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The Non-Operative Management of Gleno-Humeral Joint Osteoarthritis (GHOA)



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Preamble

- There is a paucity of evidence for the non-operative treatment of GHOA
- Treatments have been adapted from hip and knee OA treatments
- Some patterns of treatments for GHOA mimic hip joint OA
- X-RAY ALL STIFF AND PAINFUL SHOULDERS
- Diagnosis and education is the starting point



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Prevalence and Aetiology

- Multifactorial aetiology
- F > M ; >50 years
- 15% >65yrs have abnormal X-ray (Oh, JSES,2011)
- Causes and classification
 - Primary – familial and genetic
 - Secondary – post-trauma
 - Other – chemical (gout) , inflammatory



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How strong is the evidence for exercise and physical therapy in the non-operative management of GHJOA?

- A Very Strong
- B Strong
- C Inconsistent
- D Weak
- E No evidence



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A

B

C

D

E

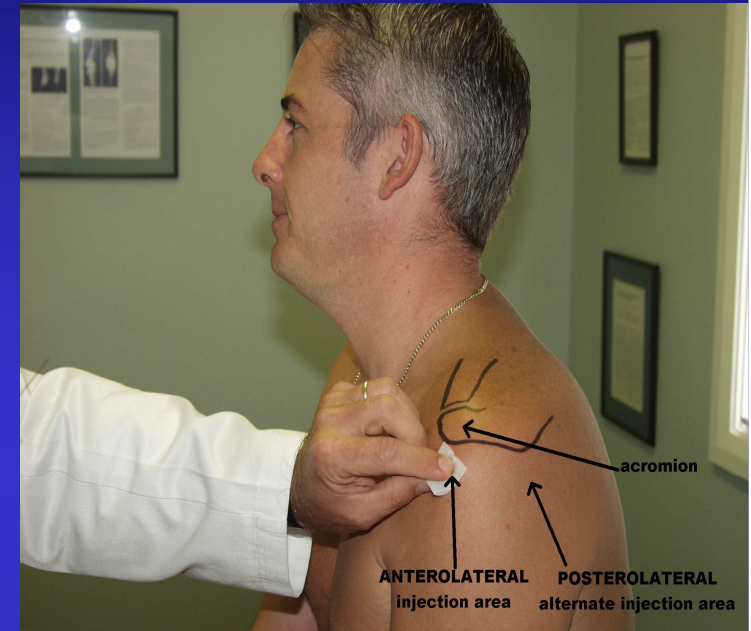
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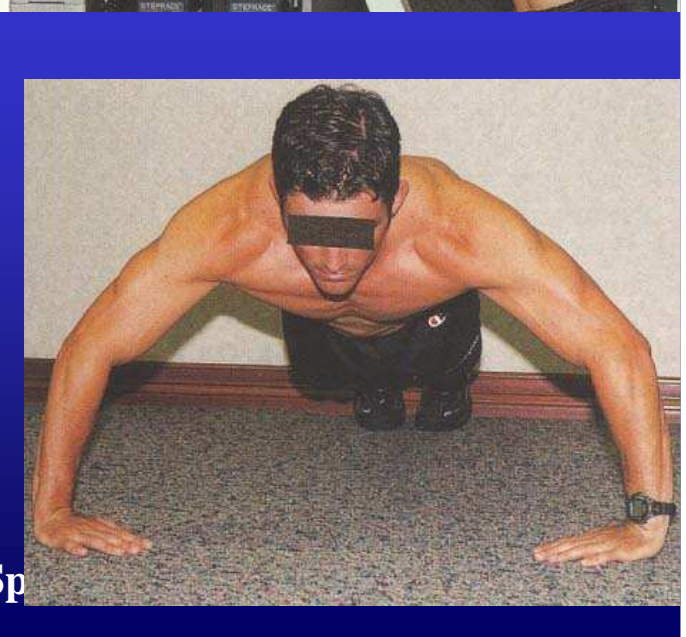
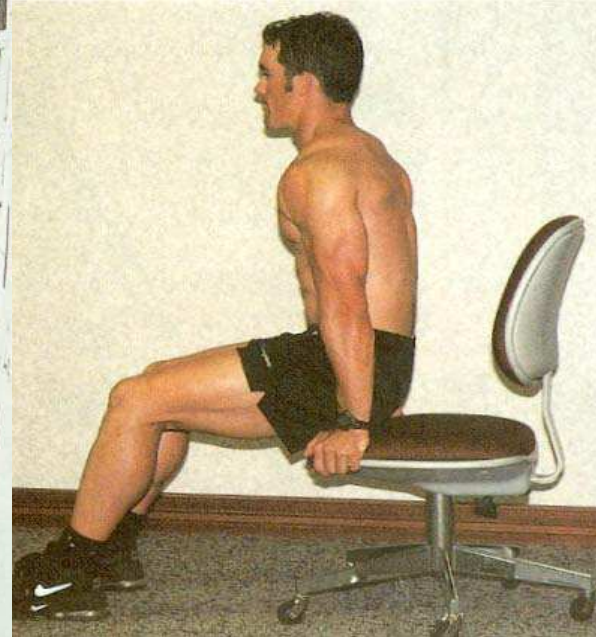
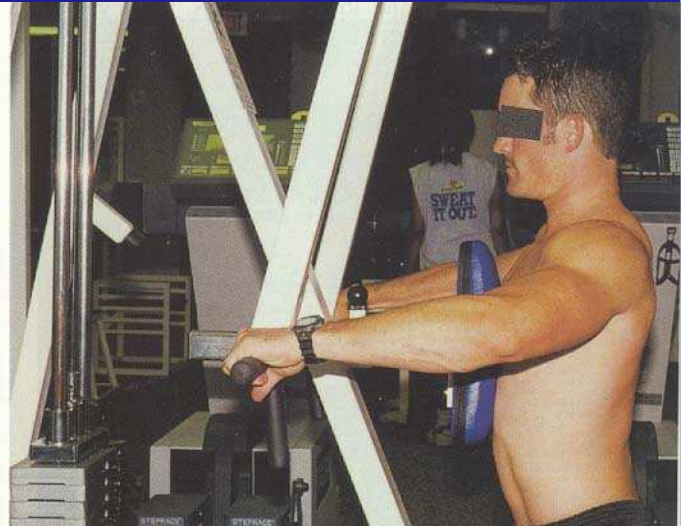
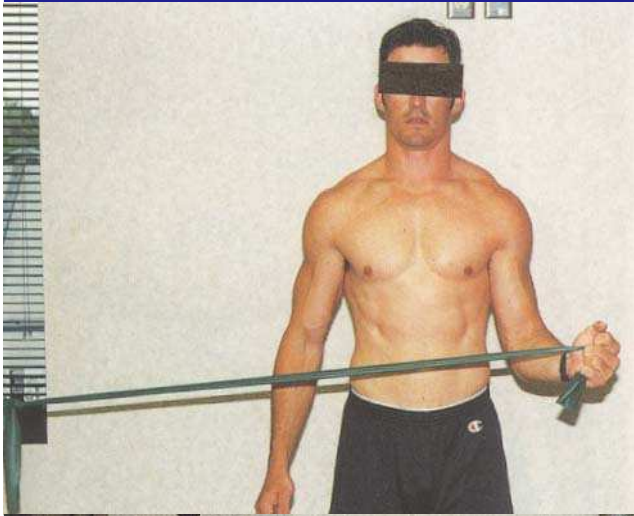
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Pharmacological : Evidence - based

