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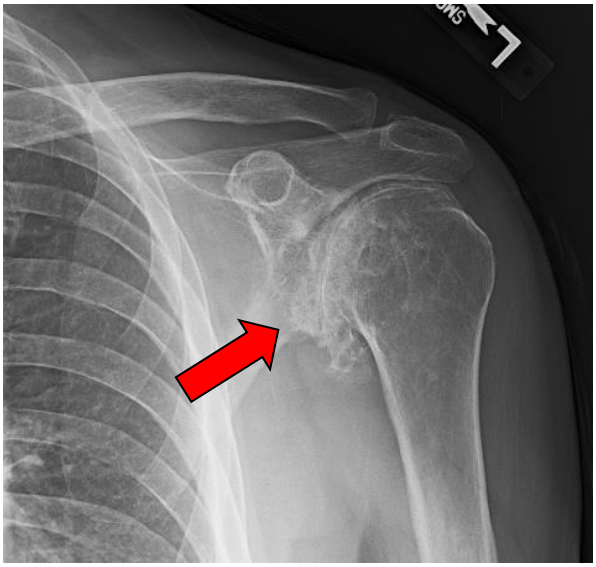
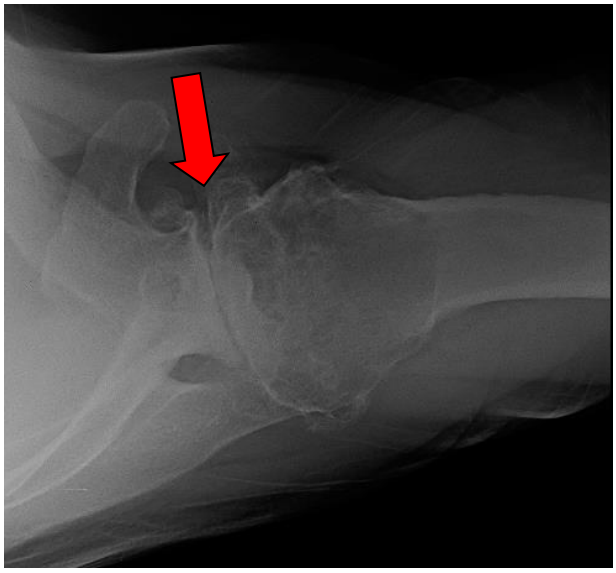
SHOULDER, KNEE & SPORTS MEDICINE

Glenohumeral Joint Arthritis

Glenohumeral (shoulder) arthritis occurs when the protective cartilage covering the ends of the bones at the shoulder joint between the glenoid (socket of the shoulder joint) and the humeral head (ball of the shoulder joint in the upper arm) wears out. This cartilage wears down from excessive joint loading over time in patients genetically susceptible to arthritis or following injury. Shoulder pain and limitations occur as the worn bony ends of the joint grind together, deform, and cause physical limitations and inflammation.



X-ray of shoulder joint arthritis



X-ray from axial view

Frequent Signs and Symptoms

- Shoulder pain, weakness, and decreased range of motion
- Shoulder pain worsens with activity
- Shoulder stiffness is worse in the morning or with lack of activity

Etiology (Causes)

- Previous injury to the glenohumeral joint that results in premature wearing out of the protective cartilage at the ends of the bones at the joint
- Heavy and/or repetitive loading of the joint in patients genetically more susceptible to developing arthritis. Patients with susceptibility may develop arthritis regardless of activity level
- Inflammatory diseases that damage articular cartilage, such as rheumatoid arthritis

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Risk Factors

- Family history of arthritis
- History of previous injury to the shoulder
- Rheumatoid arthritis or other systemic-disease related arthritis, Systemic Lupus Erythematosus (SLE), Psoriatic Arthritis, Ankylosing Spondylitis, Thrombolic disease and avascular necrosis, or acromegaly
- Previous shoulder surgery and persistent decreased range of motion
- Large chronic rotator cuff tears

Prevention

- Maintain appropriate conditioning, including shoulder and arm flexibility, muscle strength, and endurance
- Ensure proper protective equipment fit (for work or sports)
- Maintain proper technique when exercising or using shoulder repetitively, and have a coach/professional correct improper technique
- Avoid overuse

Outcomes

The treatment and outcome depends upon individual symptoms. Not all patients with x-ray findings of glenohumeral (shoulder) joint arthritis have pain. Typically, it is the younger, more active patients (who place higher demands on their shoulders) that have more pain. Older, less demanding patients can usually expect excellent results by utilizing mild activity limitations, ice, anti-inflammatory medications, physical therapy, and shoulder joint injections. For patients with symptomatic glenohumeral (shoulder) arthritis that does not respond to conservative treatment, surgery to replace the damaged surfaces of the shoulder joint can eliminate pain and allow an improved functional recovery.

