

SHOULDER OSTEOARTHRITIS

(DEGENERATIVE ARTHRITIS, ARTHRITIS, DEGENERATIVE JOINT DISEASE)

DESCRIPTION

- Articular Cartilage is the white firm, rubbery, very smooth tissue that lines the end of bones in a joint.
- Arthritis is degeneration of the articular cartilage at a joint and growth of bone “spurs” that can inflame the surrounding tissue (‘arthro’ means joint, and ‘itis’ means inflammation). It can involve all joints, but the knee is very commonly involved. It usually affects adults over 45.
- In the shoulder it is loss of cartilage of the ball (humeral head) and socket (glenoid)

FREQUENT SIGNS AND SYMPTOMS

- Joint stiffness and pain.
- Pain and stiffness when first using the arm, and especially when trying to reach overhead.
- Weather changes, especially cold, damp, may increase aching.
- Loss of shoulder motion – usually above the head and behind the back to start
- Crepitation (a crackling sound) or grating sounds with shoulder movement (sometimes)
- Weakness of arm / shoulder, especially when reaching or lifting.

CAUSES

- Exact cause is unknown. Appears to be a combination or interaction of mechanical, biological, biochemical, inflammatory and immunologic factors, but often is associated with previous joint injury (dislocation, rotator cuff tear, fracture, articular cartilage injury) or surgery (to stabilize the shoulder)

RISK INCREASES WITH

- Obesity
- Persons with occupations that stress joints, such as weight lifters, football players, or manual laborers.
- Stress on the shoulder caused by activity and aging. Almost all people over age 50 have some osteoarthritis.
- Injury to the joint lining.
- Breaking a bone or dislocating the shoulder joint
- Large, untreated rotator cuff tear
- Osteonecrosis (bone death)

EXPECTED OUTCOME

- Symptoms can usually be relieved, but joint changes are permanent. Pain may begin as a minor irritant, but it can become severe enough to interfere with daily activities and sleep. Muscles around the shoulder may become smaller and weaker because of decreased use due to pain. Usually there is loss of shoulder motion. Shoulder arthritis tends to be irreversible and progressive.

GENERAL TREATMENT CONSIDERATIONS

The overall treatment plan involves understanding the disorder, and treatment plan, including rehabilitation, activities of daily living and medications. Initial treatment consists of medication and ice to relieve the pain. However, using heat, especially in the morning or in cold weather, can be beneficial in relieving the stiffness and pain that often is associated with arthritis as the day begins and cold, damp weather. Avoid chilly weather – wear thermal underwear or avoid outdoor activity in cold weather. Stretching and strengthening exercises of the shoulder can help reduce stiffness, slow the progression of loss of joint motion, and maintain muscle strength. These all can be carried out at home, though referral to a physical therapist or athletic trainer for further evaluation and treatment may be helpful.

Activity modification, such as limiting weight lifting and carrying heavy objects, working overhead for prolonged periods or other activities that may stress the arthritic joint should be considered to help slow the process. Swimmers may change from the crawl to breast stroke. Massaging the shoulder muscles may help. Rest is important during acute phases. Allow adequate time for recovery after exercises.

Acupuncture may also be of benefit. Medications, such as acetaminophen or non-steroidal anti-inflammatory medications, may be helpful for the pain and joint inflammation. Injections with cortisone or hyaluronic acid may be helpful as well. When particularly severe, the limited use of a sling may be beneficial.

Surgery may be helpful. Arthroscopy to wash out or clean up the shoulder may be helpful. Other surgical procedures include arthroplasty (joint replacement with metal and plastic) or arthrodesis (fusion, immobilization of the joint by getting the bone surfaces to heal to each other).

MEDICATION

- Non-steroidal anti-inflammatory medications such as aspirin and ibuprofen (do not take within 7 days of surgery) are used to reduce inflammation. Take these as directed by your physician. Contact him/her immediately if any bleeding, stomach upset or an allergic reaction occurs.
- Minor pain relievers, such as acetaminophen may also be used, though these help reduce pain only and not affect inflammation.
- Glucosamine with or without chondroitin may be beneficial in reducing the pain associated with arthritis. The mechanism of action is not known, but appears to provide some benefit. Take as directed.
- Pain relievers may be prescribed as necessary by your physician. Do not take prescription pain medication for longer than 4 to 7 days. Use only as directed and only as much as you need.
- Cortisone injections are often beneficial for painful stiff joints. This is particularly true if there is associated bursitis or rotator cuff inflammation. These usually provide only temporary relief.
- Hyaluronic Acid injections may be beneficial in the treatment of shoulder arthritis. These are usually given as a single injection, or a series of 3 – 5 injections. These provide temporary relief of symptoms without the potential side effects of cortisone injections.

HEAT AND COLD:

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 - 15 minutes every 2-3 hours for inflammation and pain, and immediately after any activity which aggravates your symptoms. Use ice packs or an ice massage.
- Heat may be used in the mornings, or prior to performing stretching and strengthening activities. Apply heat to painful shoulder area for 20 minutes, up to 2 – 3 times a day. Use hot towels, hot tubs, infrared lamps, heat pack, warm soak electric heating pads or deep heating ointments or lotions. Swim in a heated pool or move around in a whirlpool spa.



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