



THE SHOULDER CLINIC
OF IDAHO P.L.L.C.

REVERSE TOTAL SHOULDER



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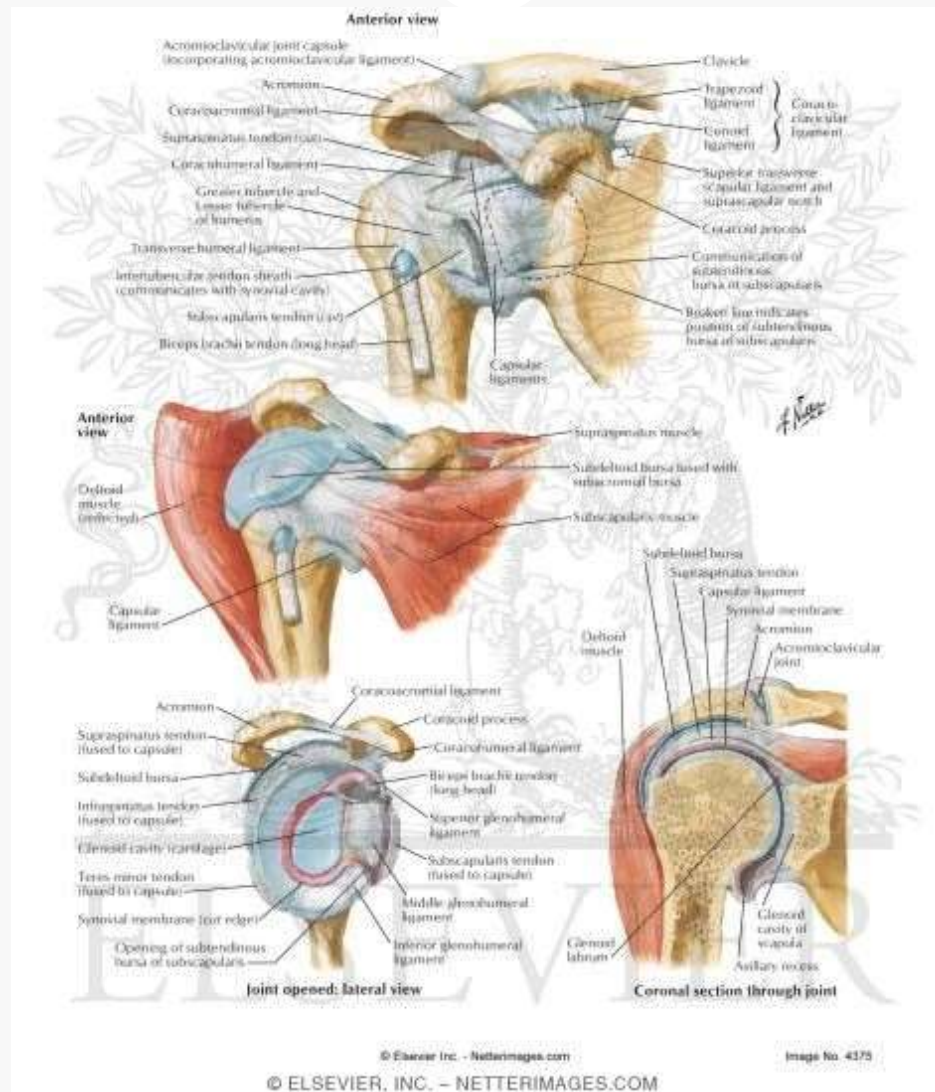
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Anatomy

