

Distal Clavicle Osteolysis Treatment Guidelines

Distal clavicle osteolysis is a condition characterized by the degeneration of the distal end of the clavicle, often associated with repetitive stress or trauma to the acromioclavicular (AC) joint. This guideline provides a structured approach to the treatment and management of distal clavicle osteolysis.

Conservative treatment

1. Rest and activity modification

- Advise patients to avoid activities that exacerbate symptoms, such as heavy lifting or repetitive overhead movements.
- Adjust bench pressing intensity and technique to reduce stress on the AC joint.

2. Medications

- Prescribe NSAIDs to manage pain and inflammation.
- Consider corticosteroid injections for severe pain that does not respond to oral medications.

3. Physical therapy

- Develop a tailored physical therapy program focusing on strengthening the rotator cuff and scapular stabilizers.
- Include gentle shoulder stretches to maintain flexibility.

4. Ergonomic adjustments

- Recommend ergonomic adjustments and modifications in daily activities to reduce shoulder strain.
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Surgical treatment

1. Indications for surgery

- Consider surgical intervention if conservative treatments fail after 3-6 months or if the patient experiences significant functional impairment.

2. Arthroscopic distal clavicle resection

- Minimally invasive procedure to remove the damaged portion of the distal clavicle.
- Suitable for patients with persistent symptoms and limited response to conservative care.

3. Open distal clavicle excision

- An open surgical approach for severe cases or when arthroscopic treatment is not feasible.
- Allows for direct visualization and removal of the affected bone.

4. Post-surgical rehabilitation

- Implement a structured rehabilitation program post-surgery to restore shoulder function and strength.
- Gradual return to normal activities, guided by the patient's progress and pain levels.