



Support Guide

MANAGING SHOULDER ARTHRITIS

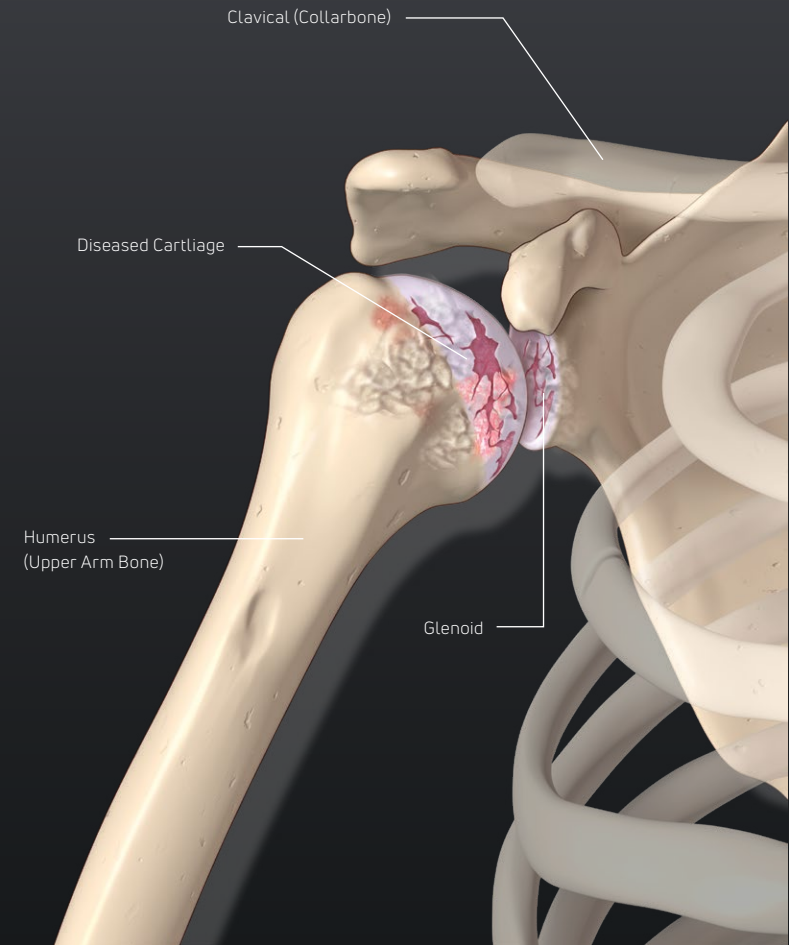
POWERING MOTION™

WHAT IS SHOULDER ARTHRITIS?

Arthritis is a joint disease that is a common cause of shoulder pain. As the cartilage that surrounds the shoulder joint wears away, the protective lining between the bones is lost. When this happens, painful bone-on-bone arthritis develops. Severe shoulder arthritis is quite painful and can restrict motion. While this may be tolerated with medications and lifestyle adjustments, surgical treatment may become necessary.

Types of Shoulder Arthritis

- **Osteoarthritis** - The most common form of arthritis, this degenerative joint disease is often associated with wear and tear related to aging.
- **Rheumatoid Arthritis** - This autoimmune disorder causes your immune system to attack your own healthy cells, which may include the lining of your shoulder joint. You may develop inflammatory arthritis in both shoulders at the same time.
- **Post-Traumatic Arthritis** - This type of arthritis is usually caused by a previous fracture, dislocation, or other injury that causes trauma to the shoulder joint.
- **Rotator Cuff Tear Arthropathy** - This can occur after a massive or prolonged rotator cuff tear. If one or more of the four rotator cuff tendons in your shoulder is badly torn, the humeral head of the joint may rub against other bones, triggering arthritis.





SYMPTOMS OF SHOULDER ARTHRITIS

1 Pain

You may have joint pain in the front, side or back of the shoulder; pain may radiate down the arm to the elbow and wrist if severe.

2 Stiffness and Decreased Range of Motion

As shoulder arthritis progresses, you may experience stiffness and a reduced range of motion, which can limit activities.

3 Swelling, Warmth and Redness

Inflammation around the shoulder joint may cause these symptoms.

If you have signs or symptoms of a shoulder injury, seek medical care right away. In addition to doing a physical exam of your shoulder, joint function and range of motion, your doctor may order tests to assess the severity of the injury, including x-rays, an ultrasound exam or an MRI.

MANAGING SHOULDER ARTHRITIS

As with any injury, your doctor will be the best source of advice on the appropriate treatment method for your situation. Rehabilitation typically involves resting the shoulder and avoiding the types of activities that cause pain. You may even need to change the ways you move your arm to avoid aggravating your shoulder. If you're experiencing pain, you can also take anti-inflammatory medications such as ibuprofen and aspirin, and ice your shoulder a few times a day for 20 to 30 minutes.

