



YORKSHIRE SHOULDER CLINIC

Welcome

&

The Painful Mobile Shoulder

Charlie Talbot

Consultant Shoulder & Elbow Surgeon

Harrogate & Spire Leeds

# YORKSHIRE SHOULDER CLINIC

— LEEDS | YORK | HARROGATE | ELLAND —



Neil Pennington

Charlie Talbot

Simon Boyle



# Neil Pennington

- Born in Preston
- Practice based at Spire Elland and Spire Roundhay
- Trained in Yorkshire and Coventry
- Shoulder and elbow arthroplasty
- Proximal humeral replacements



# Simon Boyle

- Born in Leeds
- Practice based at Nuffield Leeds and York
- Trained in Yorkshire, Annecy, Wrihtington and Australia
- Shoulder arthroscopy and soft tissue disorders
- First UK surgeon to perform all arthroscopic Latarjet
- Professional sports



# Charlie Talbot

- Born in Oxford
- Practice based at Duchy Harrogate and Spire Roundhay
- Trained in Yorkshire, Wrightington and Sheffield
- Shoulder arthroscopy and soft tissue disorders
- First Yorkshire surgeon to perform Superior Capsular Reconstruction




# yorkshireshoulder.com

- Patient Info
- Rehab Protocols
- Talks
- Contact Information
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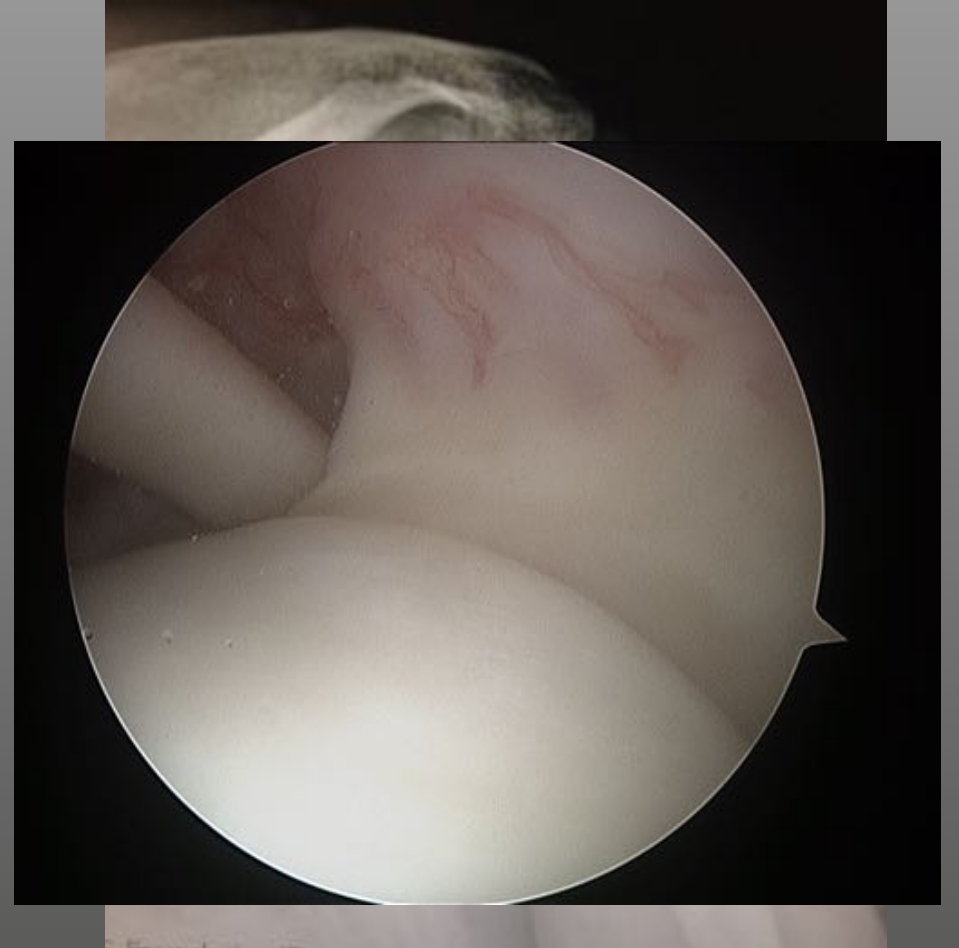
# Shoulder Pain

- Prevalence 7% - 26%
- Incidence 1.5%
-  with age
- ~ 20% referred



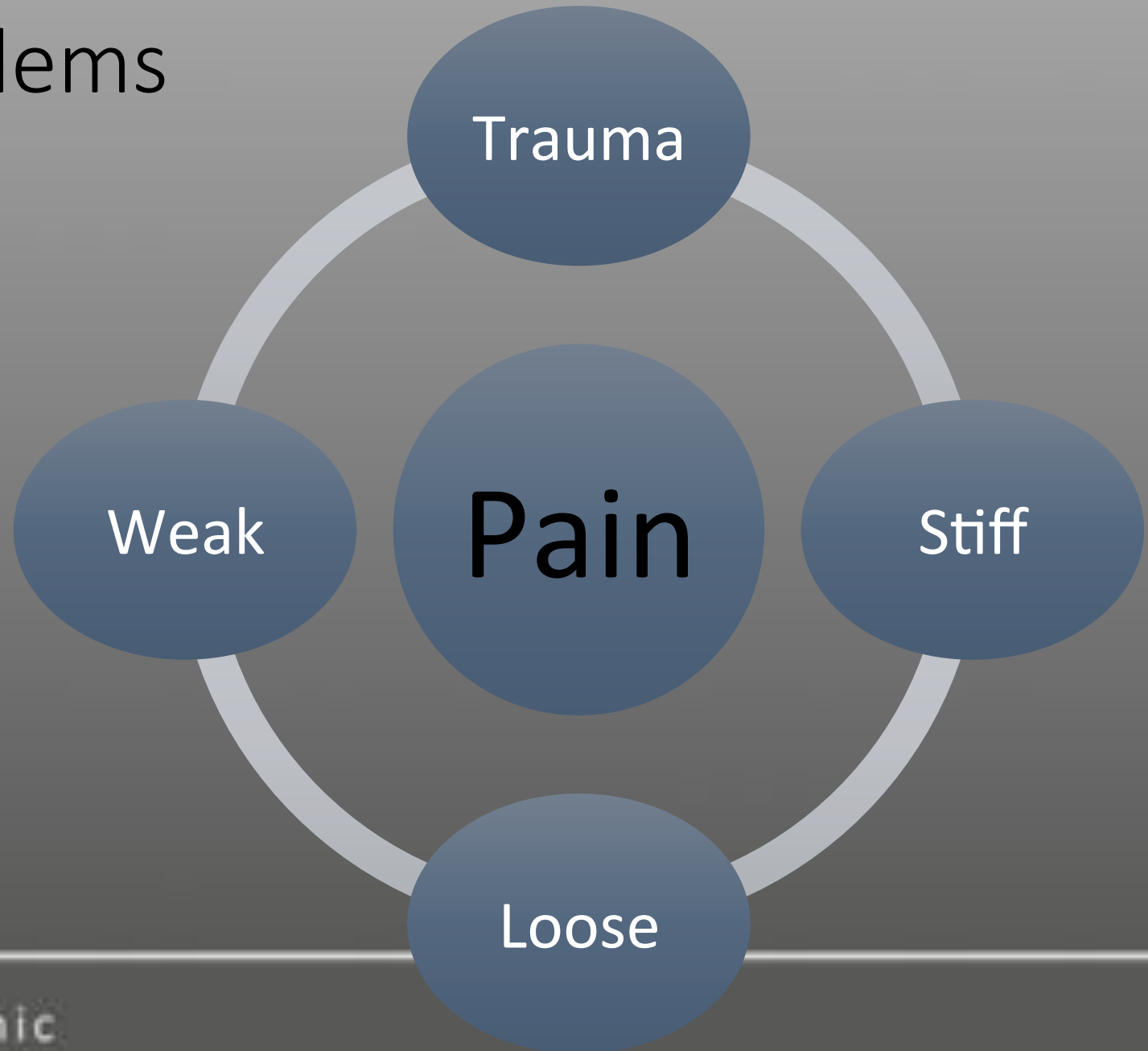
# Advances

- Understanding
- Diagnosis
  - Clinical history
  - Clinical Examination
  - Imaging
- Arthroplasty
- Arthroscopy





