MELBOURNE SHOULDER & ELBOW CENTRE

Shoulder Arthritis

Shoulder arthritis typically refers to arthritis affecting the **glenohumeral** (ball and socket) joint of the shoulder.

Glenohumeral arthritis is usually idiopathic, but it can also be the end result of other shoulder problems such as:
- Large rotator cuff tears (rotator cuff tear arthropathy).
- Recurrent shoulder dislocations (instability arthropathy).
- Certain shoulder fractures (post traumatic arthritis).
- Avascular necrosis conditions.

Presentation
Patients with symptomatic glenohumeral arthritis usually complain of:
- Pain at the front of, or “inside” the shoulder.
- Pain that is worst when moving the shoulder or at night.
- Reduced range of movement of the shoulder.
- Difficulty getting dressed or doing housework because of their shoulder.
- They may also describe a sensation of the shoulder “coming out of joint”.

Examination
The most common finding is reduced passive movement of the glenohumeral joint.
- This is often best demonstrated by testing external rotation.
- Arthritis in the setting of a chronic rotator cuff tear may have surprisingly good passive movement.

There is frequently painful crepitus in the shoulder with attempted movement.

Imaging
The best investigation for a patient with shoulder pain is a **plain x-ray** (AP and axillary lateral views).
- This will distinguish shoulder arthritis from the two differential diagnoses of frozen shoulder or a dislocated shoulder.

More advanced imaging such as CT or MRI is generally not necessary to make the diagnosis.

Treatment
Not all cases of glenohumeral arthritis require treatment.
- Patients can have quite marked symptom relief with activity modification and simple analgesia.
- Physiotherapy is less effective for dealing with the arthritis but may be of use if there are other shoulder or neck issues present at the same time.
- Steroid injections should be used with caution. They tend to provide only a short period of benefit, and it is not advisable to have a steroid injection if surgery is being contemplated.

Surgery
If your patient has persistent pain and symptoms despite non-operative management, they may benefit from a shoulder replacement. Depending on the pattern of the arthritis, this may be a standard anatomic total shoulder replacement, or a reverse total shoulder replacement. After a total shoulder replacement, a patient can expect to have a marked improvement in their pain and, in most cases, significantly better movement of their shoulder.

When to Refer to a Surgeon
- Arthritis on x-ray with persistent shoulder pain, weakness or dysfunction.

Mr Harry Clitherow
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Orthopaedic Surgeon
Upper Limb Specialist

Mr Clitherow specialises in
- Shoulder problems
- Elbow conditions
- Wrist problems
- Hand problems
- Upper Limb Nerve problems

TAC and Workcover referrals accepted
Urgent appointments available

Consulting at
- Melbourne Shoulder and Elbow Centre Brighton
- St John of God Hospital Berwick

For more information and all referrals contact

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