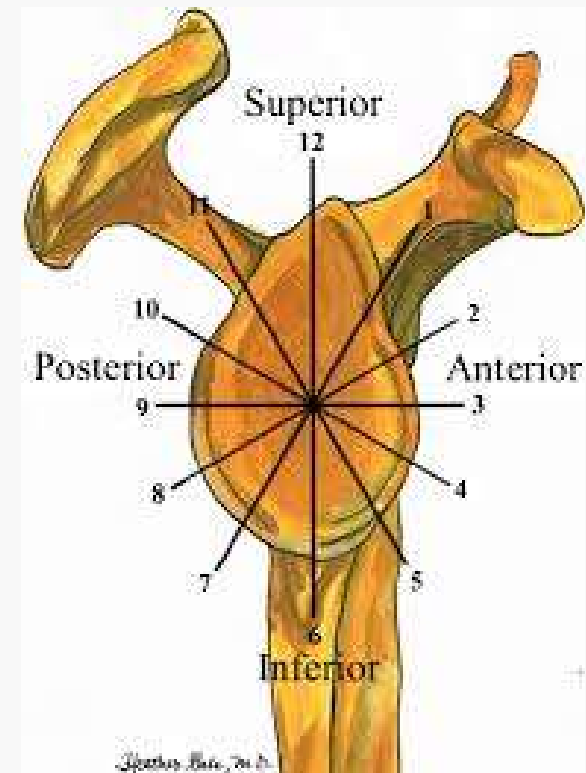




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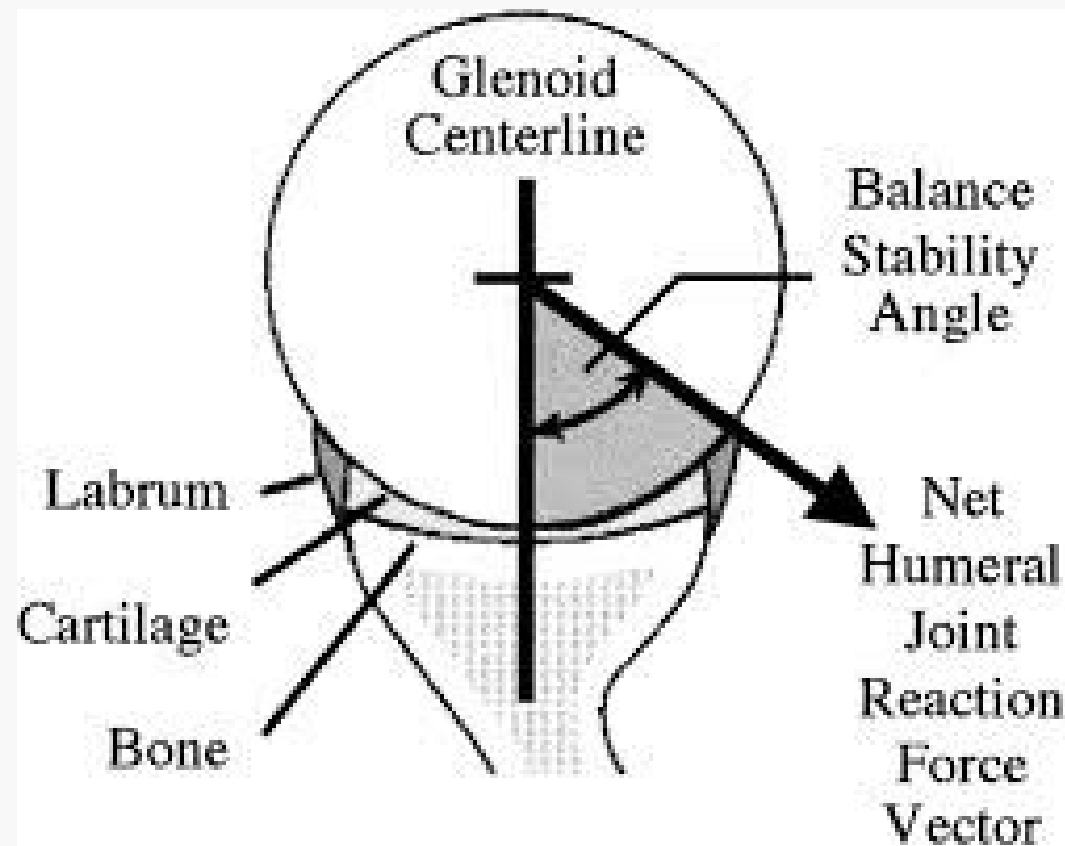
Anatomy





