

Shouldering on

Shoulder replacement surgery is becoming more common

THREE YEARS AGO, JIM ROCKSTAD THOUGHT his racquetball-playing days were finished.

His shoulder was constantly in pain, and he could even hear a “clunk” each time he lifted a paint brush to a wall in his house. Bone rubbed on bone, and Rockstad knew a cortisone shot wasn’t the answer this time.

“I thought it was deteriorating,” said Rockstad, who was 62 and had competed in National Masters Racquetball Association tournaments and other events. “The more the years go by, the worse the pain got. My shoulder was constantly sore, and the range of motion was a real struggle.”

It was time for surgery. In his case, Rockstad of Issaquah, Wash., came across Dr. Rick Matsen, chairman of orthopedic medicine at the University of Washington, who performs a relatively new kind of shoulder

replacement surgery — an evolving and improving procedure that is particularly effective for active patients in their 50s and 60s. Rockstad’s surgery, known to many as “ream and run,” replaced part of the shoulder joint. The humeral head (ball) was replaced with a smooth metal prosthesis. Meanwhile, the bone of the socket was “reamed to a smooth concave shape that fits the curvature of the metal ball,” Matsen said.

In the months after the procedure, cartilage grows in the area. Doctors say this procedure allows patients to be more active, because the socket is not replaced as it is in traditional shoulder replacement and does not wear out as quickly.

“This is a technique for helping active patients with shoulder arthritis continue to use their arms without restrictions,” says Dr. Winston Warne, a partner of Dr. Matsen. “Instead

of putting in a piece of plastic that can become loose and a source of pain, we smooth out the surface to prevent catching and grinding of the joint after surgery. We have had success in getting water skiers, weightlifters, racquetball players, loggers and others back to their activities.”

Although ream and run is not for all people in need of shoulder surgery and may not completely alleviate all pain, doctors say it’s among the growing number of shoulder surgery options available to an aging population, particularly Masters athletes who want to stay in the game.

“We are selective about folks to whom we offer this procedure — they need to be dedicated to the rehabilitation program and need to recognize



Rockstad shows off his shoulder's range of motion.

that the early pain relief may not be as complete as with a conventional total shoulder replacement,” Matsen said. “In the last two years, we do half as many ream and runs as we do conventional total shoulders.”

“If you are in residency program . . . you are going to see hip and knee replacements and you may not see too many shoulder replacements,” said Dr. Greg Nicholson of Rush University Medical Center in Chicago and a team doctor for the Chicago Bulls and Chicago White Sox. “There are better designs now, better implants and better training.”

In 2005, surgeons performed 534,000 total knee replacements and 469,000 total and partial hip replacements, according to the National Hospital Discharge Survey. In the same timeframe, surgeons performed only 35,000 total and partial shoulder replacements.

The number of shoulder replacements, however, is growing quickly: Between

1998 and 2005, the total almost doubled.

A key to successful shoulder surgery is that patients consider doctors and orthopedic groups that have done high numbers of procedures. But weighing in the patients’ favor is that more doctors are doing shoulder surgeries.

“I see a lot of guys out there, and they are complaining about their shoulders and they don’t know what’s out there or what can be done,” says Rockstad. “I have to show them my scar and say, ‘Hey, look: I have a fake shoulder.’ They don’t know about fake shoulders but know about

hip and knee replacements.”

Doctors say it varies how active a patient with a traditional shoulder replacement can be, but it’s not uncommon for patients to return to golf, bowling, skiing and perhaps doubles tennis. Activity can vary widely.

“They can swim, golf, run and bike and even play tennis,” Nicholson said. “Stay away from post-hole digging, shoveling and free weight training. You could do curls, but you don’t



An x-ray of Rockstad's surgically replaced shoulder.

want to put that kind of stress across (your body).”

As for Rockstad, he’s back playing racquetball regularly and is a huge fan of the ream and run procedure. “I had

my right shoulder replaced in 2005 with great success,” he said. “I play six to seven hours of racquetball a week along with working out on weight machines, which would be unheard of with the old method.”

Rockstad is happy to spread the news about shoulder replacement:

“There are a lot of seniors who feel that when the shoulder wears out, they are through with the passion they love so much with athletic endeavors. I’m certainly living proof that the shoulder can be better than it was and returning to athletics is very possible.” ●

NUMBER OF JOINT REPLACEMENTS, 1998-2005

YEAR	TOTAL HIP	PARTIAL HIP	TOTAL KNEE	TOTAL SHOULDER	PARTIAL SHOULDER
1998	160,000	112,000	266,000	7,000	11,000
1999	168,000	106,000	267,000	5,000	8,000
2000	152,000	106,000	299,000	8,000	12,000
2001	165,000	119,000	326,000	6,000	17,000
2002	193,000	109,000	381,000	7,000	16,000
2003	220,000	108,000	418,000	10,000	14,000
2004	234,000	240,000	478,000	13,000	16,000
2005	235,000	234,000	534,000	15,000	20,000

Source: National Hospital Discharge Survey

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