

Don't shrug off shoulder pain

It may be shoulder arthritis, which usually affects those older than 65 but can occur as early as in your 40s and 50s, says consultant orthopaedic surgeon Dr Ruben Manohara

Our shoulders are the most mobile joints in our body. They are susceptible to arthritis, or joint degeneration. This can lead to pain, stiffness and disability for some people.

Shoulder arthritis usually affects up to 20 per cent of those older than 65 years of age, but can also occur as early as your 40s and 50s, says consultant orthopaedic surgeon Dr Ruben Manohara.

Patients are usually given pain relief and anti-inflammatory medication, or an injection of steroids and pain relief medicine into the joint, as well as physiotherapy. They will also have to reduce upper limb and overhead activities.

Surgery is often the last resort. Not going for surgery is an option, but patients may have to live with long-term symptoms. Dr Manohara shares more about the procedure.

Q What types of shoulder replacement surgery are there and who would need one?

There are two types of shoulder replacement surgery, usually done under general anaesthesia.

An anatomical shoulder replacement is for patients with diseased ball-and-socket joint surfaces, which are replaced with ball-and-socket metallic and plastic bearing surfaces. To undergo this procedure, the patient needs to have a healthy and functional rotator cuff (the muscles which stabilise the shoulder joint).

A reverse total shoulder replacement is suitable for patients with shoulder arthritis who have rotator cuff tears, irreparable rotator cuff tears, rheumatoid arthritis or tumours around the shoulder. It may also be advised for revision surgeries after failed procedures, or elderly patients with complex shoulder fractures.

The procedure involves switching the ball-and-socket components to the opposite sides. This allows bigger muscles around the shoulder to compensate and power the shoulder joint instead, so it can function without an intact rotator cuff.



Shoulder joint replacement surgery should only be explored as a last resort when all other non-invasive forms of treatment have failed. PHOTO: GETTY IMAGES

Q What is the recovery period for shoulder replacement surgery like?

After an anatomical shoulder replacement, the range of movement is usually protected for six weeks to allow healing.

Following a reverse shoulder replacement, the operated shoulder is allowed movement right after if well tolerated by the patient. You will be provided with an arm sling, which you can be weaned off within two weeks.

Most patients regain their overhead range of movement and can resume sports after three months.

A joint replacement can wear over time, or with excessive use. The lifespan of a shoulder joint replacement is about 20 years.

Q How should I take care of my shoulder to prevent future injuries?

Do strengthening exercises for the rotator cuff muscles and the muscles around the shoulder blade to stabilise and support your shoulder. Regular stretching will also improve your range of movement and reduce the risk of injury.

Remember to warm up before activities. If lifting weights, learn the proper technique and progressively work your way up to the heavier loads. Take time off between workouts for rest and recovery.

Improving posture and ergonomics also helps. Most of all, listen to your body. If there is pain after exercise or activity, let it rest for a few days. Icing and taking anti-inflammatories would also help. If pain persists or worsens, consult your doctor.



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