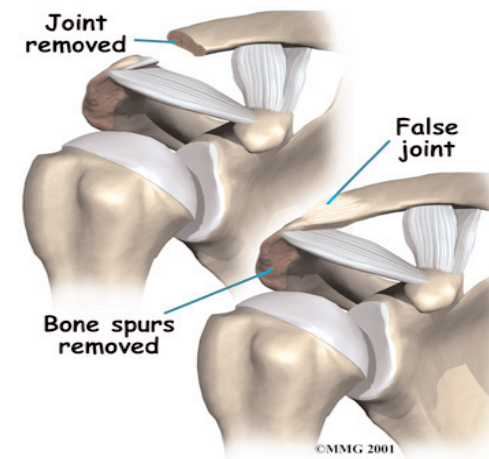
## Treatment non surgical

Initial treatment for AC joint osteoarthritis usually consists of rest and anti-inflammatory medications such as aspirin or ibuprofen. You may also be referred to see a physiotherapist. If the pain doesn't go away, an cortisone injection into the joint may help.

## Treatment Surgical

If non-surgical measures fail to relieve your pain, your doctor may recommend surgery.

The most common procedure for AC joint osteoarthritis is resection arthroplasty. A resection arthroplasty involves removing a small part



of the joint. This leaves a space between the acromion (the piece of the shoulder blade that meets your shoulder) and the cut end of the clavicle, where the joint used to be. As your body heals, the joint is replaced by scar tissue. Remember, the AC joint doesn't move much, but it does need to be flexible. The scar tissue allows movement but stops the bone ends from rubbing together.

As the hand on the operated side can swell after surgery, please make sure any rings on fingers can be taken off and leave them at home. Please see a jeweller if you cannot take them off for removal BEFORE surgery.