

## Shoulder Arthritis/Replacement

Shoulder arthritis (osteoarthritis) is very common and usually occurs in the 5<sup>th</sup>-6<sup>th</sup> decade (40's-50s). It can occur in younger patients if there has been a history of old trauma, dislocations or surgery. Symptoms include pain, loss of motion and limits of function. It is more tolerable than knee/hip arthritis so patients may not be aware of the severity until it is in advanced stages. Unlike hip and knee arthritis, delays in treatment of shoulder arthritis can lead to severe loss of motion, muscle atrophy, loss of function and even bone destruction. This can ultimately affect the outcomes of any treatment provided; especially shoulder replacement (arthroplasty).

Diagnosis is based on history, exam and x-rays. Advanced imaging tests are needed only if surgery is planned. In the early stages, treatment can be successful in alleviating pain with rehab, injections and oral medication. As the disease progresses, arthroscopic surgery can help to remove loose bodies and trim torn cartilage. If these are not successful, or the disease has progressed to more advanced stages, shoulder replacement is indicated. The type of surgery performed is dependent on the severity of disease, patient age and medical factors, status of the surrounding muscles/tendons (especially the rotator cuff), activity goals and surgeon experience and surgical volume. Typically, replacement of the joint results in rapid reduction of pain with return of function. With proper rehab, full motion and function can be restored resulting in a greatly improved quality of life. Although shoulder replacement is not a new procedure and has been done since the 1970's and is rapidly growing, only 5-10 % of surgeons in the US perform it at high volumes. Outcomes have been shown to directly correlate with surgeon volume and experience. TOCA has physicians who specialize in the shoulder and are among the highest volume shoulder replacement surgeons in the US.