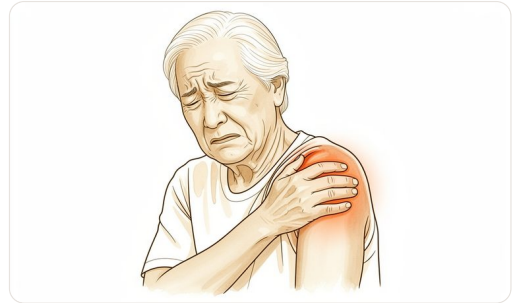


Shoulder Arthritis

Shoulder arthritis on X-ray: the cartilage that cushions the ball-and-socket has worn through, the joint space has narrowed, and bone spurs have formed around the rim.

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What you're feeling

Shoulder arthritis is a common condition that affects how your joint moves and feels. As you age, wear-and-tear on the cartilage increases. This wear-and-tear often leads to pain and stiffness. You may notice that your symptoms worsen as time goes on. The pain is usually deep inside the shoulder. It can also radiate down your upper arm.

Daily tasks become difficult when the joint stiffens. You might struggle to reach behind your back to fasten a bra. Tucking in a shirt can feel impossible or painful. Reaching for items on high shelves may cause sharp discomfort. Simple movements like lifting a grocery bag or pouring coffee can trigger pain. Your shoulder may feel like it is locking up or catching.

Pain often flares at specific times. Many patients report increased pain at night. This can make it hard to fall asleep or stay asleep. Lying on the affected side is usually very uncomfortable. You may also feel stiff when you first wake up in the morning. This stiffness often eases slightly as you move around, but activity can bring the pain back later in the day.

In some cases, the arthritis develops rapidly. This is more common in elderly women. The pain may start insidiously, meaning it comes on slowly and subtly at first. If you have severe arthritis, you are more likely to feel significant relief after treatment compared to those with mild signs. However, if your arthritis is mild, you might not feel a major difference even after surgery.

Your surgeon will look for specific patterns in your pain. For example, some types of arthritis cause the ball of the joint to slip backward. This can lead to a specific type of wear on the socket. Understanding these patterns helps your surgeon choose the right treatment. Whether you need a standard replacement or a reverse joint replacement, the goal is to reduce this pain and restore your ability to move freely.

What's actually happening

Shoulder arthritis is a common wear-and-tear condition. It happens when the smooth coating on your bone ends, called cartilage, breaks down. Think of this cartilage as a shock absorber. When it wears thin, your bones

begin to rub against each other. This causes pain and stiffness. Your surgeon may refer to this as glenohumeral osteoarthritis. It is simply arthritis in the main ball-and-socket joint of your shoulder.

The joint is held together by a sleeve called the joint capsule. Inside, your rotator cuff tendons act like ropes to stabilize the arm. In many cases, these tendons stay intact. However, the joint surface itself becomes rough. This changes how your shoulder moves. You might feel grinding or catching. Your body tries to compensate by moving your shoulder blade differently. This extra movement can lead to more wear over time.

If the rotator cuff tears, the problem gets more complex. The shoulder loses its main stabilizers. Your deltoid muscle, the large muscle on the outside of your arm, must work much harder. It tries to lift your arm without the help of the torn tendons. This compensation prevents you from losing all movement, but it puts extra strain on the joint.

Your surgeon chooses a treatment based on how severe this damage is. For joints with an intact rotator cuff, an anatomic total shoulder replacement is often the standard choice. It restores the natural ball-and-socket shape. If the cuff is torn, a reverse total shoulder replacement may be better. This design changes the joint mechanics to let your deltoid muscle do the lifting.

Implant designs have improved significantly. Modern prosthetics aim to mimic your natural shoulder motion more closely. However, implant longevity remains a concern for active patients. Younger patients or those with high activity levels may face higher risks of wear. Even with mild signs of arthritis on X-rays, outcomes can vary. Some patients may not feel a significant improvement compared to those with severe damage. Understanding exactly what is happening in your joint helps your surgeon pick the right path for you.

What we can do about it

We start with non-surgical care, especially if your disease is moderate or mild. Your surgeon will likely recommend self-management and physiotherapy first. These steps aim to keep your shoulder moving and reduce stiffness. You will learn gentle exercises to strengthen the muscles around the joint. This support helps take pressure off the worn cartilage. Give these conservative treatments time to work. They are the standard first line of defense before considering any invasive procedures.

If exercise alone does not provide enough relief, we move to medical management. Your surgeon may suggest pain medication or anti-inflammatories to help you manage daily discomfort. For more targeted relief, we can offer injections into the shoulder joint. Cortisone injections reduce inflammation and pain for a limited time. Hyaluronic acid injections aim to lubricate the joint to improve movement. Platelet-rich plasma (PRP) injections use your own blood components to promote healing. The duration of relief varies by person and injection type, but these options can buy you time and improve your quality of life while you continue with physical therapy.

Surgery is considered only when conservative care has reached its limit and pain remains severe. If your arthritis is end-stage, joint replacement becomes a viable option. For patients with an intact rotator cuff, anatomic total shoulder replacement is the benchmark treatment. It restores the natural ball-and-socket anatomy. If your rotator cuff is damaged, a reverse total shoulder replacement may be recommended. This design changes how the joint moves to compensate for cuff weakness. Both options provide significant pain

relief and functional improvement for severe cases. Your surgeon will determine which procedure fits your specific anatomy and activity level.

What to expect

Shoulder arthritis is a common condition. It typically involves wear-and-tear of the joint surfaces. This wear causes pain and stiffness that often persists over time. The condition does not usually settle on its own. Without treatment, symptoms tend to continue or worsen. In some cases, significant bone erosion can occur after ten years if only the ball of the joint is replaced.

When managed well, treatment aims to reduce pain and improve function. Your surgeon will choose the best approach for your specific anatomy. For many patients with an intact rotator cuff, anatomic total shoulder replacement is the standard care. This procedure often provides significant pain relief and functional improvement. Some patients may undergo a reverse shoulder replacement instead. This option also offers optimal outcomes with low complication rates in the short term.

Recovery feels different for everyone. Most patients notice significant improvements in pain and function within the first two years after surgery. However, strength does not always return to normal. Subscapularis strength returns to normal in only a minority of patients at two years. You may still feel some limitations in daily activities.

Implant longevity is a key consideration. This remains a concern for more active patients. If you are younger than fifty, surface replacement arthroplasty provides good long-term results in 81.6% of patients. For those with bone loss, specialized implants can offer adequate pain relief and functional results at two-year follow-up.

It is important to have realistic expectations. Patients with mild signs of arthritis on X-ray have about sevenfold higher odds of failing to achieve meaningful improvement after anatomic total shoulder replacement compared to those with severe arthritis. Your surgeon will discuss which outcomes are realistic for you based on your imaging and health. While many patients are satisfied, some may continue to experience pain or require further intervention. Regular follow-up helps monitor the joint and address any changes early.

When to see someone

Shoulder arthritis is common. See your GP if you have persistent pain that does not improve with rest. Ask for a specialist review if you experience weakness, instability, or locking. Symptoms that interfere with sleep or work warrant attention. Sudden worsening of pain is also a reason to seek care. Rapidly destructive arthritis can cause insidious pain in elderly women. Severe erosion may indicate gout in those with a history of the condition. Atypical symptoms or lack of response to treatment may suggest other causes. Your surgeon will evaluate these signs to determine the best path forward for your shoulder health.