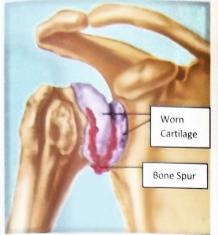
## Total Shoulder Replacement (TSR)

What is Shoulder Arthritis?



In a normal shoulder joint, articular cartilage covers the head of the humerus bone and the scapula socket (glenoid). The cartilage allows smooth and painless gliding of the joint surface on shoulder movement. In shoulder arthritis, the cartilage layer wears through and the exposed bone surfaces grate causing joint pain and stiffness. (Fig 1) In addition the muscles and tendons surrounding the shoulder joint (rotator cuff) may have coexisting wear and tear damage and this also affects shoulder movement and strength.

What are the types of Total Shoulder Replacement (TSR)?



A TSR is a procedure when the arthritic bone ends are surgically removed and replaced with a metal or ceramic humeral head and a polyethylene socket. (*Fig 2*) Occasionally only half the shoulder is replaced (hemiarthroplasty), with a pyrocarbon prosthetic head. However, hemiarthroplasty usually needs conversion in future to a Total shoulder replacement.

Figure 2: Anatomic TSR

The most common type of shoulder replacement in Australia is the Reverse TSR where the prosthetic socket is placed on the humerus and the prosthetic head placed on the glenoid(Fig 3)

This reverse design of TSR uses the large and strong deltoid muscle to move the shoulder, rather than the small rotator cuff muscles.

A Reverse TSR is indicated for arthritis with rotator cuff tendon damage or severe multitendon chronic rotator cuff tendon tears. Reverse TSR is also used for revision surgery, arthritic bone defects and severe fractures.





Figure 3: Reverse TSR - Common designs





Mr Allan Wang Suite 10 100 Murdoch Drive Murdoch 6150 Phone: 0863326390 Fax: 0863326392

Email: reception@drawang.com.au

Dear Allan,

Re:

Mr Peter Sanders DOB: 12/08/1951

6 Tiller Road

Ocean Reef WA 6027

Home:

Mobile: 0437770340

Thank you for seeing Mr Drage regarding his right shoulder pain who is known to yourself from prior reviews.

Mr Drage presents with a 12-month history of right shoulder pain, initially suspected to be frozen shoulder. While he experienced some improvement during harvest period (November-December), he continues to have significant ongoing issues. He reports pain particularly with extended movements and difficulty with overhead activities including washing, hair care, and dental hygiene. He is unable to sleep on the affected side and experiences pain when tossing and turning at night.

Of note, Mr Drage has a previous history of right rotator cuff injury and was previously under your care up until 2016.

On examination today, he demonstrates limited range of movement in all directions, particularly external rotation, with reduced abduction. Both Hawkins sign and supraspinatus test were positive. Crepitus was noted during movement, with pain particularly notable at 90° abduction. He has difficulty with cross-body movements and limited posterior range of motion.

Mr Drage has an MRI appointment scheduled for 7th August as requested by yourself with an appointment with yourself on the 14th of August. I would greatly appreciate your expert opinion regarding management of his shoulder condition.

Allergies: Tapentadol

Dyspnoea

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## Medications:

Mobic 15mg Tablet

Pantoprazole 40mg Tablet Perindopril 4mg Tablet

Rosuzet Composite pack 10mg;40mg Tablet 1 Tablet Daily.

Take one tablet daily, when needed for arthritis.

Take one tablet daily.

1 Tablet Daily.

## Medical History:

02/02/2009 02/02/2010	Right shoulder reconstruction Colonoscopy	* Right shoulder * polyp * sigmoid diverticular 1st MTP - right foot * internal haemorrhoids * left sided diverticula
	Osteoarthritis Colonoscopy	
10/05/2023	Hypercholesterolaemia Analgesic review	
13/01/2025 23/01/2025 28/06/2025	Esophageal ulceration Laser enucleation of the prostate Zoster	Gastro Dr Duncan Dr Teloken urologist Left T5 Rx elsewhere

Yours faithfully,

Dr Aniruddha Sheth

Provider no. 493798DL

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