This pamphlet contains general medical information and does not replace the medical advice of your physician. If you have questions about your medical condition or exercises, ask your doctor or health care provider.
Is shoulder pain keeping you from your active lifestyle?

You don’t have to suffer.
There is a reliable, effective solution.

Shoulder replacement (also called shoulder arthroplasty) can offer new hope for patients suffering from chronic shoulder pain. Shoulder replacement is the third most common type of joint replacement, after knees and hips.

Today, orthopaedic surgeons who specialize in shoulders are using advanced bone preservation technologies and implants to relieve pain and restore mobility in patients with compromised shoulder function.

Is it time for shoulder replacement?

This is a question only you and your orthopaedic surgeon can answer together. If you’ve tried and failed to get relief from non-surgical treatments it may be time to consider total shoulder replacement.

Some of the topics you and your surgeon may discuss to determine if total shoulder replacement is the right option for you include, but are not limited to:

- current function of your rotator cuff
- your age
- your activity level
- your everyday living expectations
- your overall health

Like any surgery, total shoulder replacement surgery has risks and benefits. Your orthopaedic surgeon will carefully review the potential benefits and risks with you.
Healthy Shoulder
Your shoulder is a ball-and-socket joint. The ball (humeral head) is on the top of the humerus, the long bone in your arm that runs from your elbow to your shoulder. The ball fits into a socket (glenoid) which is formed by your shoulder blade (scapula) and your collar bone (clavicle). The surface of the ball and socket are covered with a smooth tissue called articular cartilage, which allows for pain-free movement of the joint.

Shoulder with Arthritis
Arthritis causes the cartilage—the smooth tissue covering bones—to break down. When the cartilage breaks down, the ball and socket of the shoulder joint rub against each other, which is painful, causes swelling and limits your range of motion. There are many types of arthritis, the most common types affecting the shoulder are osteoarthritis, rheumatoid arthritis and post-traumatic arthritis. When pain and lack of mobility reaches an advanced stage, shoulder replacement may be recommended.

For more information on shoulder replacement, speak with your surgeon and visit: liftmyarm.com
Healthy Rotator Cuff
Your rotator cuff is made up of four muscles that connect as a tendon cuff over the humeral head. A healthy rotator cuff allows you to raise and rotate your arm, move your shoulder in different directions and helps the ball (humeral head) stay centered in the socket (glenoid).

Torn Rotator Cuff
Rotator cuff tears are common, and are more likely to occur after age 40. The tendons that make up the rotator cuff weaken with age and are more likely to tear during a fall, when pulling or lifting with force, or during repetitive overhead activity such as painting, swimming and weightlifting. When a torn rotator cuff is not repaired, the shoulder doesn’t move the way it should which causes wear and tear on the joint. Overtime, arthritis develops and all rotator cuff function may be lost, resulting in a condition called cuff tear arthropathy. A reverse total shoulder replacement may be recommended for large rotator cuff tears that can’t be repaired and for rotator cuff tear arthropathy.

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Primary Total Shoulder

During a primary total shoulder replacement, the ball (humeral head) of the shoulder joint is replaced with an implant that includes a short stem with a smooth, rounded metal head. The socket (glenoid) is replaced with a smooth, rounded plastic cup that fits the head of the ball. Primary total shoulder replacement mimics the natural ball and socket anatomy of the shoulder joint and may be recommended for patients with advanced arthritis of the shoulder joint and a healthy, intact rotator cuff.

Reverse Total Shoulder

During a reverse total shoulder replacement, the ball (humeral head) of the shoulder joint is replaced with an implant that includes a short stem with a curved plastic tray. The socket (glenoid) is replaced with a rounded metal head. Reverse total shoulder replacement reverses the natural ball and socket anatomy of the shoulder joint which allows the stronger deltoid muscles to take over for strength and function. Reverse total shoulder replacement may be recommended for patients with:

- completely torn or irreparable rotator cuff tendons
- cuff tear arthropathy (shoulder arthritis with a large rotator cuff tear)
- severe shoulder fracture
- shoulder dislocation and a large rotator cuff tear

Your surgeon will discuss your specific condition and explain the potential benefits, risk and considerations of any surgical or non-surgical treatment option to manage your shoulder condition.
AEQUALIS ASCEND™ FLEX
CONVERTIBLE SHOULDER SYSTEM

Offering Options and Peace of Mind
Although shoulder replacements are documented to last beyond ten years, natural thinning of the rotator cuff, injury to the shoulder, implant wear or loosening may occur, which might require a revision surgery or conversion from a primary to a reverse total shoulder replacement. In a well-documented study, 90% of shoulder replacement implants were still in place at ten years and 81% at twenty years.1 The length of time your implant lasts is highly dependent upon many factors including your age, weight, activity level, sustained injury, healing rate, infection, rotator cuff function, overall health, and other factors.

ASCEND™ FLEX is an innovation in shoulder replacement design that gives your orthopaedic surgeon the flexibility to address your current shoulder condition while considering potential future conditions.

Flexibility in Action
Should a conversion from a primary total shoulder to a reverse total shoulder be required, ASCEND™ FLEX features a convertible stem which allows for a simplified conversion, the already well-fixated stem remains in place while the components on top of the stem are exchanged. Other shoulder replacement systems often require complete removal of the stem, which can potentially lead to increased blood loss, bone loss and anesthesia time during surgery.2

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