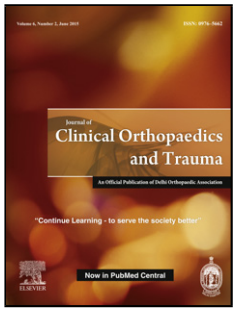

Title: GOING FORWARD WITH REVERSE SHOULDER ARTHROPLASTY

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GOING FORWARD WITH REVERSE SHOULDER ARTHROPLASTY

REVIEW ARTICLE

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Abstract:

Rotator cuff is a vital structure of glenohumeral joint, the dysfunction of which leads to debilitating pain and restricted movement. Arthroplasty using unconstrained anatomical prosthesis for treating these conditions have not been successful in the past. Reverse Shoulder Arthroplasty (RSA) is a novel technique specifically designed to address end stage glenohumeral arthritis in rotator cuff deficient joint. Short and mid-term studies have demonstrated a significant improvement in pain and range of motion of the shoulder joint. However there is a very high complication rate in comparison to total and hemiarthroplasty of shoulder joint. . Over the years, use of RSA has steadily increased, both in volume and the range of indications. This article discusses the biomechanical aspects, indications and critically reviews the clinical outcome following Reverse Shoulder Arthroplasty.

Introduction

Cuff Tear Arthropathy (CTA) was first described by Neer et al to describe the pathoanatomy of glenohumeral joint secondary to deficient rotator cuff [1] , which led to proximal migration of humeral head and degenerative changes in the glenohumeral joint. [2] Total shoulder Arthroplasty (TSA) was offered as surgical treatment for this condition, though it became obvious that a deficient rotator cuff caused excessive and eccentric loading of the glenoid component along with superior migration of humeral