# Shoulder problems



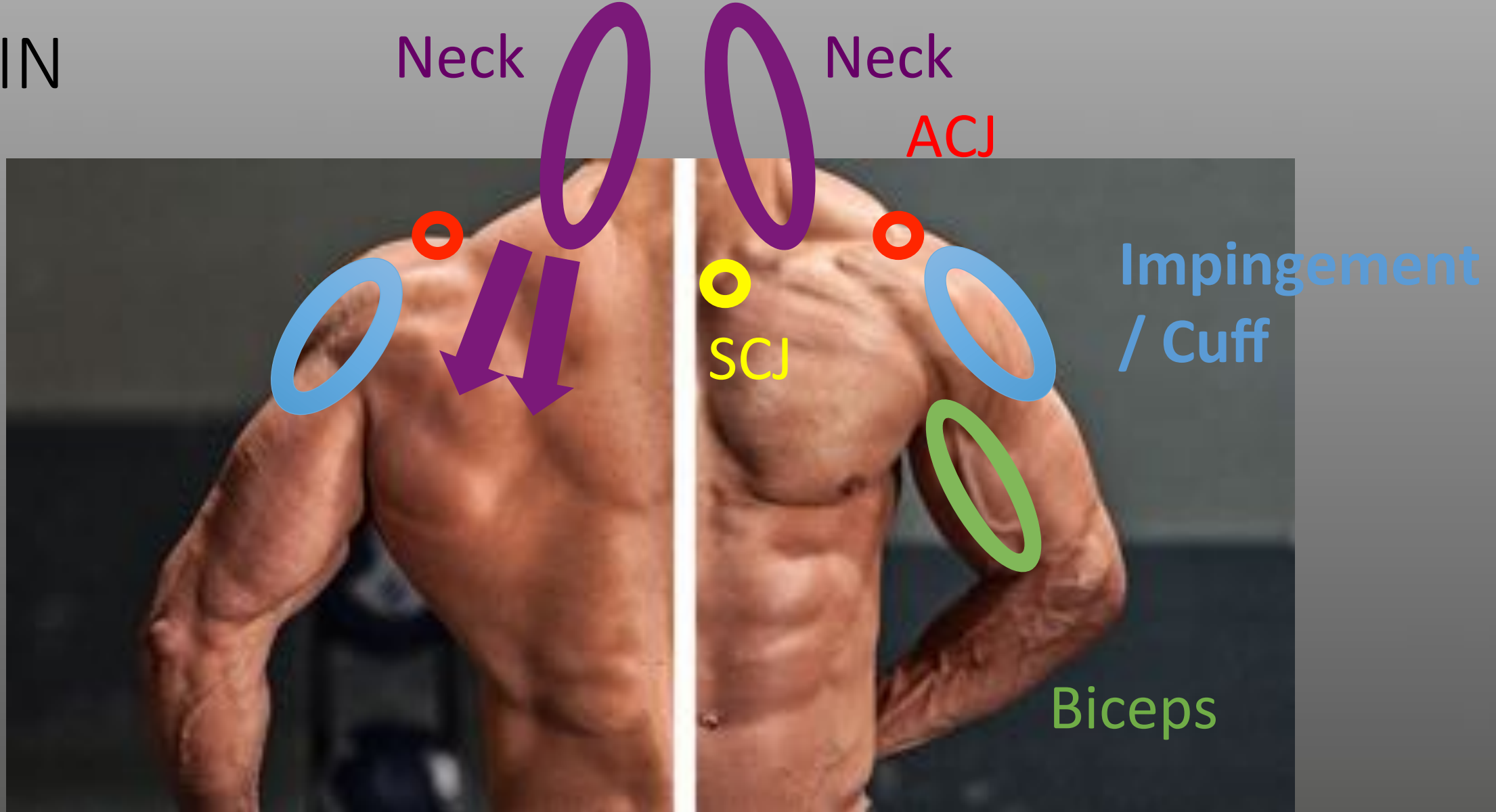
# Diagnosis

Complaint	Diagnosis
Stiff	Frozen Shoulder OA
Loose / Unstable	Traumatic Atraumatic
Weak	Rotator Cuff Tear Nerve lesion
Pain	Impingement Calcific Tendonitis Cuff tear ACJ

# Diagnosis

Age	Potential Diagnoses
Young (teens -30)	Instability ACJ disruption
Middle (30-65)	Impingement Cuff Disease Calcific Tendonitis Frozen shoulder
Older (65 +)	OA Degenerative cuff disease Rotator Cuff Arthropathy

PAIN



# Urgent Referral

- Sudden onset / severe unremitting pain
- Non-positional NIGHT pain
- Wt loss
- Systemic infection / TB
- Acute neurological signs / symptoms
- Previous cancer



# Shoulder Impingement

## Painful Arc

# Subacromial Anatomy



# Shoulder Impingement

- Very common
- Classic “painful arc”
- Bursitis / Tendinopathy /  
Calcific Tendonitis / Cuff tear
- High arc pain = ACJ pathology





