Non Traumatic Acromioclavicular Joint Pain

**What is Non Traumatic Acromioclavicular Joint Pain?**

Non traumatic acromioclavicular joint pain is associated with the small joint on the top of the shoulder where the collar bone (clavicle) joins the front of the shoulder blade (acromion). It is a joint which moves mostly when reaching up high or across the chest.

**How is it caused?**

The joint often can become painful following repetitive activities. Eventually, the cartilage thins and the surrounding bone grows thicker. You may be more likely to develop acromioclavicular joint pain if you participate in activities involving throwing or repeated overhead motion.

**What are the symptoms?**

* Pain and tenderness at the top of the shoulder over the joint which may radiate along the collarbone.
* Pain when reaching the arm across the body and reaching up high.

**How is it diagnosed?**

Acromioclavicular joint pain is generally diagnosed by a clinical examination. X-Rays and MRI scans may reveal degenerative changes however this can be a common finding (between 76-82%) in patients without pain. Imaging is not recommended in the first instance unless another cause is suspected or more invasive treatment is being planned. Your Physiotherapist or GP is able to determine if imaging is required following your examination.

**What can I do?**

Activity Modification:

In the majority of cases acromioclavicular joint pain will improve if you temporarily reduce the pressure through the affected shoulder to a level which does not aggravate your pain (such as reducing repeated overhead activity). This will allow your symptoms to settle.

Exercise:

Keep active to keep muscle strength from diminishing. By building up exercise slowly and gradually you can keep or even improve joint flexibility.

Exercises should be done as pain allows, with some discomfort being acceptable. If a sharp shooting pain is provoked then ease off. As your pain reduces and your movement improves consider progressing to the more difficult exercises.



Medication:

Over-the-counter analgesia, such as paracetamol or anti inflammatories such as ibuprofen may also help to reduce your symptoms. If you require further information on pain relief, speak to your GP or pharmacist.

**Factors influencing pain and recovery**

Whilst you are experiencing acromioclavicular joint pain a number of other factors can influence your pain levels. Keep the following factors in mind to help move the healing process along:

Look after yourself

Pain is not usually simply a physical problem. Your general well-being can make you vulnerable to pain and your wellbeing can also be made worse by pain. Looking after your general health and well-being will help recovery. There is helpful advice on this website: [https://www.nhs.uk/oneyou](https://www.nhs.uk/oneyou/)

Reduce stress and anxiety

It is normal for people with pain to have stress, anxiety and change in mood. This may affect your ability to cope with the pain and may influence your pain levels. Help is available if you are being affected by stress, anxiety or low mood – see the links below or discuss with your practitioner.

It is important that your whole nervous system is in a healthy state to aid recovery. If your brain is stressed or overworked this may slow recovery. Relaxation is an important part of your recovery. Simple relaxation techniques may help manage pain and stress. Try to set aside some time each day to relax – you can use relaxation techniques as linked below, or simply an activity you enjoy – reading, deep breathing, sitting in the garden, singing – whatever relaxes you.

Find help and support here: <https://www.nhs.uk/oneyou/every-mind-matters/>

<https://www.northessexiapt.nhs.uk/west-essex>

Physical Activity

Exercise improves fitness, confidence with movement and strength. It can also help reduce your stress and tension and improve your mood and quality of sleep, helping support you to return to normal activities. Perhaps you could simply start by trying to walk for 10 minutes per day.

Alcohol

Avoid alcohol in the early stages of healing (first three days). Evidence has shown this can slow down recovery and increase the chances of re-injury. <https://www.drinkaware.co.uk/>

Sleep

Sleep is very important for your wellbeing. Poor sleep quality, and lack of sleep can make managing pain more difficult. Consistently getting 6-9 hours is recommended. Get help and tips here:

<https://www.nhs.uk/live-well/sleep-and-tiredness/>

Smoking

Smoking can also impact how quickly tissues can heal and affect pain levels. For help with stopping smoking <https://www.essexlifestyleservice.org.uk/stop-smoking/> <https://www.nhs.uk/better-health/quit-smoking/>

**How long will it last?**

You can expect a flare up in your symptoms to last anywhere between a few weeks to a couple of months. If your acromioclavicular joint has significant degenerative changes you may experience some ongoing symptoms.

If your symptoms have persisted or worsen despite following the advice and exercise provided in this leaflet you will need to visit your GP surgery again.

**Is there anything I should avoid?**

* Keep repetitive overhead activity to a minimum.
* Avoid complete rest where possible. Rest only when joints are very painful.

**What other options are there?**

Physiotherapy:

Physiotherapists can provide expert guidance with exercise to help you return to normal activity.

If you require 1:1 physiotherapy treatment please fill out a self-referral form which can found at <https://eput.nhs.uk/our-services/essex/west-essex-community-health-services/adults/rehabilitation/musculo-skeletal-physiotherapy> and send to epunft.mskphysio@nhs.net

Steroid injections:

Steroid injections may provide pain relief. These are used if your pain is severe and preventing you from enjoying your normal activities.  Some research suggests these benefits could last for up to 6 months.

Surgery:

Referral for an orthopaedic opinion would be considered for patients whose symptoms remain unacceptable despite an appropriate period of relative rest, pain relief, an exercise programme and a corticosteroid injection over a period of 4-6 months. Surgery involves removing the damaged part of the acromioclavicular joint. This can be done through either open or keyhole procedures. Possible side effects include ongoing weakness, instability and pain.