

Shoulder Arthritis



Shoulder arthritis can be very painful and affect your job, your sleep, and your enjoyment of life. The good news is that there are several treatment options available for people with shoulder arthritis.

"Shoulder arthritis happens when the cartilage between the humerus and the glenoid breaks down."

Approximately 1 in 3 adults in the US have some form of arthritis, a condition in which one or more of your joints is damaged. Although arthritis is more prevalent in weight-bearing joints, such as knees and hips, shoulder arthritis is the third most common joint to require surgery since it can be a particularly debilitating condition.

The shoulder joint is where the humerus bone of the upper arm connects with the glenoid—the socket on the side of the shoulder blade. Shoulder arthritis happens when the cartilage between the humerus and the glenoid breaks down, causing bone-on-bone contact. This leads to irregular motion in the joint, inflammation, pain, and limited mobility.

Symptoms

The most common symptom of any kind of shoulder arthritis is pain. People often describe a deep pain that gets worse with activity and better with rest. The pain is usually worse with overhead activities like throwing a ball, washing your hair, or reaching for something in a top cupboard. In more advanced stages of shoulder arthritis, many patients report pain at night that interferes with sleep. The second most common symptom is a loss of movement in the shoulder. Other symptoms may include:

- » Weakness
- » A grinding sensation or sound (called crepitus)
- » Difficulty using the affected arm.

Causes

Osteoarthritis, or degenerative arthritis, is generally caused by a deterioration of cartilage over time due to the normal aging process. Cartilage is the smooth, shiny white covering on the end of bone that keeps the bones from rubbing together. It acts as a lining to the joint. It is very thin (3 mm or less) and unable to

heal once injured. The normal wear and tear of life or the brisk tempo of sports can gradually wear it down.

Furthermore, the development of osteoarthritis can be from many other factors. Many people have a genetic predisposition to develop arthritis over their lifetime. In other words, the genes they received from their parents may increase their risk of osteoarthritis.

Diagnosis

In order to diagnose shoulder arthritis, a physician will ask the patient about their symptoms and medical history and perform a physical examination. Typically, patients with advanced arthritis will be able to elevate their arm to the level of the shoulder and have limited rotation of their arm away from their body. X-rays can be used to evaluate and confirm the degree of arthritis and the amount of bone loss. This can also be done with a CT scan if needed.

Nonsurgical treatment options

Shoulder arthritis treatment depends on:

- » What kind of arthritis is present

- » Which joint(s) is/are affected
- » How disabling and painful the disease is

Arthritis treatments are aimed at reducing pain and restoring motion. Here are some of the treatments available for shoulder arthritis.

Physical Therapy

The first line of treatment for shoulder arthritis is physical therapy. Although physical therapy cannot replace any of the damaged cartilage, it may help to improve pain and movement. A physical therapist may recommend specific stretches for muscles and ligaments to restore some motion and offer pain relief. A therapist may also use manual therapy to stretch the ligaments, tendons, and muscles in ways that are difficult to do on your own. Physical therapy will also focus on strengthening the muscles to better hold the shoulder joint in the socket and assist with movement.

Pain Control

Pain management is an important part of coping with shoulder arthritis. It may include:

- » **Ice:** Ice packs can be used once or several times a day for 20–30 minutes at a time to reduce painful inflammation. The ice pack should be placed on the front and back of the shoulder.
- » **Heat:** Some people prefer heat for shoulder arthritis pain. Heat may be especially helpful to use for warming up the joint before stretching.
- » **Medication:** All medications have benefits and potential complications. Ask your doctor whether acetaminophen (Tylenol) or NSAIDs (e.g., Advil or Motrin) are right for you. Opioid (narcotic) medications should be avoided as they are highly addictive, become less effective over time, and reduce the chance of a successful outcome should surgery be needed.

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- » **Injections:** Injections can effectively treat the inflammation caused by shoulder arthritis, which alleviates pain and allows for improved range-of-motion. Options include cortisone injections and orthobiologics, which are both used to reduce inflammation. Cortisone injections are often suggested—along with physical therapy—early



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in the treatment plan to manage arthritis as they can offer significant pain relief with minimal side effects. Orthobiologics, which use a patient’s own blood and cells, are much newer treatments that may provide similar results as cortisone injections but are typically much more expensive.

How surgery is performed

There are different surgical options available for patients suffering from shoulder arthritis. If the above conservative treatment options have not worked, Dr. Romeo can discuss the risks and benefits of proceeding with surgery.

Arthroscopic Shoulder Debridement

An arthroscopic shoulder debridement is done as an outpatient surgery, meaning you can go home the same day after the surgery. It uses a tiny camera to visualize the inside of the shoulder joint as well as tools inserted through small incisions to clean away (debride) torn or damaged tissues. The procedure is a short-term solution that is appropriate for earlier stages of arthritis. In a best-case scenario, this procedure can provide three to five years of relief.

