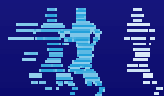


ASSESSMENT OF THE STIFF SHOULDER

Dr Jerome Goldberg

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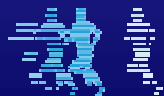
DEFINITION

Loss of

- active movement &
- passive movement

CASE

- 55 yr old lady
- Housewife
- No trauma
- Family history NIDDM
- 3 month history of increasing lateral arm and night pain
- Noticed loss of ROM over last 6 weeks



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CASE

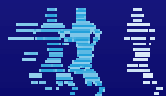
- Active elevation 90
- IR to sacrum
- Power normal
- Passive elevation 90
- ER 0



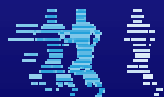
CASE

WHAT INVESTIGATIONS SHOULD WE ORDER?

- A. Xray
- B. Ultrasound
- C. MRI or MRA
- D. A & B
- E. A & C



CASE



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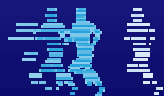
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CASE

WHAT IS THE DIAGNOSIS?

- A. Adhesive Capsulitis
- B. Osteoarthritis
- C. Locked posterior dislocation
- D. Tumour
- E. None of the above



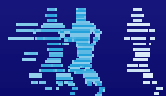
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CAUSES

- Adhesive capsulitis
- Osteoarthritis
- Post operative
- Dislocations – mainly the locked posterior dislocation
- tumour
- Hysterical shoulder/compensation



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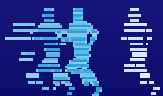
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HISTORY

- Age
- Hand dominance
- Occupation
- Recreational activities
- Sports
- Previous shoulder ops
- Medical history
 - Arthritis
 - Diabetes/thyroid
- Family history



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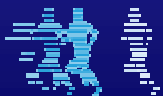


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HISTORY

- Trauma
- Length of symptoms
- Location of pain
- exacerbating and relieving factors
- Night discomfort
- Loss of movement
- Loss of power
- Neurological symptoms



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HISTORY

Beware of

- Rest pain
- Constant pain
- Neck/scapula pain
- Paraesthesia



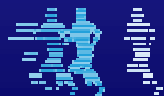
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EXAMINATION

LOOK – FEEL -MOVE

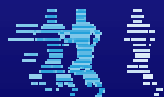
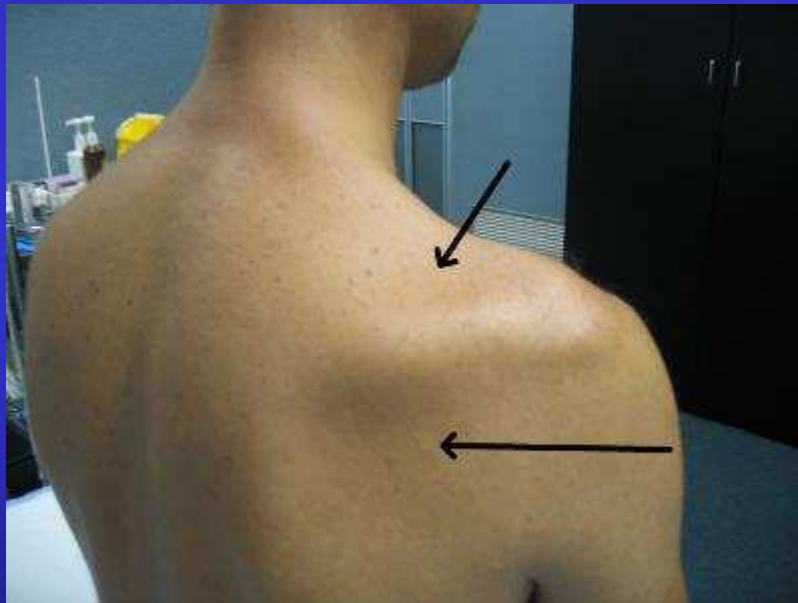


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LOOK



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FEEL

- Sterno clavicular joint
- Clavicle
- AC joint
- Coracoid process
- Biceps
- Greater tuberosity
- Rotator cuff
- Joint lines
- Acromion/scapula



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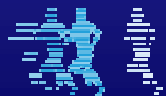
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Cervical spine

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MOVE

- Rhythm - anterior
- Rhythm - posterior

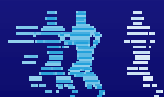


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CHECK FOR CREPITUS

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MOVE



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MOVE



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[illegible]

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POWER

- E.R



- I.R.



