

AG – Shoulder OA

Kyong S Min, MD

Tripler Army Medical Center

History

- CC: LEFT shoulder decreased ROM & pain
- HPI: 34 YO, M, history of LEFT shoulder dislocations and Bankart repair 20 years ago (no intra-articular pain catheter).
- Reports no further problems with stability and shoulder was pain free for the first 10 years.
- Over the past 10 years he has gradually worsening ROM.
- Minimal pain with daily activities unless he is trying to push past ROM restrictions.
- Reports while sleeping, he wakes up and feels like his shoulder is locked with severe 10/10 pain. He has to unlock it and then it feels fine.
- SSV: 40%
- Goal: **Increased range of motion, fix locking sensation while sleeping**

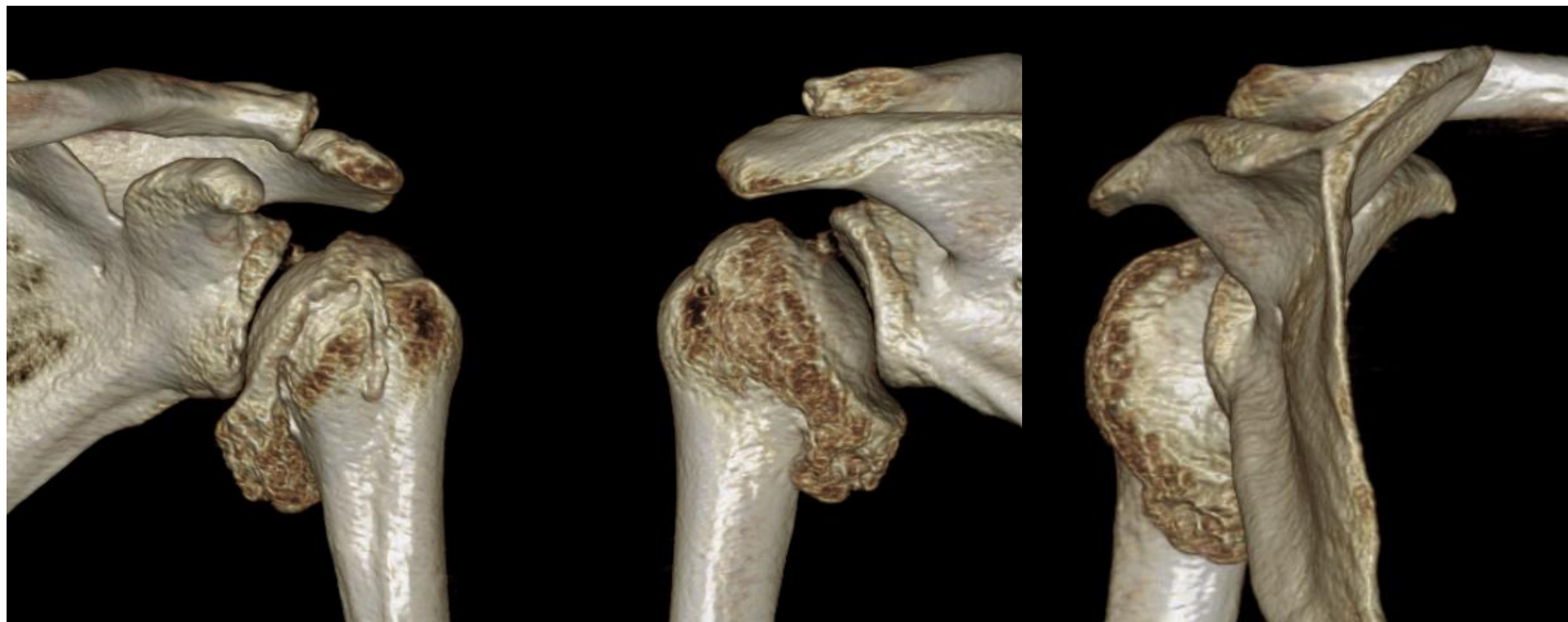
History

- PMH: none
- PSH: Tooth extraction, Knee surgery, LEFT shoulder bankart
- MEDICATIONS: diclofenac
- ALLERGIES: nkda
- FAMILY MEDICAL HISTORY: non-contributory
- SOCIAL HISTORY: Air Force Pilot. Denies nicotine and drugs; Social EtOH

Physical Exam

- Left Shoulder
 - AROM=ROM:
 - FF 120
 - ABD 60
 - ER 20
 - IR Sacrum
 - 5/5 strength throughout
 - No tenderness over biceps
 - No pain over AC joint





Assessment: Glenohumeral OA

- Primary complaint is decreased ROM and locking sensation when sleeping.
- He is able to tolerate the discomfort with his ADLs.
- Patient is extremely active and desires to continue with his military career.

Plan/Recommendations

1. Arthroscopic Comprehensive Arthritis Management (CAM)
2. Open Comprehensive Arthritis Management (CAM)
 1. Subscapularis Split
 2. Lesser Tuberosity Osteotomy
3. Hemiarthroplasty
4. Total Shoulder Arthroplasty
5. Any other suggestions?