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Stability



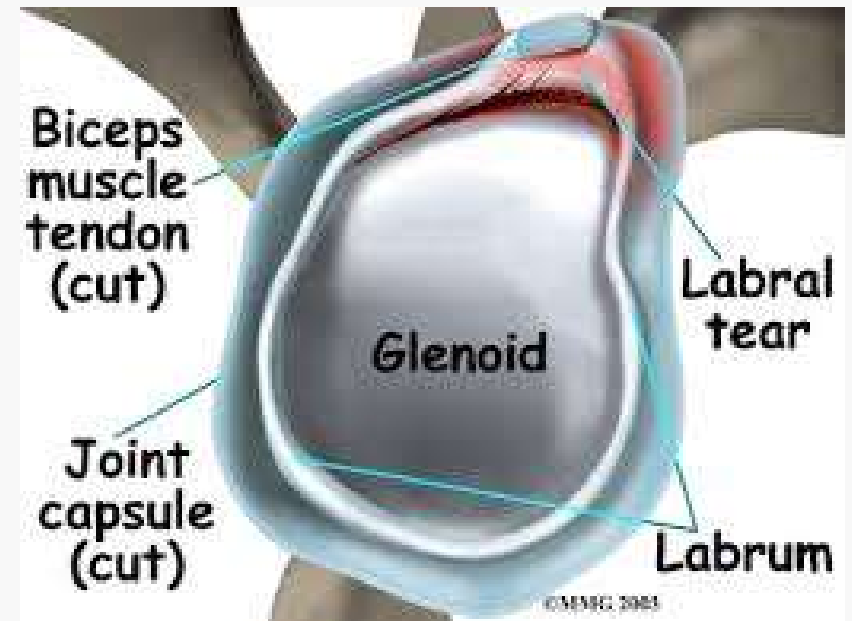


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ANATOMY

SHOULDER ANATOMY – GOLF BALL ON A TEE



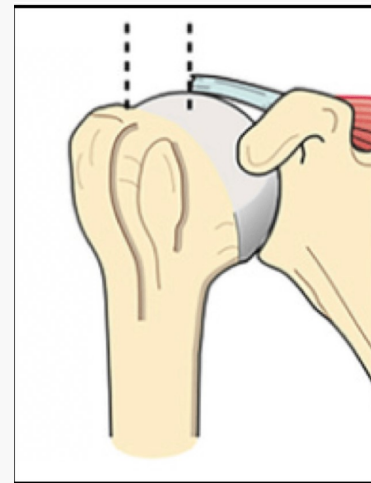
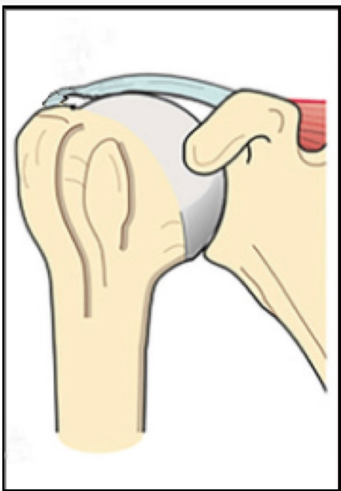
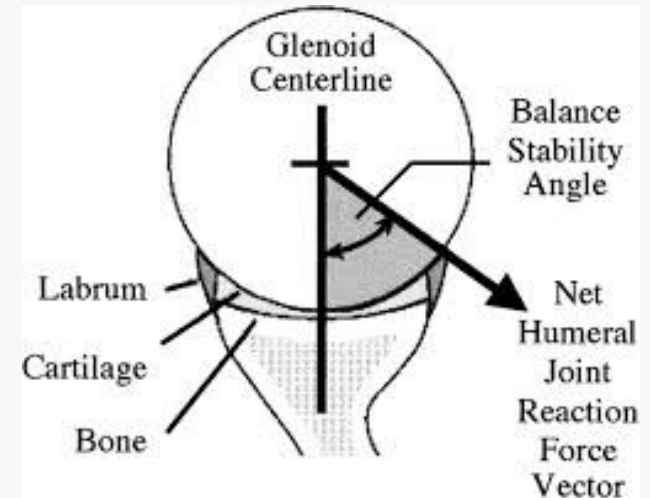


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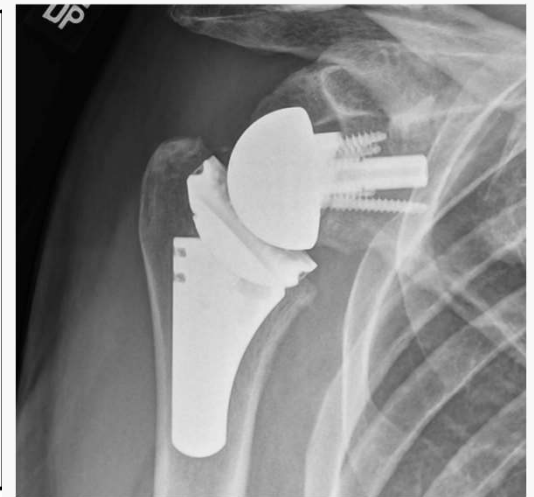
ANATOMIC TOTAL SHOULDER