# Impingement testing

Hawkins Kennedy Test



Neer's sign



Neer's test



# Rotator Cuff Tests

Jobe's Test  
Supraspinatus



Resisted External Rotation  
Infraspinatus



# Rotator Cuff Tests

Lift off test  
Subscapularis



“Bear Hug” Test  
Subscapularis



# ACJ Pain – Scarf test













# Shoulder impingement

- **PRESENTATION**

- Insidious
- Upper lateral arm pain
- Painful arc
- +ve tests

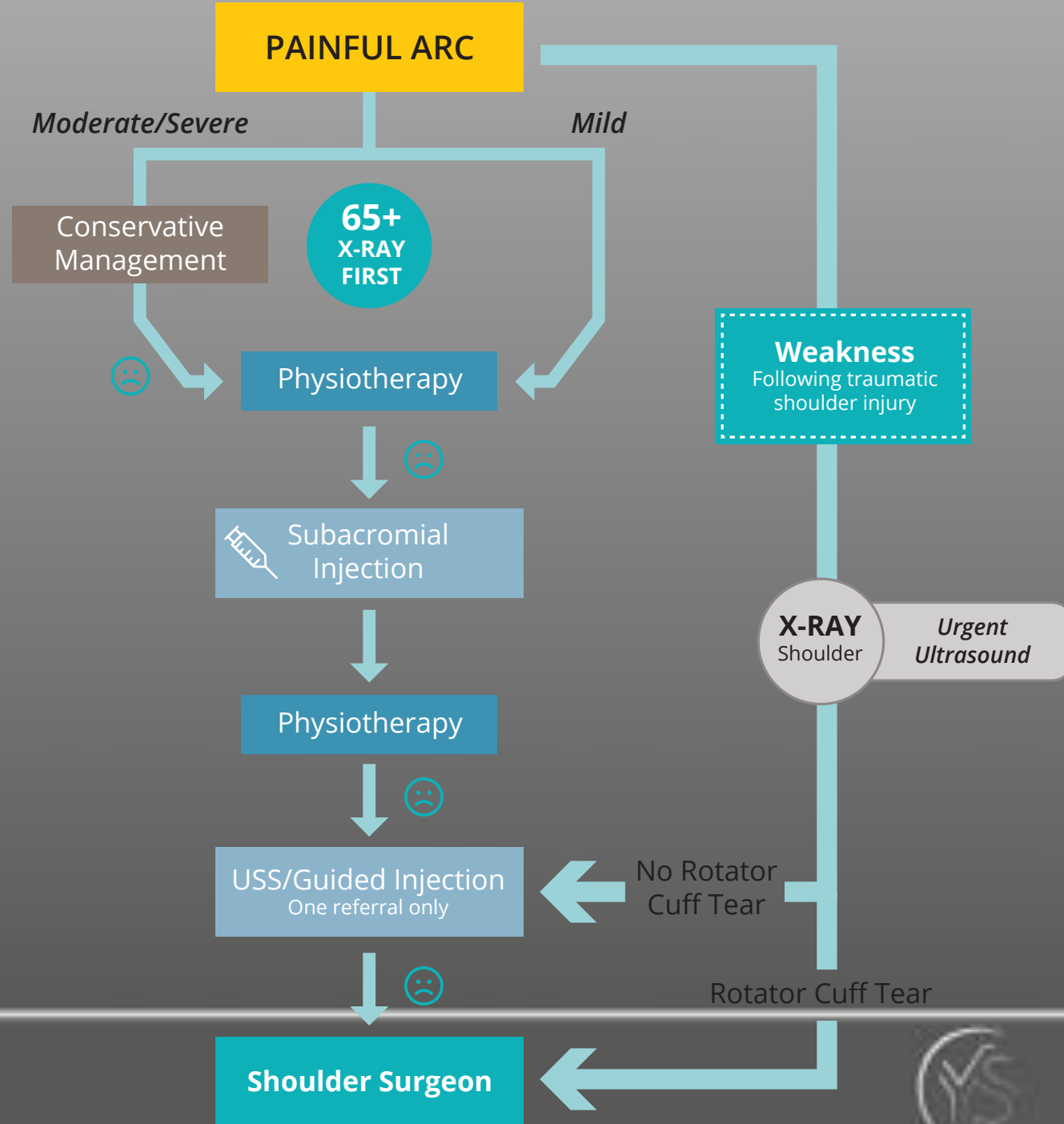


- **TREATMENT**

- Subacromial Injection
- Physiotherapy
- NSAIDs
  
- Consider USS
- USS Guided injection

# Pathway

- Conservative Management
- Referral
  - Failure to Progress
  - Weakness
  - Esp. after trauma



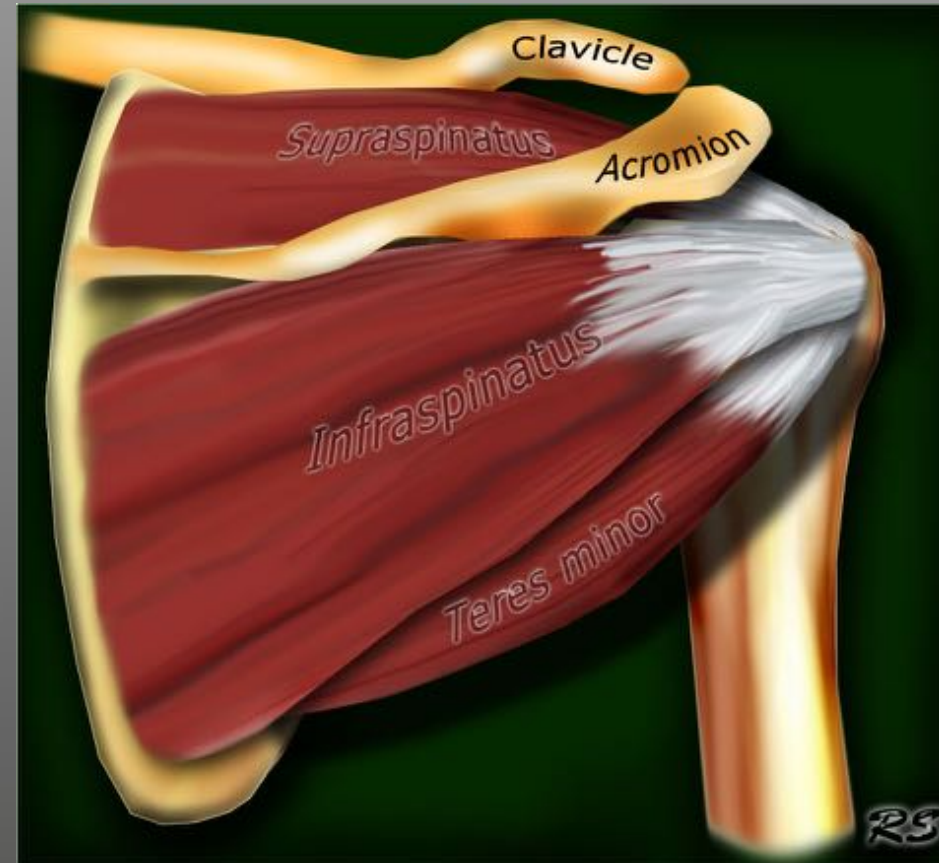
# Weak Shoulder

- Rotator Cuff tear

- Neurological lesion

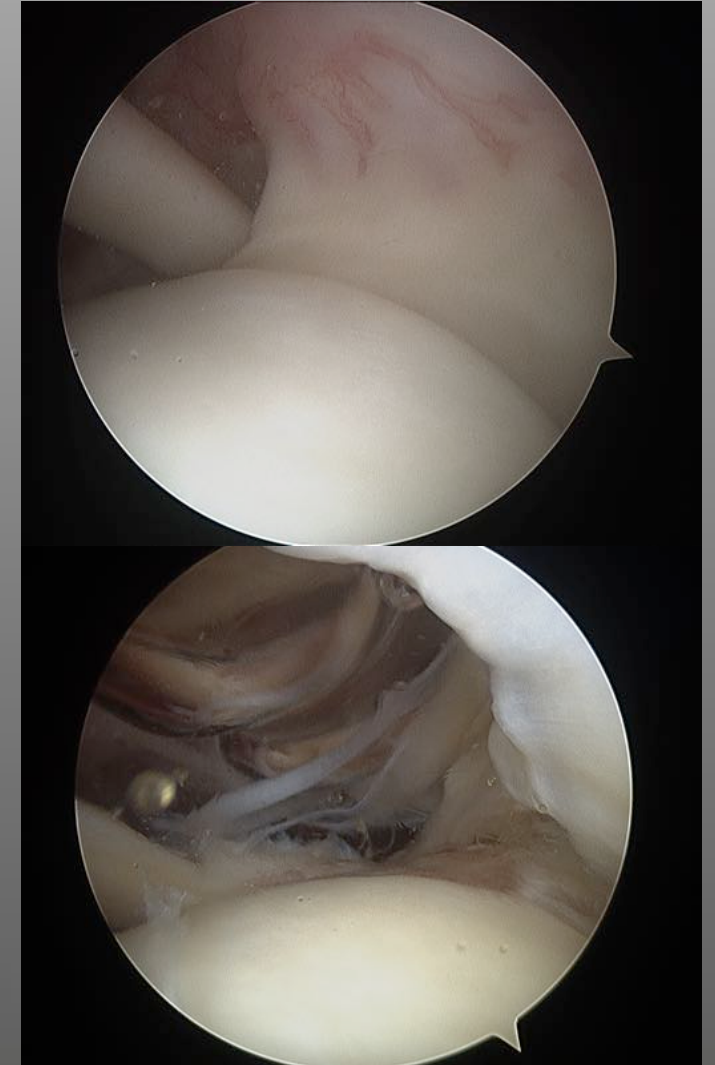
- **PAIN**

# Rotator Cuff

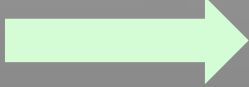
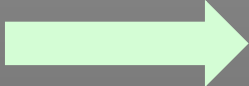