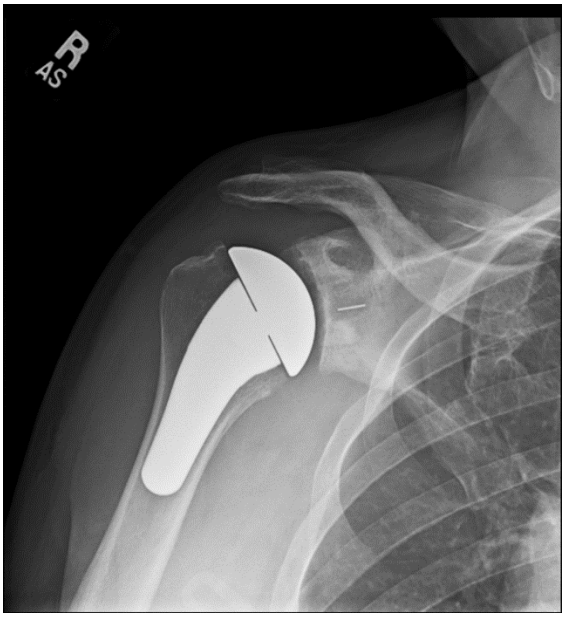
Potential Complications

- Pain and inflammation of the glenohumeral joint may persist without treatment
- Weakness and de-conditioning of the shoulder because of pain and limitations
- Uncommon complications following surgery:
  - Persistent pain
  - Infection and bleeding
  - Loosening of prosthetic implants
  - Instability of the shoulder joint

General Treatment Considerations

Initial treatment consists of activity modification (stop the aggravating activities) as well as rest, ice, and anti-inflammatory medications to relieve pain. Specific physical therapy programs may also be recommended. Surgery is not required even if the patient continues to have symptoms despite conservative treatments. The condition does not progress rapidly and surgery can usually be performed at any point when the patient decides symptoms are sufficient to undergo surgery. In some rare cases, extreme loss of shoulder motion and erosion (destruction) of the glenoid (socket of the shoulder joint) call for earlier intervention and surgery.

When symptoms warrant, Dr. Chudik can replace the damaged and arthritic joint surfaces of the shoulder. In general, shoulder replacement surgery is well-tolerated. Typically, no blood donations or transfusions are required. Hospital stay is usually just overnight and the patient can walk out of the hospital the following day under his/her own power. With current techniques, some patients may go home the same day following surgery. The surgery is performed under limited general anesthesia and interscalene block (local anesthetic that numbs the entire shoulder and arm and lasts for 6-12 hours after surgery). As the rotator cuff needs to be taken down and repaired under current techniques, a sling must be worn for 6 weeks before active shoulder motion (using your own shoulder muscles to move the shoulder) can begin. Physical therapy is begun 2 days following surgery to restore shoulder range of motion while protecting the repaired portion of the shoulder.



Post- operative X-Ray of Shoulder

Possible Medications

- Nonsteroidal anti-inflammatory medications, such as ibuprofen and Naprosyn®, or other minor pain relievers, such as acetaminophen, can be helpful. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur. **Please DO NOT take any anti-inflammatory medications within seven days of surgery.**
- Prescription pain relievers are usually not prescribed for this condition except for post-surgical pain control.

Modalities

- Cold is used to relieve pain and reduce swelling/inflammation from the arthritis. Ice packs or cryotherapy devices can be applied to the joint for 20 minutes, three to four times per day as needed. Be careful not to apply the ice directly on the skin and do not leave the ice on too long as it can cause severe, permanent injury to the skin.

Notify My Office If Symptoms Worse