- **ARTHRITIS**
- Requires intact rotator cuff
- Requires good bone stock
- Rarely indicated for a work injury
 - Aggravation of pre-existing condition
 - Long term sequelae of injury
 - ✦ Instability



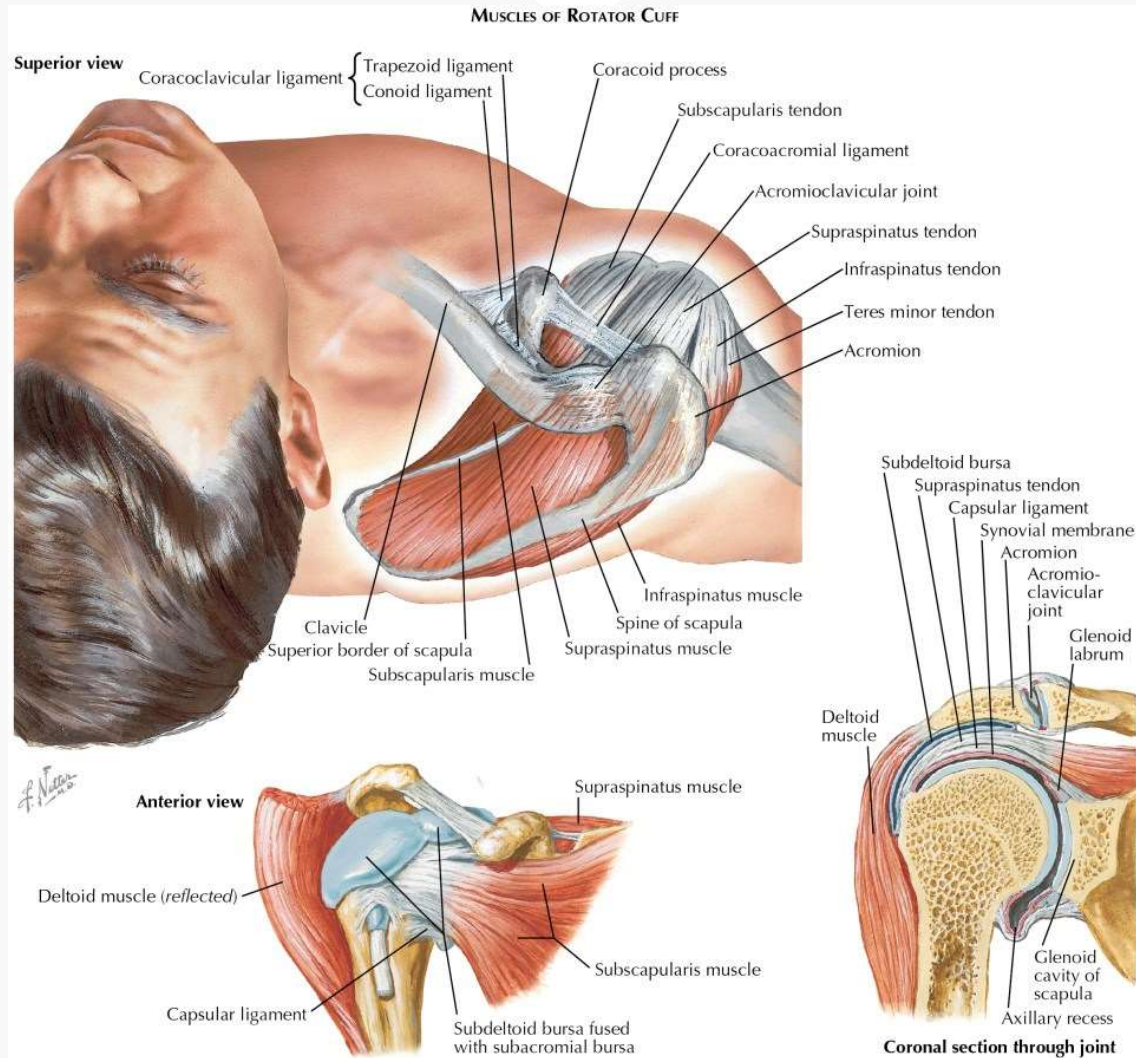
Full Thickness Tear





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Anatomy



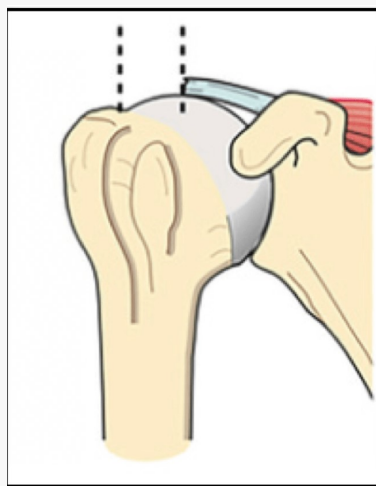


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ANATOMIC vs REVERSE



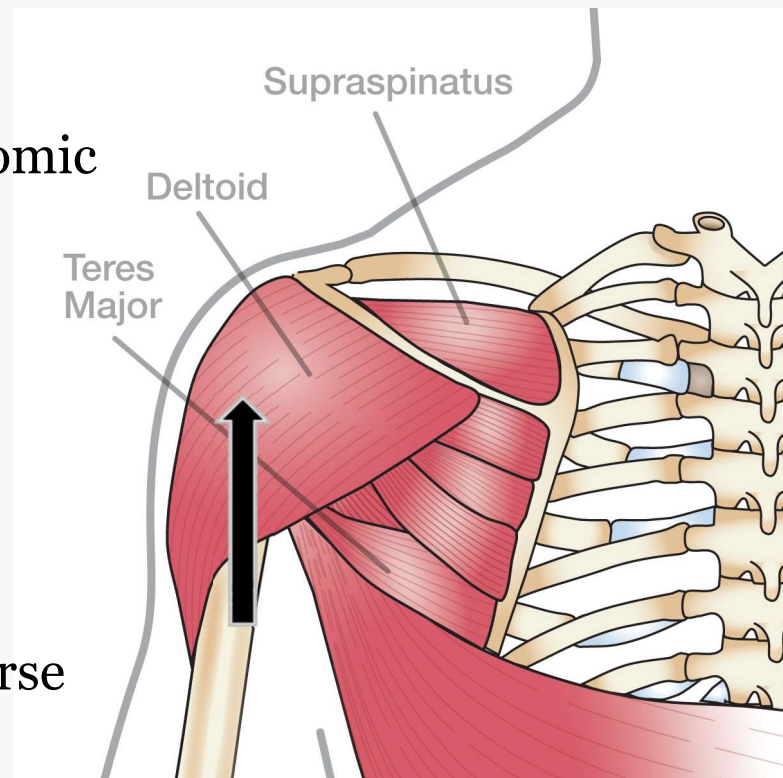
Anatomic



Full Thickness Tear



Reverse



Only Joint Replacement to Alter Anatomy



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Design rational



Total shoulder arthroplasty



Reverse-shoulder arthroplasty





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Patient Presentation



- Typical patient is older 70+
 - Degenerative condition
 - Progressive pain and weakness
 - Rarely related to work injury
- When could it be work related?
 - Complaints? Mechanism?
 - Most common – failed work-related rotator cuff repair
 - Aggravation of pre-existing condition – pre-existing rotator cuff tear but functional
 - ✦ Progression of tear – Acute change in function
 - Can be difficult to diagnose





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Work Relate Reverse



- Shoulder be an uncommon first line of surgery for work relate injuries
 - Complex humerus fractures in older individual
 - Severely damaged tendons – this is typically chronic
 - Aggravation of pre existing chronic tear
- More common
 - Failure of work related rotator cuff repair
 - Salvage procedure



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Diagnosis

- Xray





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Diagnosis



- MRI – Rotator cuff tear
 - Irreparable
 - ✦ Significant atrophy and retraction
 - Retraction can be acute
 - Significant atrophy indicates chronicity
 - Rotator cuff tear with arthritis
 - ✦ Aggravation of pre existing condition