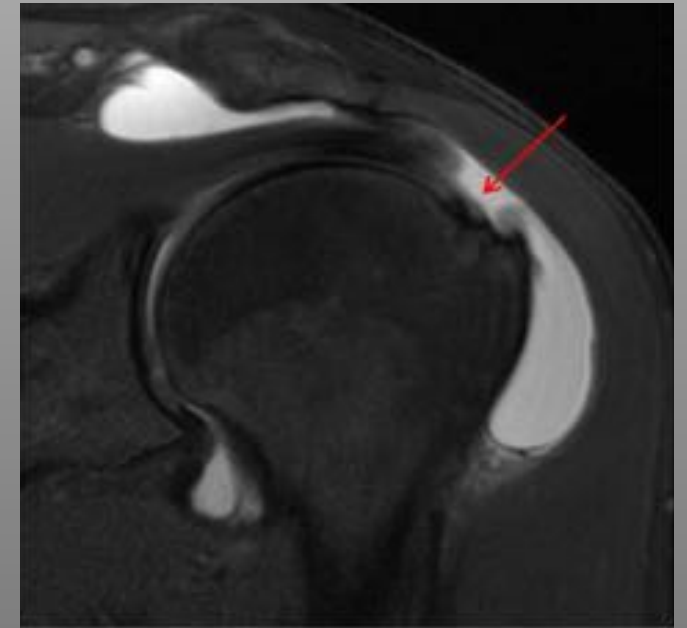
# What do we know?

- Often patients do not have pain
  - Many patients *will eventually* have pain
- RCTs *do not* heal on their own
- RCTs get *larger* over time



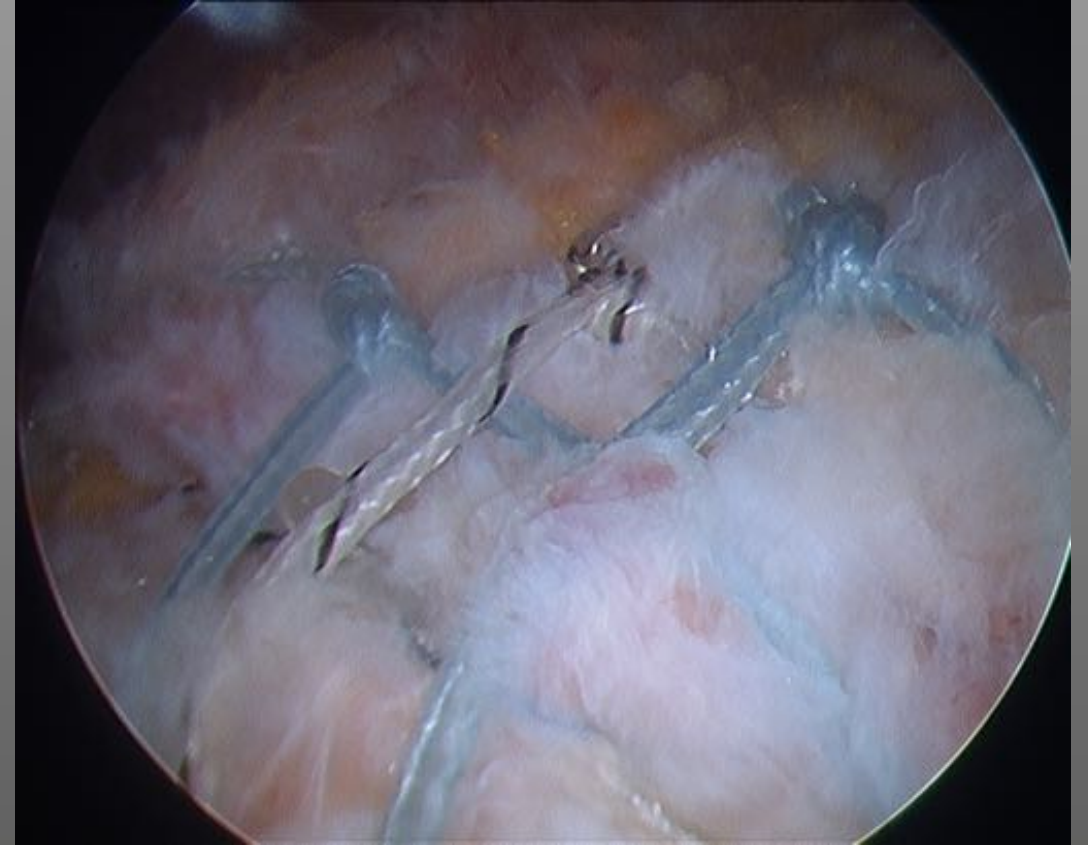
# Natural History RCT

-  Progression 50% over 5 yrs
-  Symptomatic 50% over 5 yrs
- Development of cuff tear arthropathy



# Treatment options

- Results non-operative = good
  - Small balanced tears
  - Deltoid compensation
  - Advanced age / lower demand
- Results surgery = good
  - Traumatic tears
  - Younger / more active / higher demand
  - Healing achieved



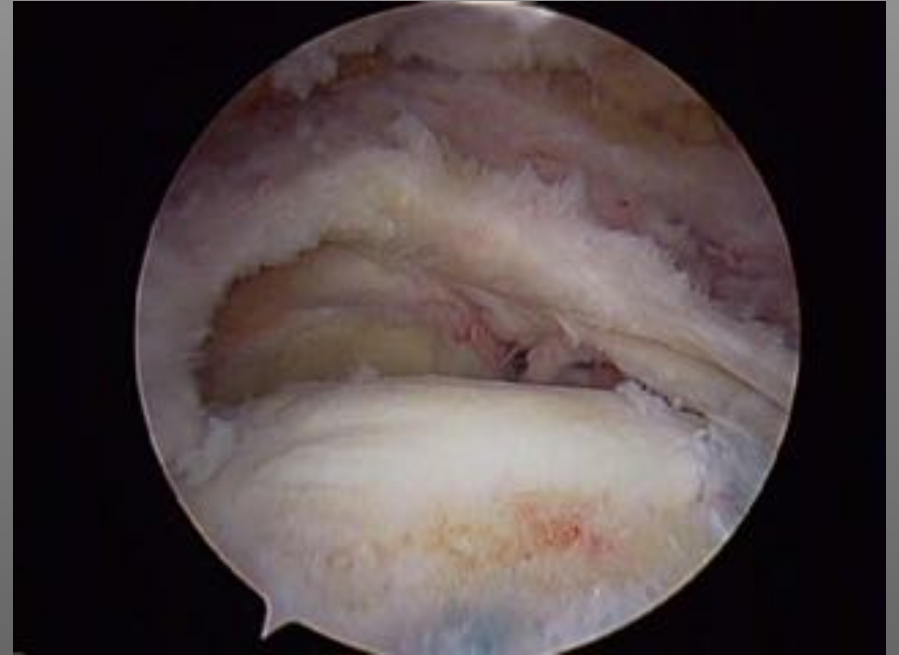
# Who should we fix?





