

## ***CLAVICULAR OSTEOLYSIS*** **(WEIGHT LIFTERS' SHOULDER)**

### **DESCRIPTION**

An overuse injury to the joint at the end of the collarbone (clavicle) at the roof of the shoulder (acromion). The end of the collarbone resorbs, a slow dissolving process. The cause is unclear, but may be a reaction to stress or stress fracture of the end of the collarbone.

### **FREQUENT SIGNS AND SYMPTOMS**

- Diffuse discomfort or ache, tenderness and swelling at the end of the collarbone, or the AC Joint (top of the shoulder)
- Symptoms usually start slowly and insidiously following the workout, and progress to affect the whole workout, occasionally becoming constant pain. It is usually first noted during bench press activities.
- Pain on the top of the shoulder worsened with reaching across the body.

### **CAUSES**

Usually due to repeated trauma, such as with weight-lifting, though it less commonly is due to a traumatic event, such as falling on the shoulder.

### **EXPECTED OUTCOME**

The condition is curable by avoiding the exacerbating activity. Continued activity results in persistent pain and disability. Surgery often necessary if activity is continued.

### **POSSIBLE COMPLICATIONS**

- Recurrent pain, especially if athlete resumes activity sooner than 1 year after symptoms began to be treated. Though even after 1 year, there is continued susceptibility to recurrent injury
- Prolonged healing time if usual activities are resumed too early
- Inflammation of the AC joint

### **GENERAL TREATMENT CONSIDERATIONS**

Initial treatment consists of medications and ice to relieve pain, and discontinuing activities that cause the symptoms (weight-lifting - bench press and push-ups). Cortisone injections of the AC joint may be attempted to reduce the pain and inflammation. If symptoms persist despite conservative treatment, or in those athletes who are unable or unwilling to alter activity, surgery to remove the end of the collarbone is indicated.

Surgery involves removing up to 1 inch of the end of the collarbone either directly or with the use of an arthroscope. Surgery is very successful in resolving the pain, with full return to activity and no weakness.

## **MEDICATION**

- Non-steroidal anti-inflammatory medications, such as aspirin and ibuprofen are often recommended to reduce inflammation (do not take if surgery planned in 7 days or less). Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset or an allergic reaction occurs. Other minor pain relievers, such as acetaminophen may also be used.
- Topical ointments may be of benefit.
- Pain relievers may be prescribed as necessary. Use only as directed and only as much as you need. Usually only prescribed for pain relief after surgery.
- Injections of corticosteroids to the AC Joint may be given to reduce inflammation. Usually limited to 3 or less injections.

## **COLD AND HEAT THERAPY:**

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used prior to performing stretching and strengthening activities prescribed by your physician, physical therapist or athletic trainer. Use heat pack or a warm soak.

## **NOTIFY OUR OFFICE IF**

- Pain, tenderness or swelling worsens or does not improve despite 2 - 6 weeks of treatment
- You experience pain, numbness, or coldness in the arm.
- Blue, gray or dusky color appears in the fingernails
- Any of the following occur after surgery:
  - Increased pain, swelling, redness, drainage or bleeding in the surgical area.
  - Signs of infection (headache, muscle aches, dizziness, or a general ill feeling with fever)
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.