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 the range of motion was becoming more common: Between 1998 and 2005, the total almost doubled.

A key to successful shoulder surgery is that patients consider shoulder replacement surgery options available to an aging population, particularly Masters athletes who want to return to the game. We have had success in getting water skiers, weightlifters, racquetball players, loggers and others back to their activities.

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 technique for helping active patients with arthritis continue to use their arms without restrictions,” says Dr. Winston Warme, 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 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 reams and runs as we do conventional total shoulder replacements.”

“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 shoulder replacement surgery options available to an aging population, particularly Masters athletes who want to return to the game. 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 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 reams and runs as we do conventional total shoulder replacements.”

“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 shoulder replacement surgery options available to an aging population, particularly Masters athletes who want to return to the game. 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 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 reams and runs as we do conventional total shoulder replacements.”

“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.