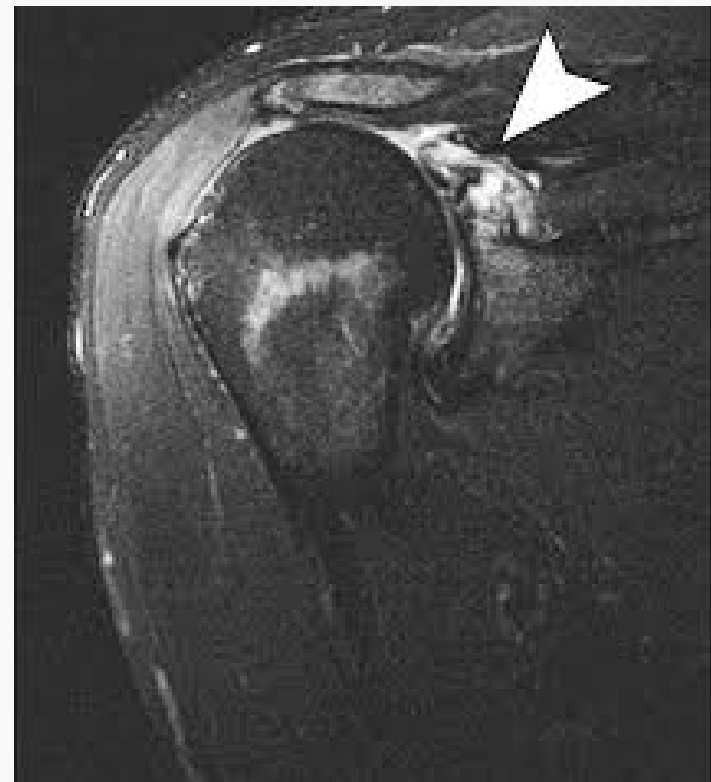


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Diagnosis



- MRI





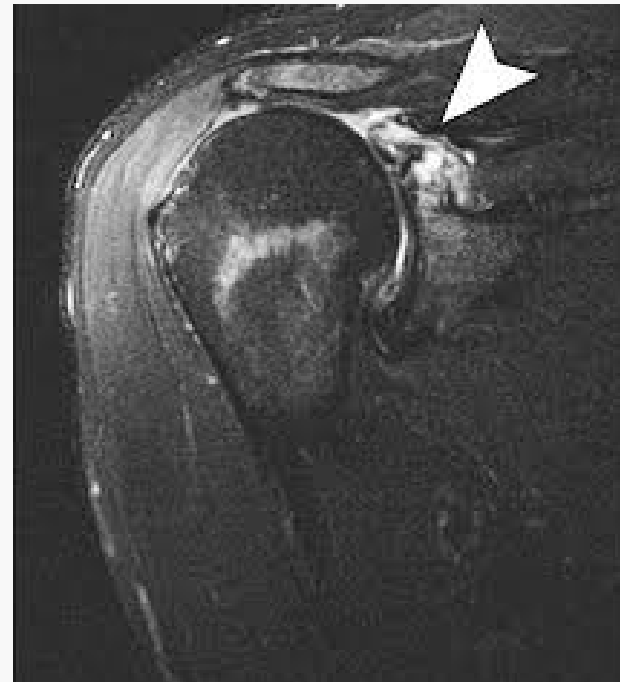
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Diagnosis



- Physical Exam

- Acute vs chronic pain
- Acute change versus chronic weakness
- Mechanism
- Atrophy of muscles
- Nature of job position
 - ✦ Were they able to do heavy work
 - ✦ Function prior to injury





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Physical Exam

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Treatment



- Non surgical
 - Physical therapy
 - ✦ Acute on chronic
 - ✦ Failed cuff repair
 - ✦ PRP?
 - ✦ Steroid injection
- Surgical
 - Revision rotator cuff repair
 - ✦ Graft?
 - ✦ Debridement?
 - Reverse total shoulder



Biceps?



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Post op

- Off work 2 weeks then back with restrictions
- Sling for 4 to 6 weeks
- Physical therapy? – Depends upon patient
- 5 to 6 months to MMI
- Will always have permanent restrictions
- Apportionment?





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PPI



Class 2 vs Class 3

IMPAIRMENT CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
IMPAIRMENT RANGES (upper extremity %)	0	1%–13% UE	14%–25% UE	26%–49% UE	50%–100% UE
Shoulder arthroplasty*			20 22 24 25 25 Implant with normal motion	26 28 30 32 34 Resection with normal motion 34 37 40 43 46 Complicated, unstable, or infected	



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Questions



Thank You!