Stemless Total Shoulder Replacement

During a total shoulder replacement, also referred to as an anatomic shoulder replacement, the damaged bone and tissue are removed and replaced with a shoulder prosthesis (artificial joint). The artificial joint is made of metal—usually titanium and cobalt-chrome alloy. Dr. Romeo primarily uses an artificial joint that does not have a stem. It is customized to each individual’s joint size and shape.

Did you know? Years ago, Dr. Romeo helped design a unique stemless system, the Eclipse Prosthesis, which has been used in Europe for more than 15 years and is now available in the United States. In 2020, Dr. Romeo published an extensive investigation on the Eclipse Shoulder System that included more than 300 cases demonstrating its safety and effectiveness.

Reverse Total Shoulder Replacement

Reverse shoulder replacement has been available since 2004 and is now the most common procedure performed for shoulder arthritis. A reverse total

shoulder replacement is like a total shoulder replacement—but the placement of the ball and socket is reversed! It uses an artificial device to replace the damaged shoulder joint creating a ball at the shoulder and a socket at the end of the arm. This implant is most commonly used for people with arthritis with large rotator cuff tears, severe complicated fractures of the upper arm, and revision of prior shoulder replacements. The implant allows for the deltoid to take over some of the function of the damaged rotator cuff.

Recovery time

If a person undergoes shoulder replacement surgery, extensive time is needed for the healing of the affected soft tissues. Recovery is also adjusted based on the time it takes for bone to grow around the implants, integrating them into the joint. More advanced procedures that include bone grafts or specially designed prostheses for complex cases will require longer rehabilitation after surgery.

Results

The day after shoulder replacement, you should be able to move your elbow, wrist, and fingers. Within a few days, you may be able to eat, bathe, and dress independently, as long as you rely on your nonsurgical hand for most activities.

The pain from the procedure is experienced differently by everyone; however, most people experience a significant reduction in pain within the first one to two weeks. Dr. Romeo will give you specific instructions for post-op pain management.

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Simple home exercises for the shoulder joint will be prescribed for the first two to four weeks and then you will progress to a supervised physical therapy program. Driving can begin once there is enough control of the arm to assist with steering, which is usually four to six weeks after surgery.

Being capable of many daily activities will begin at four to six weeks, and strengthening generally begins after six weeks. By three months, you can resume your usual routine and start light recreational activities such as golf, swimming, groundstrokes in tennis, fitness and strength training at the gym, and almost any cardio routine that does not require the full strength of your shoulder. By six months, most people are back to all activities without restrictions. To achieve the best possible outcome, patients should develop a schedule of exercises for their shoulder with the help of their physiotherapist and continue those exercises for at least the first year after surgery.

FAQs

What parts of the shoulder can be affected by arthritis?

Arthritis can affect any of the three shoulder joints: the glenohumeral (GH) joint, the acromioclavicular (AC) joint, and occasionally the sternoclavicular (SC) joint. When any kind of arthritis affects the shoulder joint, cartilage on one or both sides of the joint start to wear out.

Acromioclavicular (AC) joint: This joint is where the clavicle (collar bone) meets the acromion (roof of the shoulder), which is part of the scapula (shoulder blade). It moves a little when the shoulder moves and can be injured in a shoulder separation. Arthritis of the AC joint is very common. In fact, after 40 years of age, most people will have AC joint osteoarthritis on their shoulder x-rays. For most people, there is no significant pain so no treatment is necessary even with abnormal x-rays. Persistently painful AC joint arthritis that limits the use of the shoulder is uncommon.

Glenohumeral (GH) joint: This larger joint is the ball and socket joint connecting the top part of the arm (humerus) to the shoulder blade (scapula). It allows the shoulder to have a wide range of motion in all directions. In the course of a lifetime, this joint is constantly in motion. When arthritis develops, it restricts motion and causes pain. Since the shoulder helps position the hand for daily functions, sports, and other activities, any loss of motion or restriction due to pain will significantly limit the function of the entire arm and hand.

Are there different types of arthritis?

Actually, there are more than 100 types of arthritis! My colleagues in Rheumatology can provide

more information about the many types of arthritis that can affect our joints. However, the majority of arthritis conditions affecting the shoulder are often separated into two major categories:

Osteoarthritis (OA): This is the “wear and tear” type of arthritis that often appears in later life. In some cases, OA can present after an injury or fracture

(break) to the shoulder and is called post-traumatic arthritis.

Inflammatory arthritis: This includes rheumatoid arthritis (RA) and affects people at an earlier age. It typically affects multiple joints in the body (elbows, shoulders, knees, etc.) and is due to an underlying inflammatory autoimmune disease.

Want to learn more? Find relevant videos, animations, and research material related to this procedure at romeoorthopaedics.com. →



For more information on causes and treatment of shoulder arthritis, including options for highly complex conditions such as persistent pain or instability after a previous shoulder replacement, infection, or severe bone loss and deformity, please request an appointment with experienced Chicago orthopaedic surgeon Dr. Anthony Romeo.

Please visit our website to find out how to schedule your appointment.