1 Acromioclavicular joint osteoarthritis

Quick info:
The acromioclavicular (AC) joint is formed where the clavicle (collarbone) meets the tip of the acromion (shoulder bone).

AC joint arthritis:
• is more common than glenohumeral joint arthritis
• is indicated by:
  • superior clavicular pain
  • pain which is noticeable when reaching overhead
  • swelling and AC joint tenderness
• pain can be localised by palpation or forced adduction of shoulder
• features on X-rays suggestive of AC joint arthritis include:
  • narrowed joint space
  • changes to the distal clavicle, eg lysis or sclerosis

The chronic condition should be differentiated from acute AC joint injury typically occurring in a younger patient following a fall onto the point of the shoulder.

Traumatic AC injury may present with:
• localised pain and tenderness
• pain reproducible with the arm adducted and crossed over the chest; and
• a variable degree of distortion on inspection depending upon the grade of injury

For further information, please see 'Osteoarthritis' pathway.

Reference:

2 Clinical features

Quick info:
The acromioclavicular (AC) joint is formed where the clavicle (collarbone) meets the tip of the acromion (shoulder bone).

AC joint arthritis:
• is indicated by:
  • superior clavicular pain
  • pain which is noticeable when reaching, or lifting overhead
  • swelling and AC joint tenderness
• pain can be localised by palpation or forced adduction of shoulder

Reference:

3 Investigation

Quick info:
Features on X-rays suggestive of AC joint arthritis include:
• narrowed joint space
• changes to the distal clavicle, eg lysis or sclerosis

Reference:

4 Management

Quick info:
Management includes:

- consider referral to physiotherapy for gentle active stretching and strengthening exercises
- simple analgesia with paracetamol or non-steroidal anti-inflammatory drugs (NSAIDs), unless contra-indicated:
  - contra-indications include:
    - patients with severe renal disease
    - pregnancy
    - patients with aspirin allergy
  - prescribe with caution in patients with:
    - hypertension
    - gastrointestinal complaints
    - mild liver or kidney disease – use lowest effective dose and monitor renal function
    - asthma
  - monitor adverse effects
- if no response:
  - consider corticosteroid plus local anaesthetic injection into acromioclavicular joint:
    - monitor blood sugar levels in those with diabetes following intra-articular injection
    - three injections, each separated by 6 weeks
  - limited evidence suggests intra-articular guanethidine may be beneficial

References:

5 Poor response
Quick info:
Poor response:
- some or all of the patient's symptoms, including pain, persist
- treatment does not fully restore the patient's ability to perform normal daily activities, including work, sleep, recreational and other activities

6 Good response
Quick info:
Good response:
- symptoms, including pain, improve
- treatment restores the patient's ability to perform normal daily activities, including work, sleep, recreational and other activities

9 Consider surgical management
Quick info:
Surgical management may involve:
- surgical excision of distal end of clavicle using open or endoscopic methods
Reference:

10 Review and follow-up
Acromioclavicular joint osteoarthritis
Surgery > Orthopaedics > Shoulder pain

Quick info:
- symptoms usually resolve fully following surgical excision of the distal end of the clavicle
- review:
  - pain control
  - functional ability
  - response to treatment
Acromioclavicular joint osteoarthritis
Surgery > Orthopaedics > Shoulder pain

Key Dates
Due for review: 31-May-2011
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Accreditations
The editorial process used to create this pathway is accredited by:
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The evidence for this pathway is certified by:
BMJ Publishing Group Ltd:

Evidence summary for Acromioclavicular joint osteoarthritis
The pathway is based on our interpretation of the following guidelines (9, 2, 6). All of these guidelines have been graded for quality and prioritised for inclusion based on their methodological quality. All intervention nodes (ie. those concerning therapy and therapeutic advice) have been graded for the quality of the evidence underlying them. Key non-interventional nodes are also referenced.
Search date: May-2006

Evidence grades:

1. Intervention node supported by level 1 guidelines or systematic reviews
2. Intervention node supported by level 2 guidelines
3. Intervention node based on expert clinical opinion
U. Non-intervention node, not graded

Evidence grading:

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References
This is a list of all the references that have passed critical appraisal for use in the pathway Shoulder pain

ID Reference
Acromioclavicular joint osteoarthritis

Surgery > Orthopaedics > Shoulder pain

ID Reference

Disclaimers

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