

Osteoarthritis of the Shoulder Joint

What is Osteoarthritis of the shoulder?

Osteoarthritis is a condition where the protective surface (cartilage) that covers the joint becomes damaged. Over time the cartilage gradually can be worn away and the underlying bone can be affected. All joints and joint tissues undergo some sort of wear and repair process due to the stresses placed on them throughout our daily lives. However in some people the repair process becomes faulty leading to osteoarthritis. Osteoarthritis can occur in both the shoulder joint and the smaller acromioclavicular joint.

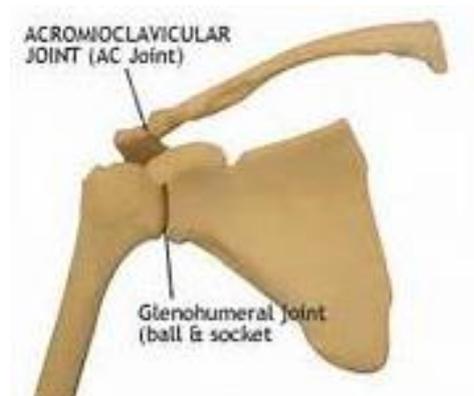


Figure 1: The Shoulder and Acromioclavicular joints Figure 2: OA of the Shoulder joint

The shoulder is a ball and socket joint formed between the arm bone (humerus) and the shoulder blade (scapula). It relies on muscles and tendons to keep it stable. Above the ball and socket is the acromioclavicular joint, this is a small joint that helps maintain the stability of the shoulder. Osteoarthritis can occur in one or both of these joints.

What are the symptoms of osteoarthritis (OA)

In some cases there are no symptoms at all. Quite a number of people can have OA changes on X-Ray and have no or very mild symptoms.

You may however feel pain in the shoulder area and reduced movement of the shoulder. Movements such as putting clothes on and reaching over shoulder height may be difficult. It is sometimes worse first thing in the morning.

Swelling and inflammation can occur. You may notice clicking and grinding noises (crepitus) when moving the arm.

What causes arthritis?

There are many factors that can increase your risk of osteoarthritis.

- Age – OA usually starts from late 40's onwards. We do not fully understand why it is more common in older people but it might be due to factors like the muscles weakening, the body being less able to heal itself and gradual wearing of the joint with time.
- Gender – OA is more common in women

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- Joint injury, damage or deformity- a bad injury such as a fracture or cartilage injury may lead to OA in later life
- Genetics, there may be an inherited tendency for OA to develop in some people.

What can I do to help myself get better?

Initial treatment for osteoarthritis of the shoulder is non-surgical

Exercise is very important to keep your joints moving and muscles strong. You will need to find the right balance between rest and exercise.

There are different types of exercises:

Strengthening and stability exercises - these will improve the strength and tone of the muscles around your shoulder and keep the stability of the joint.

Mobility exercises - will help keep the range of movement in the shoulder joint.

Aerobic exercise - any exercise that increases your pulse and makes you slightly short of breath will help your general fitness and reduce pain by releasing endorphins (pain relieving hormones).

Painkillers often help with the symptoms of pain and stiffness. They will not affect the arthritis itself. Over the counter painkillers such as paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs) can also help. Your local pharmacist or GP should be able to give you advice.

Hot and cold packs: some people find they get pain relief using hot and cold packs.

How can a clinician help?

Physiotherapy is helpful to mobilise your shoulder and strengthen the muscles around your shoulder blade as well as your rotator cuff muscles. You will be given specific exercises to help reduce your pain and improve your range of movement.

A steroid injection may help if you are in a lot of pain and struggling to do your exercises. This injection uses a steroid and local anesthetic to help reduce pain and allow you to move your arm to restore function. It is advisable to rest from any exercises for a couple of days after the injection.

In some cases surgery may be required if the shoulder pain is still severe and your shoulder movements are restricted and causing a significant impact on your daily life.

With osteoarthritis of your acromioclavicular joint only, keyhole surgery (arthroscopy) may be performed. This involves removing some of the bone by cutting the edges of the joint away to stop them rubbing.

With osteoarthritis of the shoulder joint (glenohumeral joint) a joint replacement can be performed usually under general anesthetic where the ball and socket joint is replaced with an artificial replacement called prosthesis.