

# Lakeview Community Wellness Center Orthopaedic Connection

## Is it shoulder arthritis? Probably not, but...

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### *Transforming patient information into patient understanding.*

Shoulder problems are very common. Not as common as knee problems in my practice, but nevertheless there are a lot.

Everyone in the office over forty usually makes some observation about getting older and they probably have “arthritis”. Well..... Arthritis in the shoulder is a very specific diagnosis to me and should not be applied to anything and everything that hurts around the shoulder. I can’t count how often I have seen a patient, who went to the doctor, was examined, was given a prescription for \_\_\_\_\_(fill in the blank) and told they had arthritis. I then ask if they brought their x-rays or at least a report and often no x-rays were taken. But they are convinced they have arthritis.

Sometimes even if they did have x-rays the report said arthritis (*of the AC joint*). Now the AC joint is the small joint on top of the ball and socket which is the real shoulder joint. I’ll bet almost everyone reading this has what on x-ray report would be called arthritis of the AC joint. Since the patient doesn’t know the difference between the two joints and the office assistant reading the report to the patient doesn’t know the difference—people we have a problem here.

True honest to goodness arthritis of the ball and socket shoulder joint can only be diagnosed by a good history, careful exam and good plain x-rays, which were seen and interpreted *by the person who did the exam and took the history*. Anything short of this runs the definite risk of a mistaken diagnosis. If you start out with an incorrect diagnosis, the chance of helping the person goes way down.

Actually true arthritis of the ball and socket is seen on occasion, but way less than the knee. It is somewhat uncommon to see shoulder arthritis in an average practice. When it does appear, we do have a menu as with other problems (not the same menu though!).

MRI is not required to make the diagnosis of shoulder arthritis.

When I do see shoulder arthritis and it is mild I might choose to also arrange an arthrogram or MRI study to rule out other pathology that could be causing more symptoms than the arthritis. In moderate to severe arthritis the MRI adds nothing to the diagnosis and should not be done. Plain x-rays first read by the examiner, then maybe MRI if arthritis is mild. Got it? I’m starting to sound like Michigan’s Bo.

### **Mild arthritis**

I might suggest prescription or non-prescription anti-inflammatory meds. Maybe Osteo-Bi-Flex (joint supplement).

Stretching, strengthening exercises taught by a PT facility.

### **Moderate arthritis**

Same as above. Possibly shoulder injection with Kenalog or Celestone (steroid). Possibly Supartz pain relieving lubrication substance in a 3 injection series given with x-ray guidance.

### **Advanced or Severe arthritis**

No PT (it won't help). Kenalog or Celestone injection 2 – 3 times a year at the most. Supartz probably wouldn't help, but I might try one series. Total shoulder replacement is the last stop. It's a big operation that can relieve much of the pain, but don't expect a result as good as a hip replacement.

Please remember that anyone can make an appointment to see Dr. Haverbush at his office in Alma, at 315 Warwick Dr., across from Gratiot Medical Center. Call 989-463-6092 to make an appointment.

And don't forget every article I have written for Lakeview Area News is on my Website, [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). Check it out. I specialize in you.

Be well.

Dr. Haverbush