# Management Consideration

- Traumatic vs. degenerative
- Asymptomatic vs. symptomatic
- Patients and their demographic factors
- Reparability of the cuff



# Non-operative

- NSAIDs
- Steroid injections
- Physiotherapy
- Deltoid strengthening



Failure to progress should trigger referral

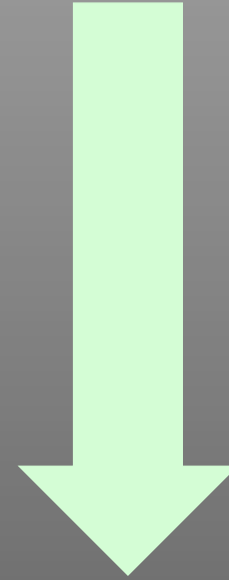
# Decompression & Debridement

- Partial thickness tears
  - <50% thick
  - Debridement & ASD
- Debridement small & medium FT tears (Levy)
  - 60% satisfied <60 yrs
  - 87% satisfied >60 yrs
  - 25 % re-operation with 13 / 12
- Older / less active – ASD only




# Historical Results of Repairs

- Small 94%
- Medium 85%
- Large 74%
- Massive 27%



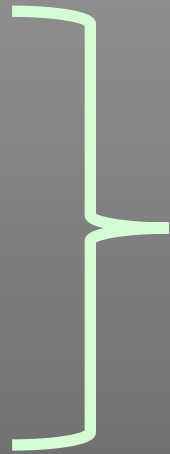
Good or excellent results - 105 patients  
13 yr f/u – COFIELD

# UKUFF – Randomised Control Trial

- Open vs. arthroscopic
  - No difference
  - Mean OSS improvement = 25  41 (MAX OSS = 48)
  - Healed repairs = OSS 44 \*
  - Re-tear = OSS 41
  - Irreparable = OSS 35
- NON-OP control abandoned as high numbers required surgery

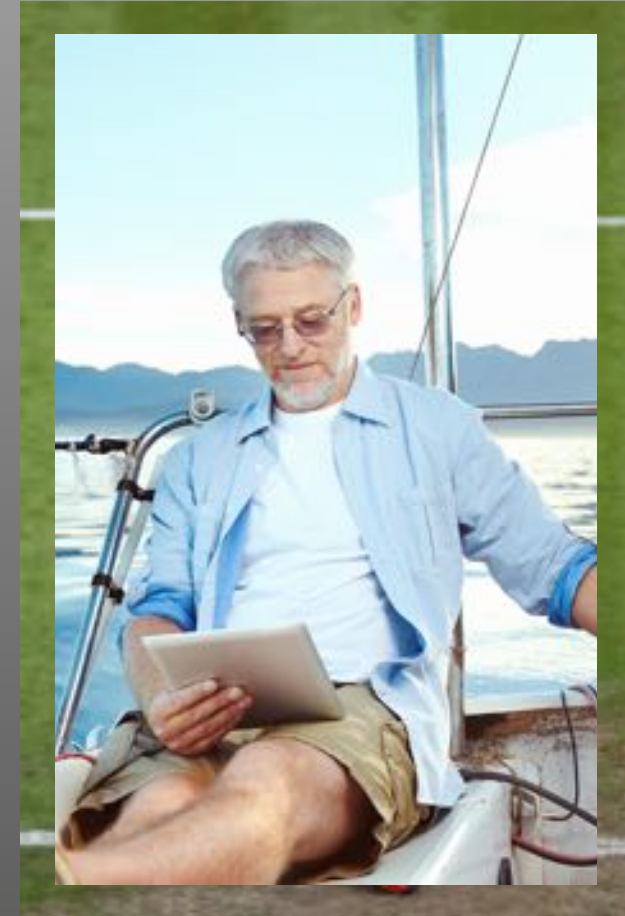
# Healing!!

- Patient factors
- Age
- Size of tear
- Chronicity
- Degenerate



## PATIENT SELECTION

- SURGICAL FACTORS?

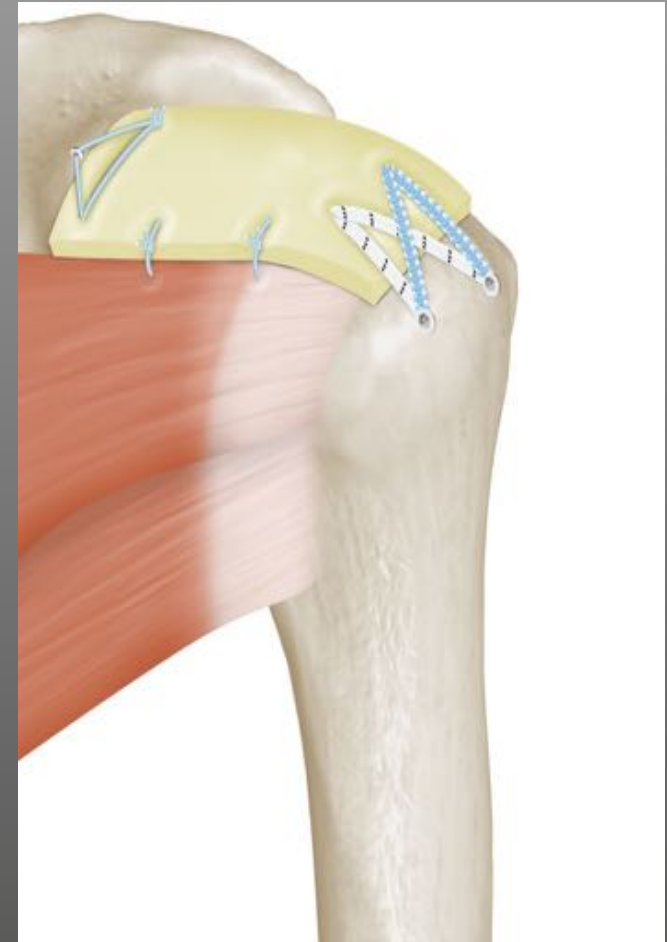
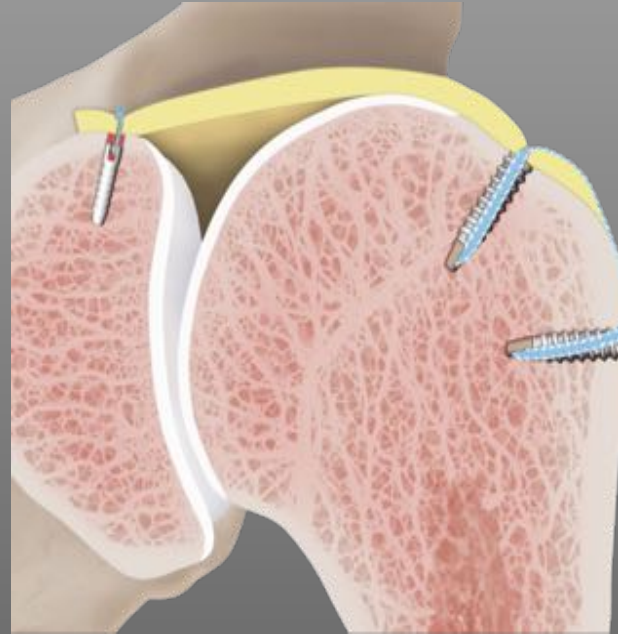


# Irreparable Cuff Tears

- Deltoid strengthening / Injections / Activity Modification
- ASD / Debridement +/- Biceps tenotomy +/- Partial cuff repair
- Balloon Spacer / Patch
- Lat Dorsi Transfer
- Superior Capsular Reconstruction (SCR)
- REVERSE SHOULDER REPLACEMENT

# Superior Capsule Reconstruction

- Japan
  - No reverse until 2014
  - No allograft
- Teruhisa Mihata MD PhD



“Reverse Trampoline Effect”

