Shoulder replacement help keep you in the game, not on the bench

During the last 20 years, the number of total shoulder replacement surgeries has dramatically increased. According to the American Academy of Orthopaedic Surgeons (AAOS), more than 45,000 shoulder replacement surgeries were performed in 2015 the United States compared to approximately 18,000 in 2000. By comparison, more than 900,000 Americans annually have hip and knee replacement surgery.

First performed in the U.S. in the 1950s, total shoulder replacement surgery was used to treat severe shoulder fractures. Since then, there's been a steady increase in the number of replacement surgeries that can be attributed to several factors:

- The procedure has become an effective solution for a host of painful shoulder conditions besides fractures which today accounts for less than 14 percent of the shoulder replacement population. Arthritis leads the reason for replacement at 74 percent.
- An aging, yet active Baby Boomer generation.
- The U.S. Food and Drug Administration's (FDA) approval of the reverse total shoulder arthroplasty in 2003 and its documented success for use in patients of all ages. In 2015, reverse total shoulder surgery represented one-third of all shoulder arthroplasty procedures.
- Improved implant devices and arthroscopic surgical techniques.
- Time to monitor and research surgery outcomes. One recent study revealed patient satisfaction with their shoulder replacement surgery was as high as 94 percent and the majority were pleased with their overall daily quality of life after surgery.

Individuals with chronic shoulder pain from degenerative arthritis, rotator cuff tears that are not repairable, and fractures are the most common reasons for shoulder replacement surgery. Most often, individuals undergo a variety of conservative treatment options as a first line of pain/injury management including:

- Activity modification
- Anti-inflammatory medications
- Physical therapy
- Steroid injections

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Should conservative approaches fail to provide relief or enable the patient to return to work or sport, a total shoulder replacement may be an option. Depending upon the outcome of conservative treatments, the orthopaedic specialist will recommend the best treatment options for the patient's shoulder condition, injury, pain and lifestyle goals to help ensure the best possible outcome.

If surgery is required, patients typically are in a sling for up to six weeks to prevent them from moving their arm on their own and allow the rotator cuff to heal. Physical therapy is started within two to three days after surgery. The physical therapist will move and stretch your arm and shoulder to prevent scar tissue from forming and the joint getting stiff. Physical therapy is usually prescribed for four months. Total recovery is dependent upon following and completing the physical therapy protocol prescribed by the orthopaedic specialist.

Return to driving is usually permitted after to six to eight weeks and when prescription pain medication is no longer needed. Return to work or activities once rehabilitation is complete—usually six months, although this is dependent upon the success of the rehabilitation and the type of work/activity.

Multiple studies have monitored shoulder replacement patients for short- and long-term outcomes and have reported exceptional results. Research also shows between 75 to 90 percent of shoulder replacement patients return to the exercise of choice with the highest number returning to swimming, followed by fishing, golf, and tennis. Additionally, research indicates patients experience an improvement in performance postoperatively. More demanding sports, such as bowling, softball, and basketball have lower postoperative return percentages (between 20 to 40 percent.) However, each patient and shoulder replacement is different so it is always recommended that patients have frank and honest discussions with their orthopaedic physician from the beginning so expectations and activity goals become part of the rehabilitation and recovery protocol.