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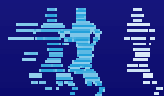
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SPECIAL TESTS

- Impingement



- adduction

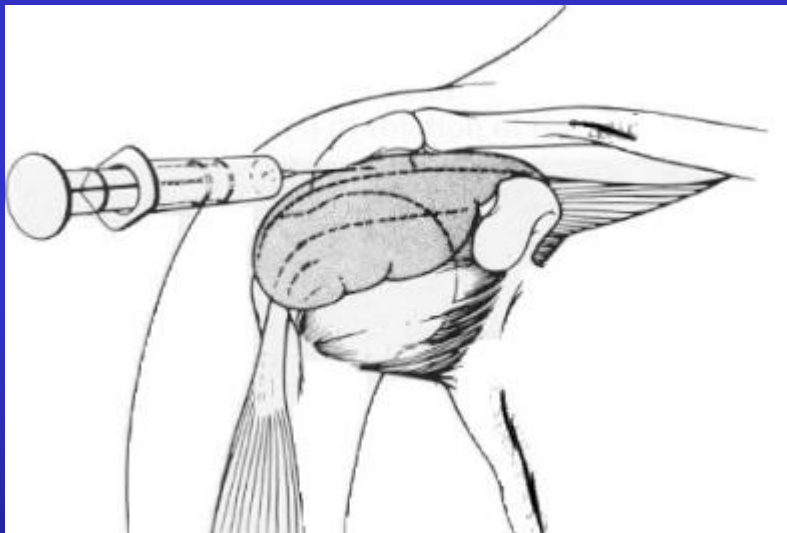


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SPECIAL TESTS



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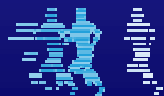
SPECIAL TESTS

- Speed's test
- O'Brien's test



SPECIAL TESTS

- Anterior apprehension
- Posterior apprehension



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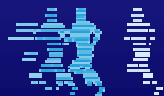
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SPECIAL TESTS

- Anterior relocation



- Posterior relocation



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SPECIAL TESTS

- Sulcus sign
- Belly press/lift off



SPECIAL TESTS

- Dynamic SLAP
- Generalised lig laxity



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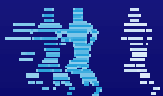
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SPECIAL TESTS

- Adson's test



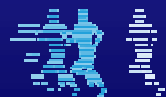
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INVESTIGATIONS

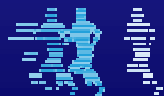


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INVESTIGATIONS

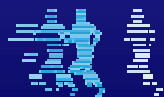
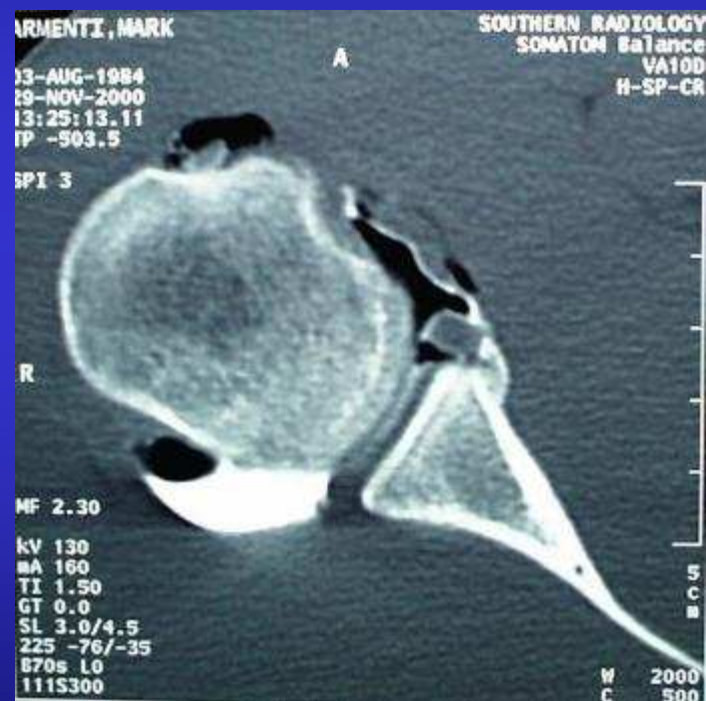


