**ACROMIOCLAVICULAR JOINT PAIN FROM CLAVICLE (COLLARBONE) OSTEOLYSIS/DEGENERATION (Weightlifter’s Shoulder)**

♦ **What is it?**

Clavicle osteolysis is an overuse injury to the acromioclavicular joint at the end of the collarbone (clavicle). The end of the collarbone then slowly dissolves and resorbs. The cause is unclear, but it may be a reaction to stress or a stress fracture of the end of the collarbone from overuse. As the name implies it is commonly seen in weightlifters and is most likely associated with repetitive heavy pressing motions (bench press, chest press, etc).

♦ **Signs and Symptoms of this Condition**

- Diffuse discomfort or ache, tenderness, and swelling at the end of the collarbone or the acromioclavicular (AC) joint (the top of the shoulder).
- Symptoms usually start slowly and gradually following workouts and progress to affect the whole workout, occasionally causing constant pain.
- Symptoms are usually first noted during bench press activities.
- Pain on the top of the shoulder worsens when reaching across the body toward the opposite shoulder.

♦ **Causes**

- Usually, repeated trauma, such as with weightlifting.

♦ **What Can I do to Prevent “Weightlifter’s Shoulder”?**

- Limit amount and frequency of weightlifting.
- Vary weightlifting routine.
- Use proper technique and avoid use of very heavy weight.

♦ **Prognosis**

- Clavicular osteolysis can often improve by avoiding the exacerbating activity. Prolonged period of rest (6 weeks from the aggravating activity), ice, and anti-inflammatories (aspirin, ibuprofen, etc.).
- Continued activity results in persistent pain and disability.
- In chronic cases, injection of the joint or surgery may be necessary.
♦ **Treatment**

- Rest – avoid overhead motions and motions across the body; avoid weightlifting, push-ups or pull-ups, and pushing or pressing motions of the shoulder/upper extremity.
- Ice over the Acromioclavicular joint 15-20 minutes 1-2 times per day.
- Anti-inflammatory medication (aspirin, ibuprofen, etc) may be helpful in reducing both pain and inflammation.
- Slow progression back into activity once symptoms resolve.
- In chronic cases, injection of the joint or surgery may be necessary.