Agguing shoulder pain and stiffness, a creaking or clicking sound with movement, night pain—these symptoms of shoulder arthritis should not be ignored. Why not just tough it out? Because patients who promptly care for inflammation of this joint have better outcomes, even if shoulder replacement should become necessary, says shoulder surgeon R. Michael Greiwe, M.D.

Arthritic Conditions

Osteoarthritis is the most common type of shoulder arthritis, resulting from everyday wear and tear, says Dr. Greiwe. Rheumatoid arthritis, an autoimmune disease, also causes shoulder arthritis. Beyond these two leading causes of shoulder arthritis are several other conditions: post-traumatic arthritis or avascular necrosis initiated by injury to the shoulder; inflammatory arthritis, such as gout; septic arthritis from infection; capsulorrhaphy arthropathy from past surgical techniques to “tighten” the shoulder; and rotator cuff tear arthropathy. Though shoulder arthritis is common among active people 40-70 years of age, weight lifters seem to wear out their joints and damage cartilage to a greater degree than other athletes, notes Dr. Greiwe.

Early Care

After determining what type of arthritis is ailing a patient, Dr. Greiwe advises activity modification. “I recommend that patients change some of their overhead activities.” In many instances, “continuing to play tennis or swim or weight lift may not be the best option,” though some movement is essential for keeping the joint mobile and stimulating the cartilage, he emphasizes. Patients must not stop moving the shoulder altogether, “because the stiffer the shoulder is at the beginning, the harder it is to get motion back in the end,” he says.

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IN THE OFFICE OF ORTHOPAEDIC surgeon Forest T. Heis, laughter happens every day. “A sense of humor is a major part of my practice,” he explains. Humor helps pave the way for Dr. Heis to build strong physician-patient relationships. Once this bond is established, “people have faith in me, and they know I’m doing my best for them,” he says. “I believe that leads to better outcomes.”

Dr. Heis has been providing some levity for patients of Commonwealth Orthopaedics and expert treatment for their shoulders, knees and sports injuries for 11 years. After receiving his B.A. degree from Stanford University, he earned a medical degree from the University of Cincinnati College of Medicine. He then completed an internship in general surgery and a residency in orthopaedic surgery at Duke University. A fellowship in sports medicine at the Orthopaedic Specialty Hospital in Salt Lake City, Utah, followed. Arthroscopic, minimally invasive surgical techniques are his specialty, and he frequently incorporates cartilage regeneration techniques in his practice, he explains.

Whether he is treating an athlete as a team physician for Northern Kentucky University, a middle-aged weekend warrior who tears an ACL or an elderly patient with a fractured hip, Dr. Heis is inspired by success.

—I more on page 3
Anti-inflammatory medication such as ibuprofen is useful, Dr. Greiwe states, but if more relief is necessary, patients are given prescription-strength medicines and advised to add a chondroitin-glucosamine formulation. Those who continue to experience pain are evaluated further and may proceed with a cortisone injection to treat inflammation.

Replacement Options and Outcome

For some, joint damage and pain are sufficient enough to consider a total shoulder replacement, which involves removing the ball and socket and replacing it with a metal ball and a plastic socket. Most patients will regain most of their function, and their pain will be relieved after this procedure. Arthritic patients without a rotator cuff may benefit from a reverse shoulder replacement. With this technique, “we actually take the ball and we put it on the socket side, and we take the socket and put it on the ball side,” explains Dr. Greiwe. These patients should have improved function of the shoulder but will not necessarily have a full range of motion, he notes. Both procedures involve a short hospital stay and post-operative physical therapy. Most patients are functioning well after three months.

Shoulder care and replacement “is one of the last frontiers in orthopaedics,” Dr. Greiwe says. Newer, minimally invasive surgical techniques, together with smaller prosthetic parts (with less metal), should benefit patients shortly. He is particularly excited about a “rotator cuff sparing total shoulder replacement” technique that will make recovery even quicker.

R. Michael Greiwe, M.D., specializes in shoulder treatment and replacement, rotator cuff repair and labral repair. He is Director of Research at Commonwealth Orthopaedics and consultant to an NIH grant on tendon research and development.

HAVE YOU HAD A RECENT ONSET OF SHOULDER PAIN WITHOUT A SPECIFIC INCIDENT OR INJURY TO YOUR SHOULDER? Often, this is a condition of the shoulder joint known as impingement syndrome. Impingement syndrome is a condition in which one of the rotator cuff muscles, the supraspinatus, is being put under stress by surrounding shoulder structures. The supraspinatus rests in a small space between the top of the humerus (upper arm bone) and the shoulder blade. Frequent overhead activity or repetitive lifting of the arm can pinch the supraspinatus, causing irritation and pain. This pain can occur with activity and at rest. If your pain continues for more than a few weeks, consult a doctor for proper diagnosis. A doctor or physical therapist can provide care to alleviate your shoulder pain.

Tips to avoid/manage shoulder impingement:
1. Focus on proper posture: Stand up straight with shoulders back.
2. Avoid repetitive lifting above shoulder height and other activities that cause shoulder pain.
3. If experiencing pain, ice your shoulder for 10-15 minutes at a time, two to three times per day. This will help to decrease inflammation, and therefore the pain. (You can use a bag of frozen vegetables with a paper towel between the skin and the bag to avoid skin irritation.)
4. Perform shoulder blade squeezes: Sit up straight and pinch shoulder blades together. Hold for 30 seconds.

Brandon Griffin, P.T., D.P.T., is a physical therapist for Commonwealth Orthopaedic Centers. Brandon sees patients at the Edgewood location.
ENNIS ELBOW—OR LATERAL EPICONDYLITIS—isn’t restricted to tennis players, says Matthew T. DesJardins, M.D. While golfers and tennis players can certainly experience such deep pain around the outside of the elbow, this degenerative condition can affect anyone engaged in repetitive motion activities that stress the muscles and tendons of the forearm. “It’s wear and tear caused by overload,” Dr. DesJardins explains. The resulting discomfort is not just bad for your game; it can interfere with simple activities like lifting a coffee cup, turning a doorknob, or shaking hands. And if pain keeps you awake at night, it’s time to see a sports medicine specialist.

**Good News**
Most cases of tennis elbow will resolve over time, says Dr. DesJardins, though this can take a year or more. Thus, the initial approach at Commonwealth Orthopaedics is to help patients “manage their symptoms and make it more livable and give it time to heal,” he explains.

Stretching and strengthening exercises, use of a tennis elbow strap, icing after activity and anti-inflammatory medication are useful initial treatments. Activity may be continued as tolerated, though elite athletes may need to cut back until symptoms are more controlled, states Dr. DesJardins. Formal physical therapy is helpful for some patients. Cortisone injections are used “in a limited capacity” to ease stubborn pain. For laborers and athletes who rely on their muscles daily, Dr. DesJardins recommends a comprehensive rehabilitation program that involves evaluating upper-body strength and technique.

**Plan B…and C**
Platelet-rich plasma (PRP) therapy, an innovative needle-based office procedure that stimulates the body’s healing process, succeeds for 70 – 75 percent of patients who do not respond to conservative treatment for tennis elbow. Surgery to remove damaged tendons and stimulate blood flow is reserved as a last option for patients who are failing treatment, says Dr. DesJardins.

Matthew T. DesJardins, M.D., specializes in the nonsurgical treatment of injuries and problems in patients of all ages. He is the only physician in Northern Kentucky using PRP therapy to treat sports medicine injuries.
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