

# ORTHOSPORTS



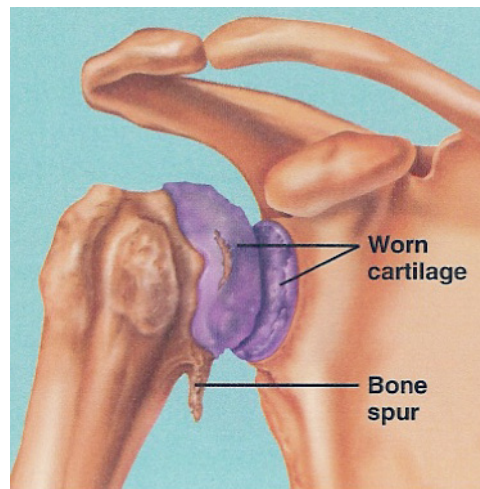
**JEROME GOLDBERG - SHOULDER SURGEON**

## **OSTEOARTHRITIS – NON OPERATIVE MANAGEMENT**

The shoulder joint is one of the most complex joints in the body. It has a greater range of motion than any other joint and is a ball and socket type joint. It is made up of bone, cartilage, tendons and muscles, all of which are affected to differing degrees by different forms of arthritis.

Arthritis is an age related and degenerative condition where the lining of a joint, called the articular cartilage, wears away leaving a rough and worn joint surface which causes pain, with movement and at night, as well as loss of motion. Due to similar age related changes the muscles about the shoulder, called the Rotator Cuff, which are present to provide power and movement to the shoulder, may tear as well.

Arthritis may be precipitated by a previous injury or you may be genetically predisposed to developing arthritis. Arthritis gets worse with age.



Unfortunately this condition is not reversible and tends to progress at a variable rate. When the pain and disability becomes severe then a shoulder replacement is indicated. This, however, is a large procedure with a lengthy rehabilitation period and the artificial shoulder has a limited life span. We therefore only recommend this procedure in the older patient with a significant disability.

Non operative management generally helps pain but does not improve range of movement.

Regular anti-inflammatory tablets can be very helpful in relieving pain and they are safe to take for periods of time so long as their side effects ( they include gastrointestinal upset and a raised blood pressure) are monitored by your general practitioner. Simple analgesics may also be effective. I recommend that you take Glucosamine with Chondroitin regularly as there is some evidence that it may help.

Perhaps the most important aspect of the management is activity modification. The more you use and load the shoulder the more quickly the shoulder will wear out. Like a car tyre, where the tread wears the further you drive and the rougher the ride, so the lining or articular cartilage of the shoulder wears with increased usage.

Lifting heavy objects, such as overhead weights, and repetitive overhead work should be avoided. Working out in the gym, playing tennis and excessive swimming needs to be modified permanently. Golf, bowls and breaststroke swimming cause minimal damage.

If you do heavy manual work then you should give serious consideration to changing jobs or modifying your work practices.

Physiotherapy generally aggravates the shoulder though light strengthening exercises with Theraband exercisers, that do not stretch the shoulder, may be helpful.

If these modalities do not work then one should consider a cortisone injection given into the joint by a radiologist under ultrasound control using a sterile technique. This procedure gives a varying amount of pain relief providing the disease is not too severe. The injections can be given every few months. There is a small risk of infection.

If the disease is not too severe, and analgesics, injections and activity modification do not help, then arthroscopic shoulder surgery to “clean out the joint” can give some relief, but not total relief, for a variable period of time. It will not improve range of motion significantly. The surgery can take several months to recover from. Because this operation gives unpredictable results I only recommend this when all other options have been exhausted.

When you can no longer live with the pain and disability then a shoulder replacement should be considered

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