

Shoulder Osteoarthritis

What is shoulder osteoarthritis?

Osteoarthritis (OA) is gradual wearing away of the articular cartilage on the ends of the bones that helps cushion and lubricate the shoulder during normal daily activity. OA is a destructive process of the shoulder and the adjacent structures and tissues. It can affect the humeral head (ball) or glenoid (socket) of the shoulder joint.

How does it develop?

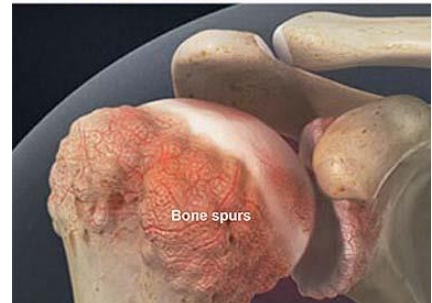
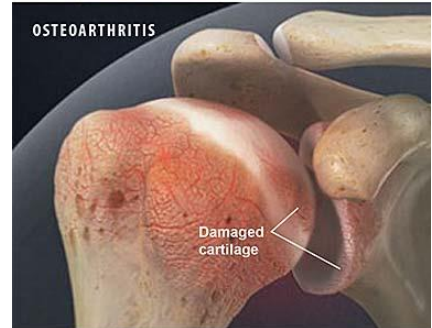
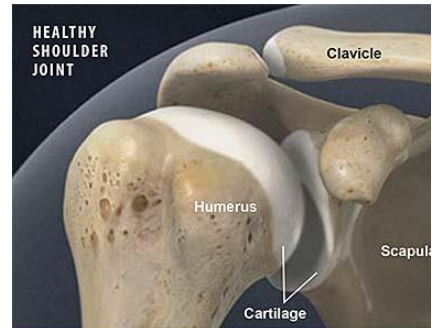
The cause of shoulder osteoarthritis is often multifactorial. Osteoarthritis is often described as “wear and tear” within the shoulder joint. Some factors that increase the likelihood of developing osteoarthritis include older age, women, genetics, and previous trauma. Previous injuries including dislocations, fractures, or articular cartilage injury are also at higher risk for developing osteoarthritis.

What are the symptoms?

The most common symptom is gradual or acute onset of deep knee pain and stiffness. The pain is typically worse with bearing weight, ascending or descending stairs, or deep flexion. The pain can be either constant or can fluctuate. Symptoms typically progress with time. Advanced knee osteoarthritis can cause instability, catching or locking, or decreased range of motion.

Do I need surgery?

Mild to moderate shoulder osteoarthritis can often be managed with conservative treatment. Shoulder replacement surgery is the most definitive treatment for shoulder osteoarthritis, but should only be done when all other options have been exhausted and when the individual’s activities of daily living are limited. Joint replacement surgery typically should not be done to maintain high-level athletic activity. Although most people who have had their shoulder replaced are very happy with their results, shoulder replacement should be reserved for “older” individuals with advanced disease. Conservative treatment consists of activity modification, ice, over-the-counter anti-inflammatories (NSAIDs), physical therapy, and injection therapy. Injection options include intra-articular corticosteroids as well as experimental hyaluronic acid or biologic injections.



Are there any adverse outcomes?

Advanced arthritis can lead to limitations in range of motion of the shoulder. Oral medications and intra-articular injections can cause side-effects and should be discussed with your doctor.