

SHOULDER ARTHRITIS

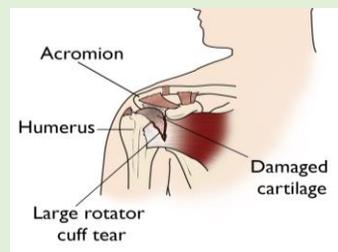
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Most common form of shoulder arthritis is osteoarthritis or wear-and-tear arthritis. This may be work/activity related or can simply develop over time. Arthritis can affect the acromioclavicular joint or the glenohumeral joint.

Symptoms may initially start as mild however, overtime you may experience pain at night, loss of strength and motion and difficulty doing normal daily activities.

POST TRAUMATIC ARTHRITIS

This form of arthritis can develop after an injury such as a fracture or dislocation.



ROTATOR CUFF ARTHROPATHY

Arthritis can develop after a large, long standing rotator cuff tear. You may experience more pain, weakness, and inability to lift your arm

DO YOU NEED IMAGING?

X-rays will be ordered to rule out bone damage or evidence of arthritis in the joint such as bone spurs.

MRI scans can visualize soft tissues, including inflammation of the bursae and rotator cuff but typically do not change the management course unless there is structural damage such as tears to the tendon.



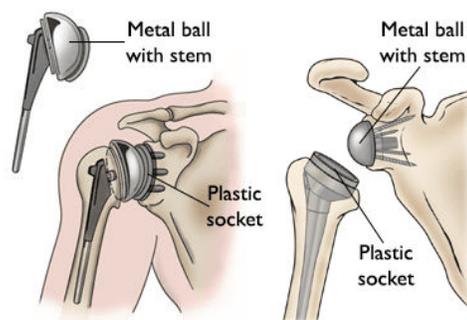
The shoulder is made up of three bones: your upper arm (humerus), shoulder blade (scapula), and your collarbone (clavicle). A combination of muscles and tendons (rotator cuff) keep your arm centered on the shoulder socket.

STEROID INJECTIONS

An injection of a local anesthetic and cortisone preparation may be effective. Cortisone is an anti inflammatory medication and is injected into the bursae sac or joint.

SURGICAL TREATMENT

If you have failed conservative management, a shoulder replacement is the definitive management. Post surgery you will be placed in a sling for 4 weeks.



**PLEASE VISIT
ORTHOINFO.AAOS.ORG TO
FIND "ROTATOR CUFF AND
SHOULDER REHABILITATION
EXERCISES" FOR YOU.**

NON-SURGICAL MANAGEMENT

Rest

Ice

Heat application

ACTIVITY MODIFICATION

Modify activities as needed

Incorporate low impact activity - limit repetitive or heavy overhead activity

OVER THE COUNTER MEDICATIONS

Tylenol 1000mg three times daily

Advil 600mg three times daily* OR

Aleve 440mg twice daily *

PRESCRIPTION MEDICATIONS

Meloxicam 15mg once daily*

Diclofenac Sodium 75mg twice daily*

Medrol Dose Pak taken as directed

*NSAIDS should be taken for 10-14 days with food. May cause gastric upset and **cannot** be taken with blood thinner (anticoagulation) medications

HOME EXERCISE PROGRAM VS. PHYSICAL THERAPY

A strength and flexibility program should provide gradual improvement and return to function.

A therapist will initially focus on restoring normal range of motion. Specific stretching of the shoulder can be effective in relieving pain, once your motion and pain improve, you can start a rotator cuff strengthening program. Working with a licensed professional can improve strength and flexibility under direct supervision.

A strength and conditioning program should be continued 2-3x a week for 4-6 weeks unless otherwise specified.

Shoulder Arthritis - Ortho Info - AAOS
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