

SHOULDER ARTHRITIS (GLENOHUMERAL ARTHRITIS)

What is wrong with my shoulder?

The shoulder (glenohumeral) joint is a ball and socket joint. The “ball” is the rounded portion of the humerus and the “socket” is the dish-shaped outer edge of the scapula called the glenoid. Cartilage allows smooth movement of the joint and overlies the bones. Shoulder arthritis is the wearing away of the normal cartilage. The smooth cartilage becomes rough and eventually bone is exposed. As the arthritis worsens the shoulder becomes more painful and stiffer.

What causes shoulder arthritis?

Shoulder arthritis generally occurs in patients over the age of 50. It is more common in people whose occupation requires them to do repetitive overhead lifting, such as construction workers or weightlifters. A traumatic injury to the shoulder can also result in shoulder arthritis over time.

How is shoulder arthritis diagnosed?

Patients with shoulder arthritis generally complain of pain with motion and stiffness. Pain at night is also a common complaint. Eventually, patients will experience grinding or crepitation in the shoulder. Shoulder arthritis is diagnosed during physical examinations and with x-rays. X-rays usually reveal narrowing of the joint and bone spurs.

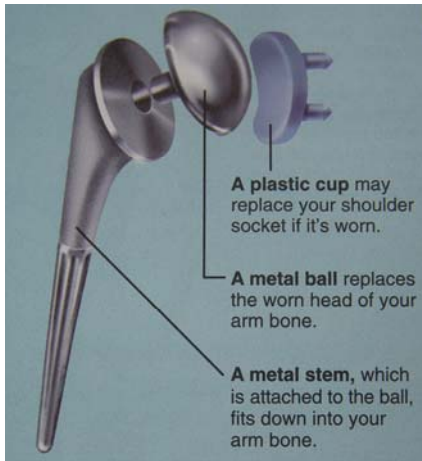


How is shoulder arthritis treated?

Treatment usually starts with rest and NSAIDs, such as ibuprofen and prescription anti-inflammatories. Occasionally, a cortisone injection is given into the shoulder joint. Cortisone is a strong steroidal anti-inflammatory.

What happens if I need surgery?

Ultimately the patient may decide to have a shoulder replacement surgery or “shoulder arthroplasty” when non-operative treatment fails. During shoulder



replacement surgery, the arthritis is removed and the joint is replaced with a new metal “ball and socket”. The reason to do shoulder replacements is for pain relief.