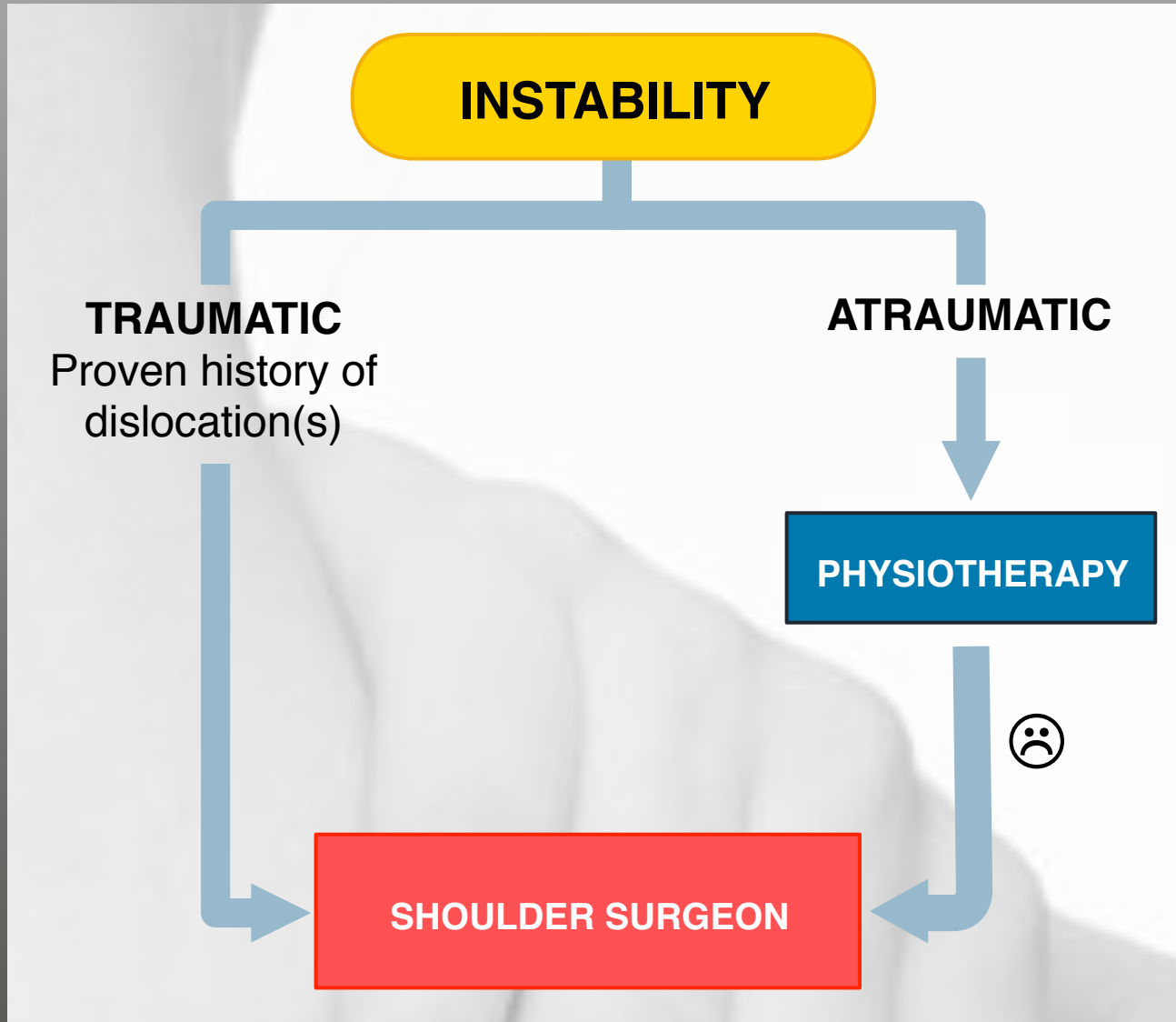




# Instability

Stanmore  
Classification

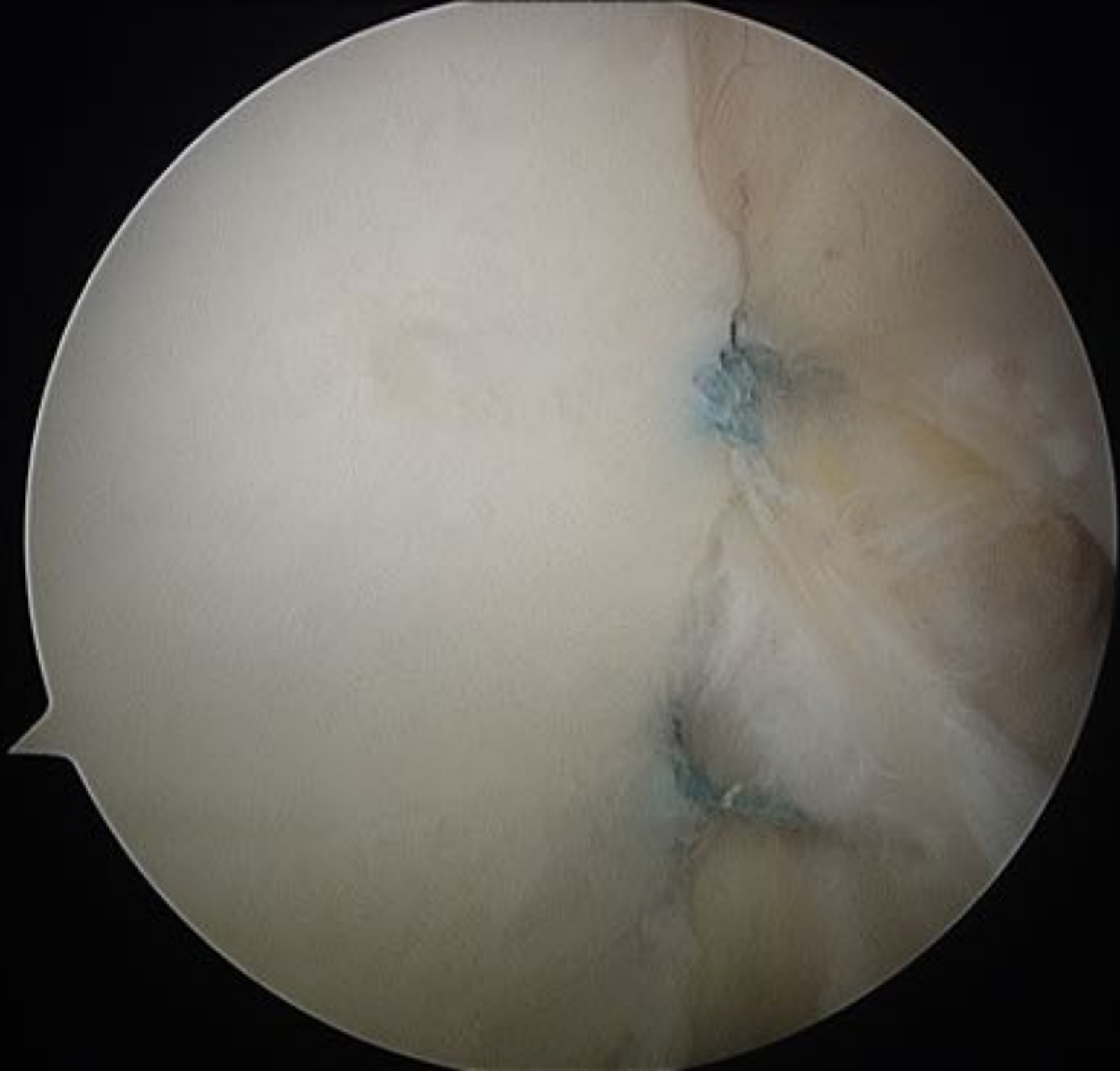
Traumatic  
or  
Atraumatic



# Surg

## Traum

- Bank
- Reve
  
- Bone
  - La



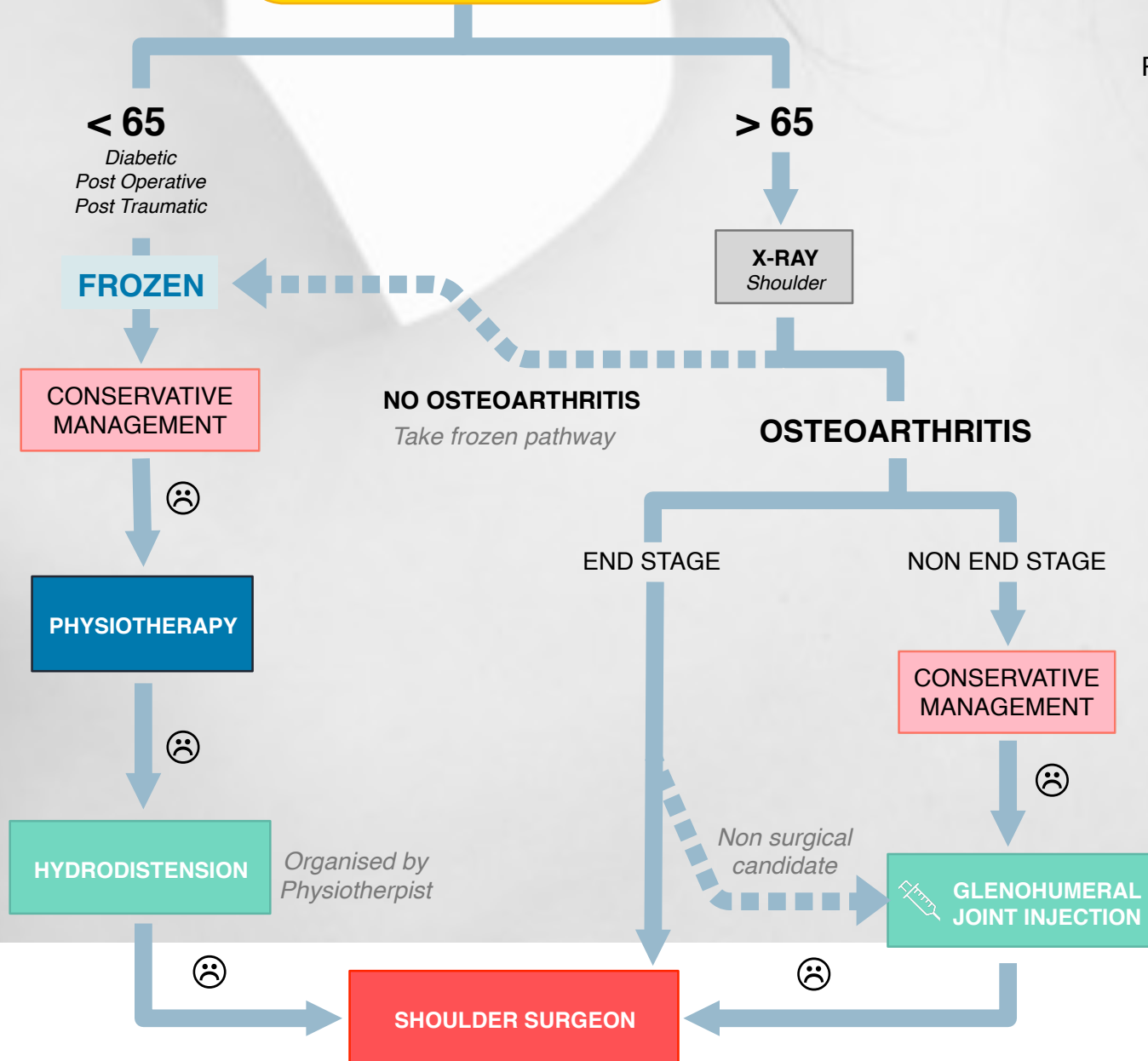
# Stiff Shoulder

- Global loss ROM
- Passive & Active
- LOSS External Rotation
- <65 or >65

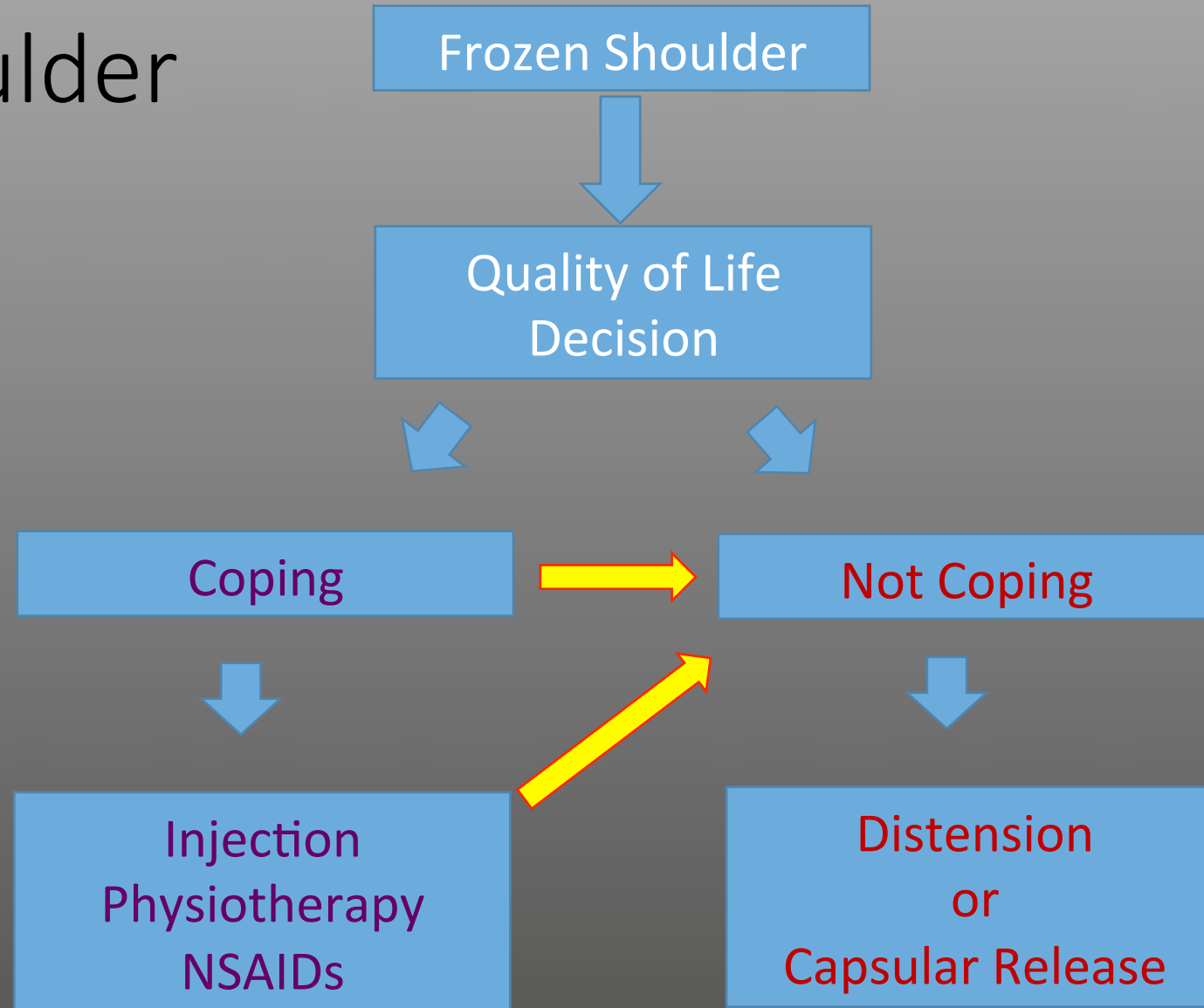


# STIFF SHOULDER

- Atraumatic
- Reduced external rotation



# Stiff Shoulder



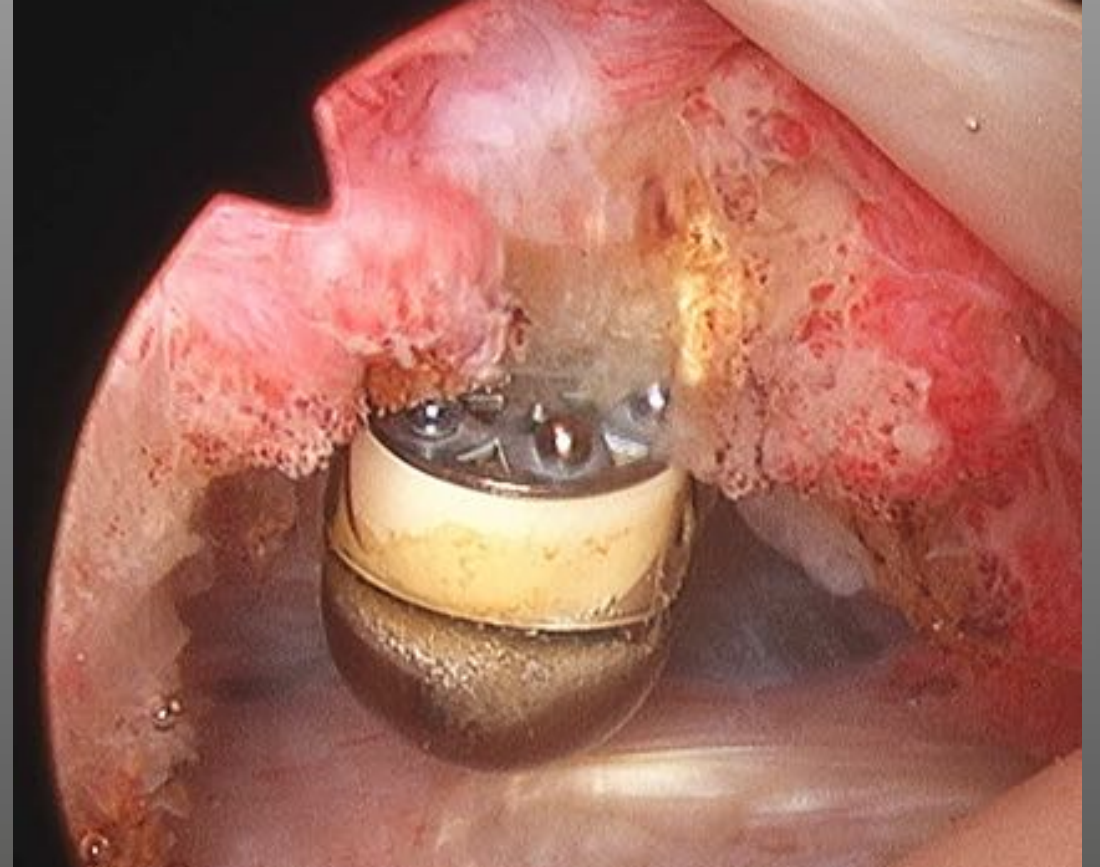
# Shoulder OA

- More elderly
- LOSS External Rotation
- X-RAY
- Direct referral if Surgical candidate
  - PAIN





# Surgery – Stiff Shoulders



# ACJ Disorders



## Acute

- Acute
- Displaced
- Athlete
- Young manual
