

Are You Ready For a Total Shoulder??

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A man in a dark suit and white shirt is speaking into a yellow microphone. He is holding a sign that says "Let's get ready to RUMBLE!!!!". He has a determined expression and his right hand is raised in a fist.

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Outline

- History
- Physical Exam
- Imaging
- Conservative Management
- When to Refer for Surgery
- Reverse versus Anatomic
- Pre-Op/Intra-Op Consideration
- Follow up and Complications

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History

- Hand Dominance
- Duration of Symptoms
- Previous Surgery
- Previous Interventions
- Previous Diagnosis
- Occupation/Hobbies
- 30,000 ft view
 - Current complaints or limitations
 - Matched expectations and goals
 - Risk/Benefit Continuum (Degree of QoL impact vs Risks)

An elderly woman with short grey hair is sitting in a wheelchair. She is looking at a television screen that displays a medical presentation with two people. The setting appears to be a living room with a bookshelf and a plant in the background.

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Physical Exam

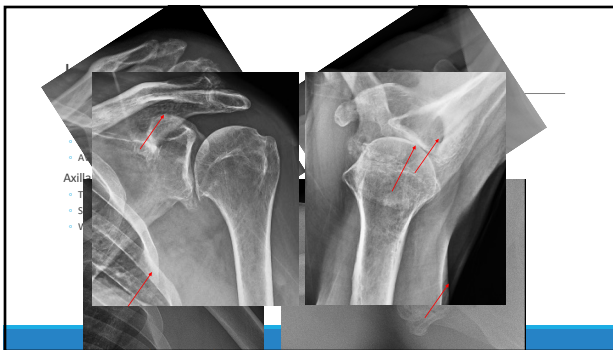
> Arthroscopy. 2015 Sep;31(9):1702-7. doi: 10.1016/j.arthro.2015.01.029. Epub 2015 Mar 29.

The Incidence of Propionibacterium acnes in Shoulder Arthroscopy

Michael J Chuang¹, Jason J Jancosko², Vivian Mendoza³, Wesley M Nottage²

- 51 patients undergoing shoulder arthroscopy
- 80% had pre-op positive c. acnes culture before prep/drape
- 20% had positive deep c. acnes cultures after procedure

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Conservative Options

AAOS CPGs

- No comment on NSAIDs or Cortisone
- Lack of evidence in GHOA

<p>OPPIOID PAIN MEDICATION</p> <p>In the absence of reliable evidence, it is the opinion of the work group that opioids not be prescribed as routine and long term pain management of glenohumeral osteoarthritis.</p> <p>Strength of Recommendation: Consensus ★★☆☆</p>
<p>HYALURONIC ACID</p> <p>Strong evidence supports that there is no benefit to the use of hyaluronic acid in the treatment of glenohumeral joint osteoarthritis.</p> <p>Strength of Recommendation: Strong ★★★★★</p> <p>Description: Evidence from two or more "High" quality studies with consistent findings for recommending for or against the intervention.</p>
<p>INJECTABLE BIOLOGICS</p> <p>In the absence of reliable evidence, it is the opinion of the work group that injectable biologics, such as stem cells or platelet-rich plasma, cannot be recommended in the treatment of glenohumeral osteoarthritis.</p> <p>Strength of Recommendation: Consensus ★★☆☆</p>

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Conservative Options

Physical Therapy CPGs

- Prehab: No studies to support of refute (save for postop? Increase pain?)
- Post-op Home exercises vs formal PT: Low quality study saying no difference
 - Regular updates (post-op complications)? Compliance (too much/not enough)?
- Post-op PT timing: immediate ROM vs 4-week delayed ROM
 - No difference in outcomes at 3 months (4% vs 19% subscap failure)

Improve scapulothoracic ROM

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Left shoulder

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Conservative Options

Other injectables? Visco vs Biologics

Data is significantly lacking

Randomized Controlled Trial | Clin J Sport Med. 2022 Nov 13;26(9):558-566. doi: 10.1097/JSM.0000000000001029. Epub 2022 Mar 17.

Efficacy of Ultrasound-Guided Glenohumeral Joint Injections of Leukocyte-Poor Platelet-Rich Plasma Versus Hyaluronic Acid in the Treatment of Glenohumeral Osteoarthritis: A Randomized, Double-Blind Controlled Trial

Jonathan S Kirschner¹, Jennifer Cheng¹, Andrew Creighton¹, Kristen Santiago¹, Nicole Hurwitz¹, Mark Dundas², Nicholas Beatty³, Dallas Kingsbury², Gabrielle Konin⁴, Zafir Abutalib⁵, Richard Cheng³

In conclusion, both LP-PRP and HA were associated with improvements in pain, disability, and functional impairments related to glenohumeral OA in this cohort of patients, and there were no differences between treatments.

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When to Refer for Surgery??

