HOW THE SHOULDER WORKS

The shoulder is a ball-and-socket joint with three main bones: the upper arm bone (humerus), shoulder blade (scapula) and collarbone (clavicle).

In a normal shoulder, the joint is supported by the muscles that surround the shoulder. Shoulder movement is created and controlled by delicate interactions of 30+ muscles, tendons and ligaments.

The rotator cuff is a group of muscles and tendons that enable the arm to be lifted, reach overhead and perform activities such as throwing and swimming.

CHRONIC SHOULDER CONDITIONS

Severe Arthritis of the Shoulder Joint

Osteoarthritis is a condition that affects the cartilage of the joints. As the cartilage 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 cause restriction of motion. While this may be tolerated with some medications and lifestyle adjustments, there may come a time when surgical treatment is necessary.

Severe Rotator Cuff Damage

In patients with severe rotator cuff damage, the joint can become unstable, severely restricting the patient’s range of motion. Over time, the out-of-balance joint can wear down the lubricating cartilage between bones. Bone starts to rub against bone, causing the pain we know as osteoarthritis.

THE COMPONENTS

Total Shoulder Replacement

Total shoulder replacement, which involves replacing both sides of the joint – the ball and the socket – is recommended for patients who have severe arthritis that is causing pain, stiffness, and limited motion.

Reverse Shoulder Replacement

Reverse shoulder replacement is reserved for patients who have arthritis and a chronic rotator cuff tear or in some instances a failed prosthesis and have no other treatment alternatives. In this procedure, the location of the prosthetic ball and socket components are switched to make use of healthy deltoid muscle rather than the damaged rotator cuff muscles to lift the arm.