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INVESTIGATIONS



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INVESTIGATIONS



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Thank you



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SHOULDER REPLACEMENT SURGERY

Indications

- Severe pain unresponsive to nonoperative treatment
- Loss of active and passive movement
- Interference with ADL



PREOPERATIVE ASSESSMENT

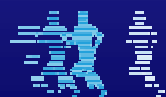
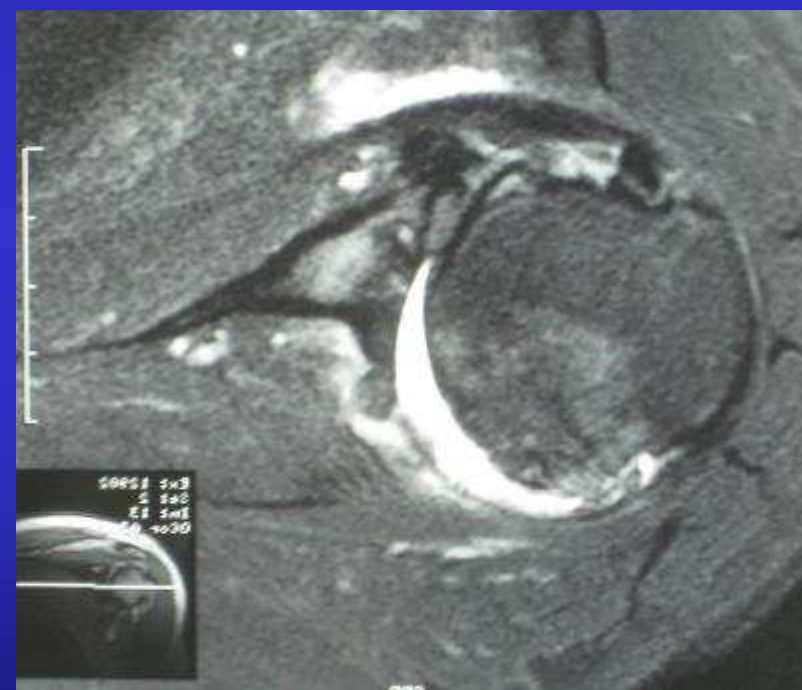
- History
- Examination
- Xrays
- MRA
- 3D CT – if significant bone pathology



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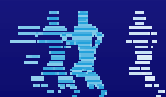
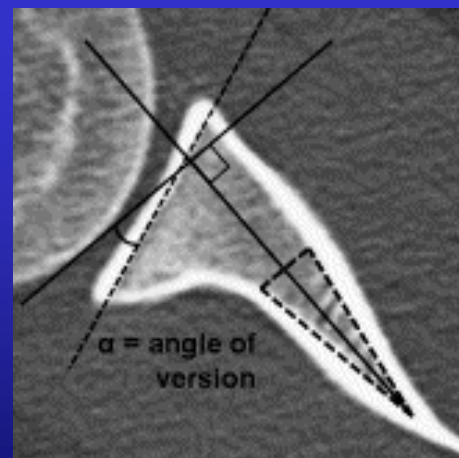
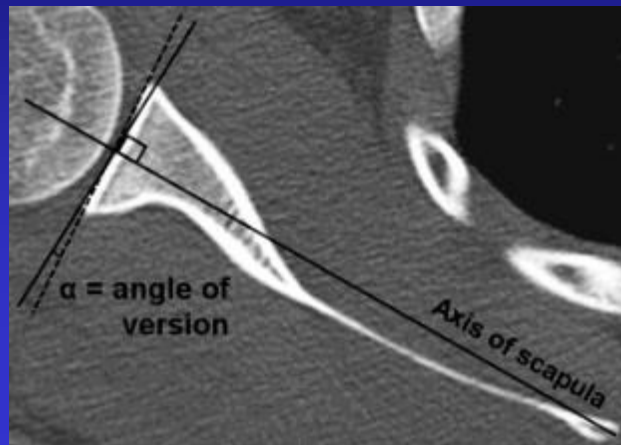
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Many choices



All poly glenoid vs metal backed glenoid – cemented vs uncemented – long stem vs short stem - hemiarthroplasty vs TSR vs RTSR



