ROBERT PETTIT, MD
Restoring Function. Maximizing Performance.
ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE
CINCINNATI, OH · FORT THOMAS, KY
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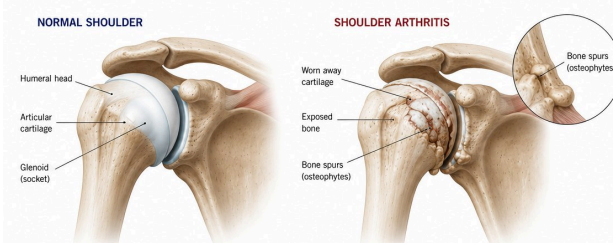
FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

SHOULDER CONDITION

Shoulder Arthritis

Glenohumeral Arthritis — Patient Condition Guide



Normal shoulder vs. glenohumeral arthritis (worn cartilage, bone spurs) · for education; your anatomy may differ

OVERVIEW

Shoulder arthritis is the gradual wearing away of cartilage in the glenohumeral (ball-and-socket) joint, causing pain and stiffness. It can develop from age-related wear, prior injury, or in association with a chronic rotator cuff tear.

ANATOMY

The shoulder joint is formed by the humeral head (ball) and the glenoid (socket) of the shoulder blade, both normally covered in smooth cartilage. Arthritis roughens these surfaces, and the pattern of wear helps guide treatment, especially with respect to the rotator cuff.

SYMPTOMS

- Deep, aching shoulder pain that worsens with activity
- Progressive stiffness and loss of motion
- Grinding or catching with movement
- Night pain that disrupts sleep

DIAGNOSIS

X-rays typically confirm arthritis by showing joint space narrowing and bone changes. MRI or CT may be added to evaluate the rotator cuff and bone quality when surgery is being considered.

TREATMENT OPTIONS

Initial management includes activity modification, physical therapy, anti-inflammatory medication, and injections. When symptoms significantly limit daily life, anatomic total shoulder replacement or reverse total shoulder replacement are considered, chosen based on rotator cuff condition.

RECOVERY TIMELINE

- Weeks 0–6: sling use with early passive motion

- Weeks 6–12: active motion and light strengthening
- Months 3–6: continued strengthening and functional return
- Most patients see significant pain relief early, with strength continuing to improve over months

FAQS

Q What's the difference between anatomic and reverse shoulder replacement?
Anatomic replacement recreates the normal ball-and-socket anatomy and requires an intact rotator cuff; reverse replacement changes the joint mechanics to work well even when the cuff is torn or deficient.

Q Do I need surgery for shoulder arthritis?
Not necessarily at first — many patients get meaningful relief from non-surgical treatment before surgery is considered.

SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/handouts/shoulder-arthritis.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

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HOME EXERCISE PROGRAM

Shoulder Arthritis: Exercises & Strengthening

Motion is medicine for an arthritic shoulder: gentle daily range of motion plus pain-free isometric strengthening.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.

Pendulum Swings

5 minutes, 3 times daily

Lean forward with support, let the arm hang relaxed, and gently swing it in small circles. Gradually widen the circle. Keep the shoulder muscles loose.

Wand-Assisted Elevation

10 slow reps, 2–3 times daily

Hold a cane or stick with both hands and use the healthy arm to guide the affected arm overhead as far as comfortable.

Cross-Body Stretch

5 × 20-second holds, daily

Bring the arm straight across your chest and use the other hand to gently pull it closer until you feel a stretch in the back of the shoulder.

Isometric External Rotation

5-second pushes × 10, daily

Elbow at your side bent 90°, press the back of the wrist into a wall or door frame without moving. Build tension gradually.

Scapular Squeezes

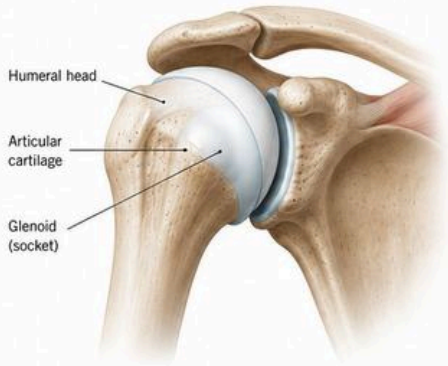
10-second holds × 10, 3 times daily

Sit or stand tall and squeeze the shoulder blades together and slightly down, as if pinching a pencil between them. Do not shrug.

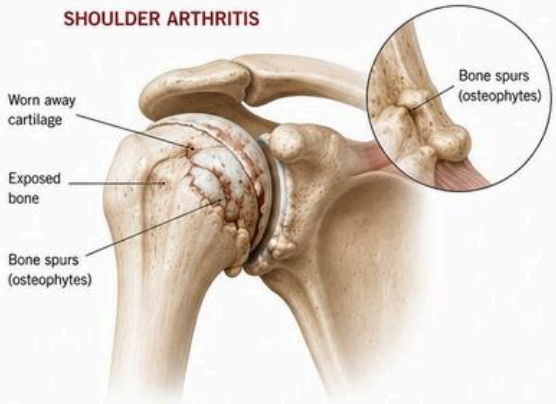
Shoulder Arthritis (Glenohumeral Osteoarthritis)

Wear-and-tear arthritis of the shoulder joint occurs when the cartilage that cushions the ends of the bones wears down, causing pain, stiffness, and loss of function.

NORMAL SHOULDER



SHOULDER ARTHRITIS



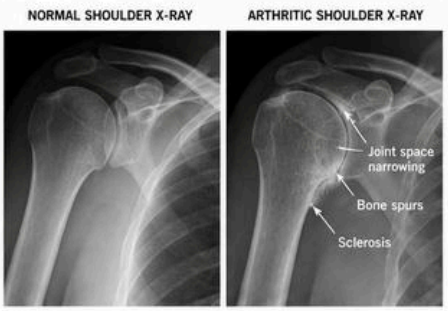
COMMON SYMPTOMS

- Shoulder pain with activity
- Pain at rest or at night
- Stiffness and loss of motion
- Grinding or catching sensation
- Weakness
- Difficulty with daily activities (reaching, lifting, dressing, etc.)

COMMON CAUSES / RISK FACTORS

- Age-related wear and tear
- Previous shoulder injury
- Repetitive overhead use
- Rotator cuff tears
- Genetics
- Inflammatory arthritis

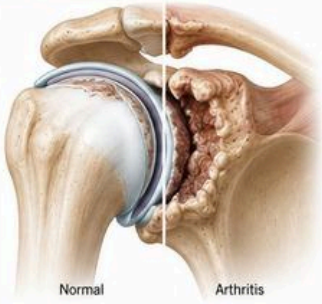
X-RAY COMPARISON



HOW ARTHRITIS AFFECTS THE JOINT

Articular cartilage acts as a smooth cushion that allows the bones to glide over each other.

With arthritis, the cartilage wears away, the bone rubs on bone, and the body forms bone spurs. This leads to pain, stiffness, and decreased motion.



TREATMENT OPTIONS

Non-Surgical
Activity modification, physical therapy, medications, injections

Surgical
Arthroscopic debridement (select cases), osteotomy (younger patients), or shoulder replacement (advanced arthritis)

Treatment depends on the severity of arthritis, age, activity level, and functional goals.

For patient education; your anatomy may differ.