- Analgesia and NSAIDs / COX-2
- Intra-articular cortisone
 - Under imaging
 - 65% relief for 6 weeks (Kelly,2000)
 - Protect for 10 days
- Hyaluronic Acid ?
- Platelet Rich Plasma - no
- Stem cells - no
- Supplements- no
- **Supra**-scapular nerve block -yes



Load Management



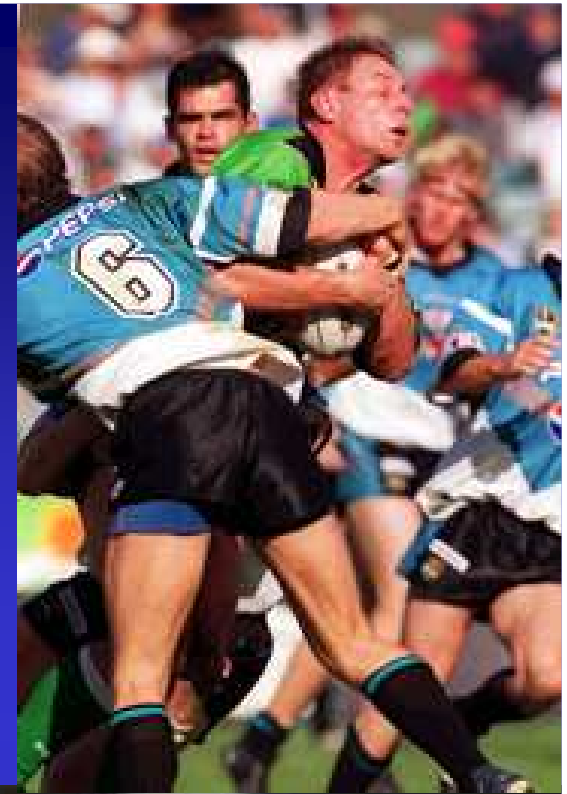
Load Management

- Major factor regarding long term joint health
- Delaying arthroplasty
- Maintain strength and RC tone without GHJ overload
- Not waiting for pain to be a guide
- Bands, pulleys, water-based, (?small abduction pillow)



Confession (Best 2014)

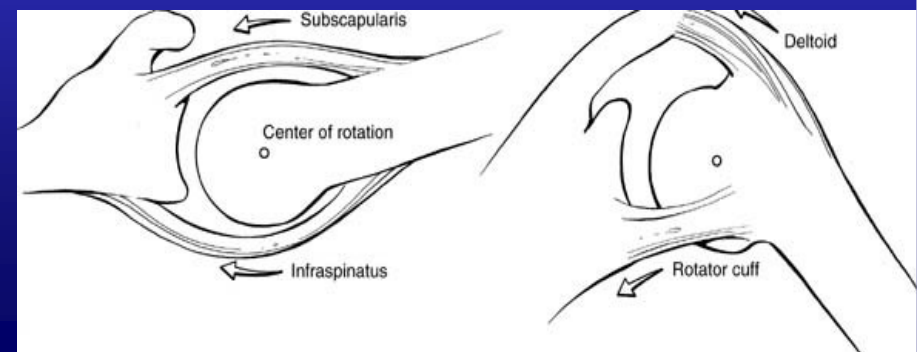
WB loading in the ABER position after instability is probably bad



Physical Therapy

Izquierdo et al 2010
Macias-Hernandez 2016

- Little evidence
- Intuitively it should be effective
 - ROM
 - Strength
 - CENTREING HUMERAL HEAD
- ?OA protection
- Pushing ROM and compressing GHJ can produce pain and create inflammatory flare-ups

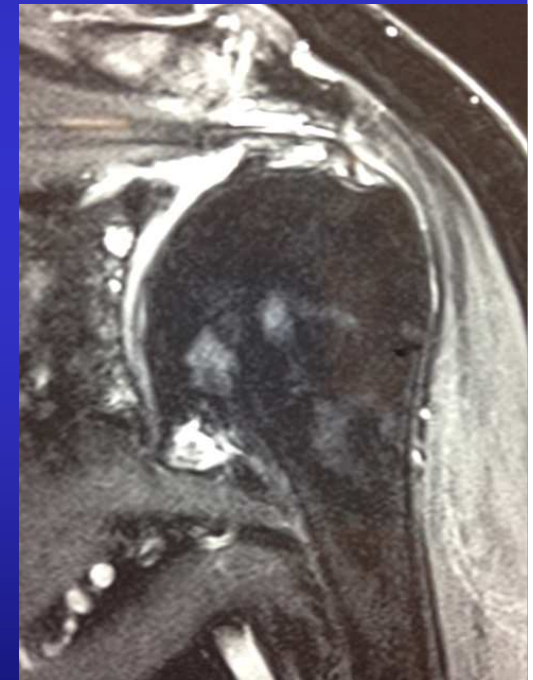


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Physical Therapy Depends on the degree of GHAO and Rotator Cuff integrity

- 4 considerations
- No 'program'
 - individualised
- Seek as much advice from experienced colleagues as possible
- Seek as much medical advice as possible



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1 Is the HH 'centred'?

Can the patient actively do this?



www.ccphysio.co.nz/shoulder-injuries/



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2 What is the main capsular restriction?

3 Any associated M/S dysfunction?

- Correct without abduction
- Patient controlled as much as possible
- Heat and massage prior – trigger points
- Pain free
- Gravity is your friend
 - Traction in sitting
 - Pendular stretches + rotation



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4 Where is most of the weakness?

- Rotator cuff balancing
- Pain free
- Good scapular control
- ?Use of an abduction pillow



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Summary

- There is little evidence for the non-operative treatment for GHOA
- Diagnosis and education is the starting point
- The three areas of treatment are pharmacological, load management and physical therapy
- Response varies and all treatment should be individualised and altered as needed



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