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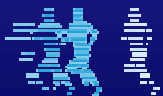
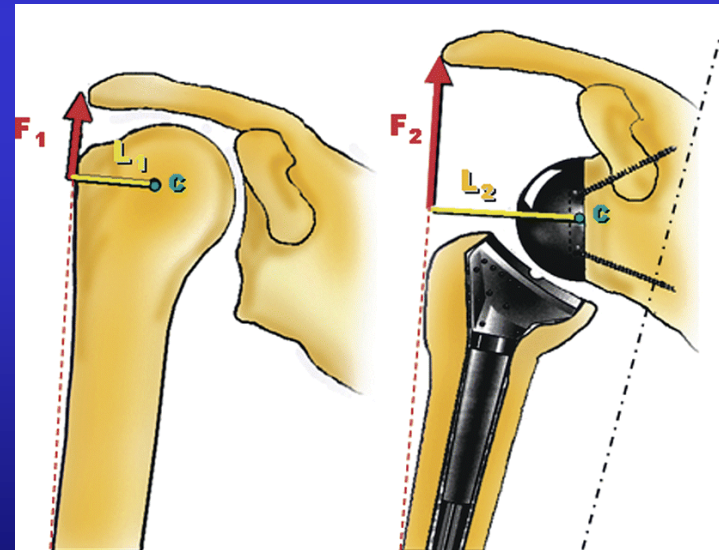
PARADIGM

RC INTACT & GOOD QUALITY

- ? Hemi / resurfacing if < 50 years
- TSR in others (unless significant glenoid retroversion then consider RTSR)

RC TORN (OR INTACT & POOR QUALITY)

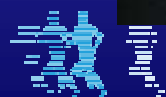
- RTSR



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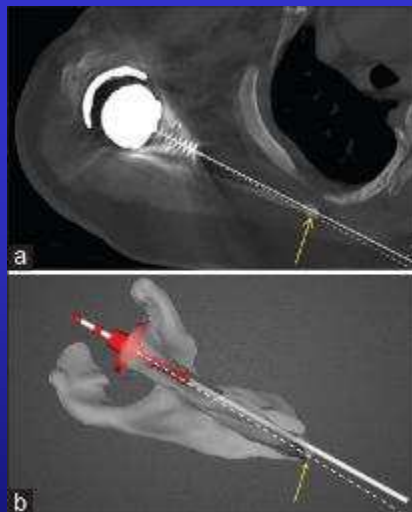
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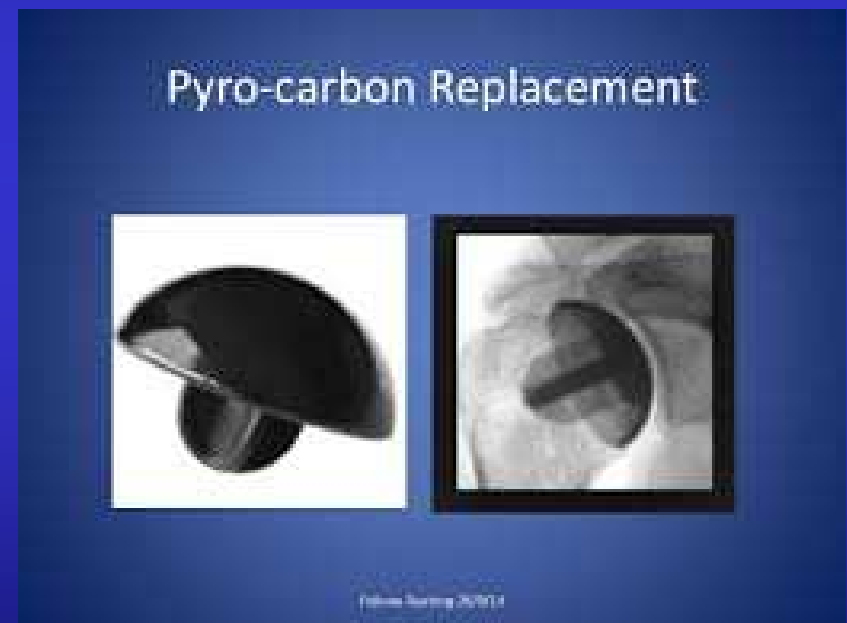
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The future

Patient specific
instrumentation and
prostheses



Pyrocarbon



Thank you



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