Your doctor may recommend physical therapy, bracing options or cold therapy to help manage pain.

Physical Therapy:

Your therapist will show you exercises to help strengthen and stretch the muscles and help increase your range of motion. This can help better support your joint and may reduce your arthritis symptoms. In some patients, steroid injections may help decrease inflammation and pain within the joint.

Bracing & Supports:

Bracing may help provide support and stability to help strengthen the shoulder joint while decreasing arthritic pain.

Cold Therapy:

Your doctor may recommend cold therapy to help manage pain. Our motorized cold therapy unit combines the therapeutic benefits of cold with controlled compression to help reduce pain and swelling.



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SURGICAL TREATMENT

In cases where non-surgical methods do not reduce pain, your physician may recommend surgical options. These can range from shoulder arthroscopy to partial or full shoulder replacement. Surgical treatments for shoulder arthritis are generally very successful in reducing pain and increasing range of motion.

Orthopaedic Evaluation

To properly diagnose your condition, your orthopaedic surgeon will conduct a thorough evaluation, which may include:

- Review of your medical history
- Physical examination
- X-rays
- Additional tests as needed (for example: laboratory testing of blood, urine, or joint fluid)



SURGICAL PROCEDURES

The type of surgery you have will depend on your diagnosis.

Total Shoulder Replacement

A total shoulder replacement replaces the severely arthritic joint. It involves replacing the head of the upper arm bone (humerus) with a metal ball and stem prosthesis and the socket (glenoid) with a plastic prosthesis. It is recommended for patients who have severe arthritis that is causing pain, stiffness and limited motion.

In surgery, the surgeon will remove the worn head of the humerus and replace it with a metal ball mounted on a metal stem. The metal stem is then placed firmly down into the center of your humerus. A plastic component will be attached to the glenoid. The metal ball and plastic component are designed to glide together to replicate the shoulder joint.

A reverse shoulder replacement is different in that the metal ball will be placed on the glenoid component and a concave cup will be attached to the humeral stem.

In either case, your surgeon will conduct several tests during the surgery to help ensure you regain motion in your shoulder.

Altivate® Anatomic Shoulder Prosthesis

The Altivate® Anatomic Shoulder is designed for patients with severe shoulder arthritis. It's designed to help alleviate pain and limited mobility associated with osteoarthritis by replacing the worn-out surfaces of the shoulder with anatomic bone-conserving implants.

Altivate® Anatomic

[Learn More](#)

Altivate Reverse®

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Reverse Shoulder Replacement

Reverse shoulder replacement is reserved for patients who have arthritis and rotator cuff damage that is too severe to be repaired. In this procedure, the location of the prosthetic ball and socket components are switched to use the healthy deltoid muscle, rather than the damaged rotator cuff muscles, to lift the arm. The metal and polyethylene implants mimic the anatomy of the natural shoulder but reverses it to stabilize the joint.

Altivate Reverse® Shoulder Prosthesis

For those patients with severe deterioration of the shoulder joint, anatomic shoulder implants cannot necessarily address both arthritis and rotator cuff damage. The Altivate Reverse® Shoulder is designed to compensate for the damaged rotator cuff and help reduce the painful symptoms of arthritis. The design is based on the clinically successful Reverse Shoulder Prosthesis (RSP®), whose clinical results show improved patient outcomes for at least 10 years after surgery.¹

Implant Longevity

Vitamin E is a naturally occurring antioxidant that has been added to some plastic (polyethylene) implants. Blended Vitamin E polyethylene helps provide smooth movement throughout range of motion and maintains the strength of the plastic implant. Testing shows that it can also help reduce long-term wear by up to 92%, which may extend the life of your implant.²

1. Cuff DJ, Pupello DR, Santoni BG, Clark RE, Frankle MA. Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: a concise follow-up, at a minimum of 10 years, of previous reports. J Bone Joint Surg 2017; 1895-1899.

2. Data on file at DJO Surgical®. Laboratory testing does not necessarily indicate clinical performance.

POST-OP CARE

Exercise is an important part of the recovery process. Your doctor or physical therapist will provide you with specific exercises to help restore movement and strengthen your shoulder. In general, your doctor will encourage you to use your new joint shortly after your operation, sometimes even the same day. You may work with a physical therapist to resume daily activities and strengthen muscles.

Check with your physical therapist or orthopaedic surgeon before performing any exercises. In addition, remember to always use pain as your guide when exercising. Doing too much, too soon may delay healing.





For more information and solutions to manage pain,
visit our Patient Resource Center

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