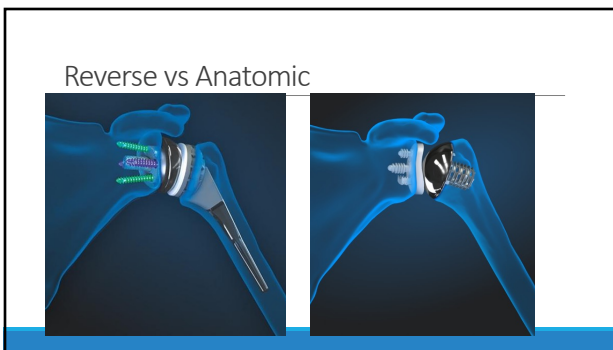
Failed conservative management (pain/quality of life/activities)
Surgical Candidate (risk/benefit continuum)
Progression of bony erosion
Don't inject and immediately send to the surgeon
+ 3 months after injection before surgery

How to Tee Up?
> Bone Joint J. 2022 May;104-B(5):620-626. doi: 10.1302/0301-620X.104B5-2021-0024.R3.

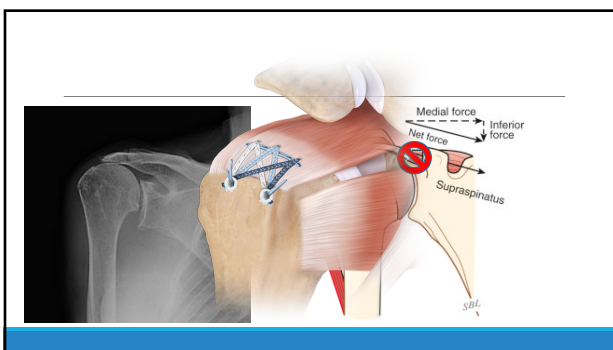
Risk of revision based on timing of corticosteroid injection prior to shoulder arthroplasty

Monica Stadelcker¹, Alex Gu¹, Pradip Ramamurti², Safa C Fasshi³, Chapman Wei³,
Amil Raj Agarwal³, Patavut Bovonratwet³, Uma Srikumaran⁴

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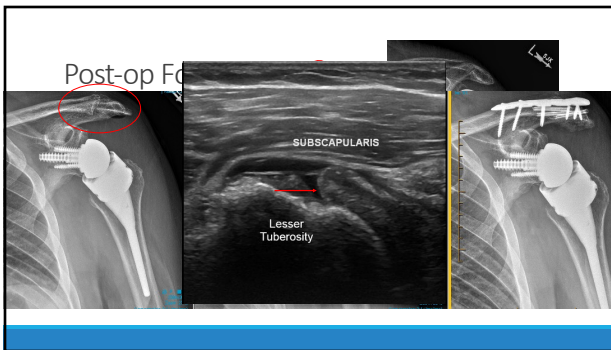


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Post-Op Follow up – First Visit

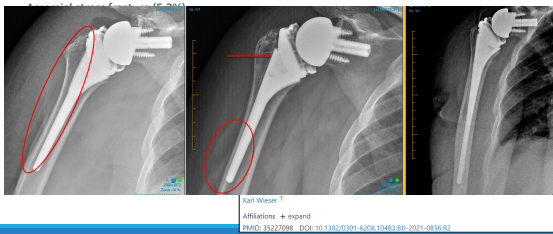
- Post-op Hematoma – Hx of blood thinners
- Infection – Previous sx, pain, fevers
 - Labs (ESR, CRP, WBC, Aspiration? Synovasure?)
- Wound Breakdown – nutrition, smoking
- Dressing or Prep Reaction - Cortisone
- Block related (numbness, shortness of breath)
- Nerve injury

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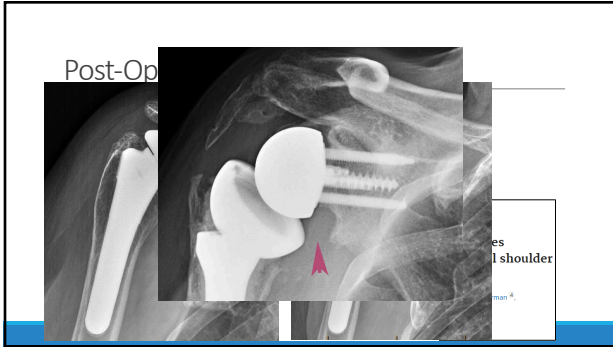


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Post-op Follow up – Intermediate (6wks-6mo)



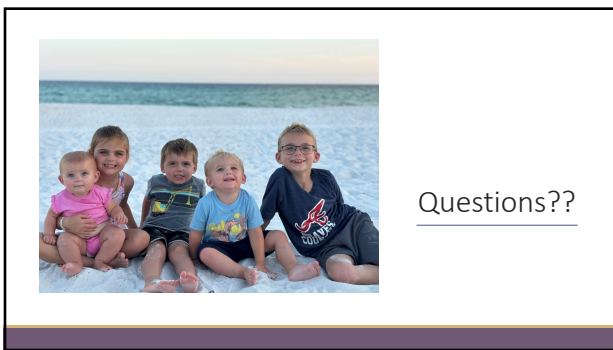
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