- Consider Surgery

## Chronic

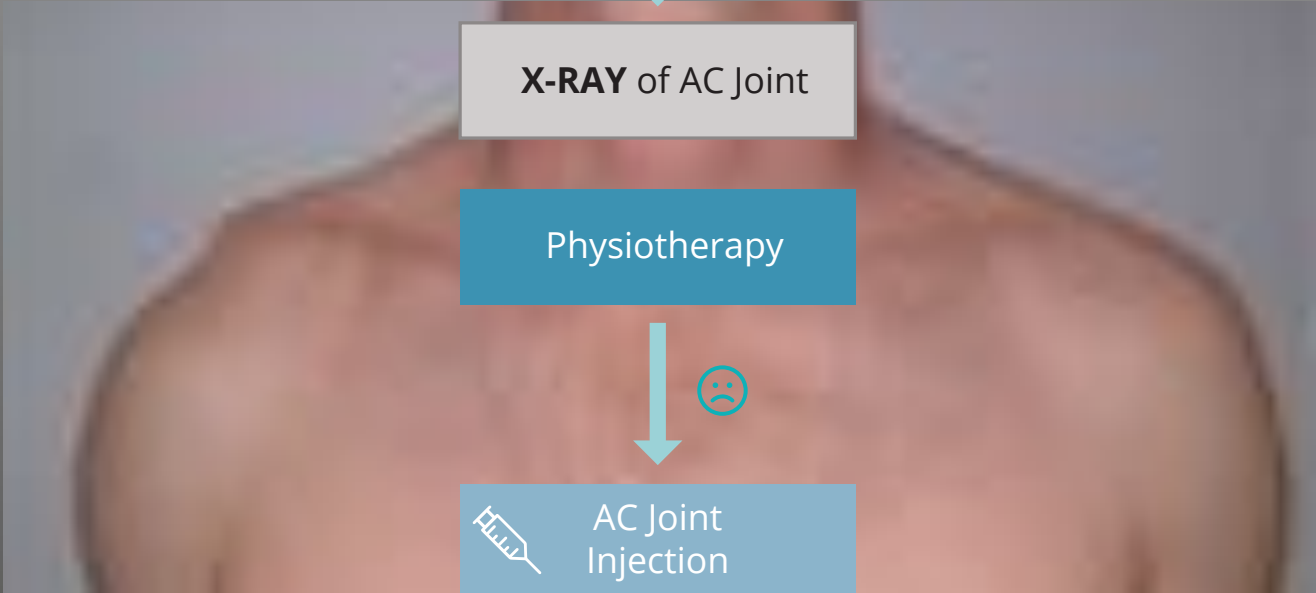
- Displaced
- Symptomatic
- or OA

# ACJ Pathology

- Acute
  - Disruption
- Chronic
  - Degenerative
  - Osteolysis

Isolated  
**ACROMIOCLAVICULAR  
JOINT PAIN**  
• High arc pain • Localised to AC Joint  
• Positive crossover/scarf test

Conservative  
Management



**X-RAY** of AC Joint

Physiotherapy



AC Joint  
Injection



Shoulder Surgeon



# Surgery – ACJ disorders



# Who to refer?

- Those who ? need surgery
- Those who have failed medical therapy
- Those who want / need options explained

# Who ? needs surgery

- Young patients + cuff tear
- Subscapularis tears
- Traumatic instability + athletic
- ACJ / young athletic
- Symptomatic Osteoarthritis



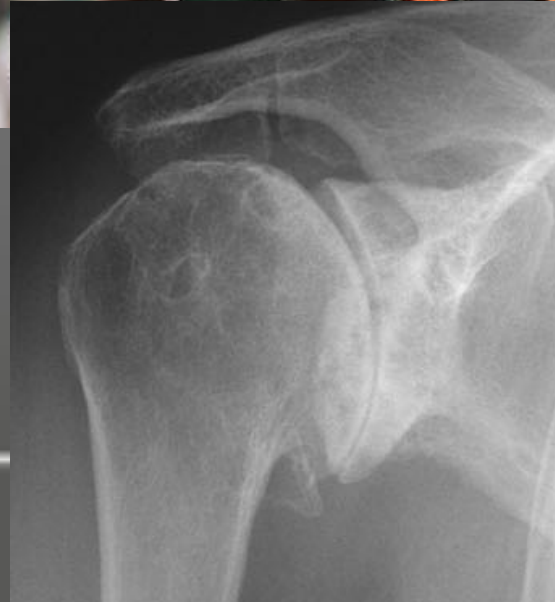
# Failed medical treatment

- Persistent impingement
- Frozen shoulder
- Calcific tendonitis
- Instability
- Symptomatic degenerative cuff tears
- ACJ disruption / pain



# Options

- Frozen shoulder
- Calcific tendonitis
- Instability
- Cuff disease
- Arthritis





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# THE LANCET

Arthroscopic subacromial decompression for subacromial shoulder pain (CSAW): a multicentre, pragmatic, parallel group, placebo-controlled, three-group, randomised surgical trial

# Subacromial decompression

- Harrogate January 2015 – now
- 40 ASD only cases
  
- 23 full results
- OSS
- Pre-op 24/48
- Pre-discharge 38/48
- **MEAN INCREASE 14 POINTS**