

Table 8-3

HELPFUL HINTS

<i>Type of Arthritis</i>	<i>History</i>	<i>Examination Findings</i>	<i>Radiographic Findings</i>
Osteoarthritis	Dull achy pain, changes in weather, night pain	Deltoid atrophy, AC joint hypertrophy, symmetric passive and active ROM loss (particularly external rotation), strength usually normal	Asymmetric joint space narrowing, subchondral sclerosis, osteophyte formation, and subchondral cyst formation. Osteophyte formation is most obvious along the inferior humeral neck. The glenoid is worn posteriorly and may be associated with posterior subluxation
Inflammatory arthritis (eg, rheumatoid)	Pain and morning stiffness, other joint involvement (rare for shoulder to present first), bilateral and symmetric involvement	Upper extremity deformity, general shoulder girdle atrophy, active ROM < passive ROM, weakness with associated cuff tears	Regional osteopenia, symmetrical joint space narrowing, and juxta-articular erosions. Erosions are best seen at the synovial reflection on the superior aspect of the humeral head. Central glenoid erosions. MRI scans are helpful for glenoid and humeral erosions and also rotator cuff tears
Rotator cuff arthropathy	Elderly patients, shoulder swelling, chronic symptoms with exacerbations, usually a prior history of a rotator cuff tear, can be younger male with prior rotator cuff repair	Supraspinatus and/or infraspinatus atrophy, effusion, active ROM < passive ROM, possible anterosuperior escape, rotator cuff weakness	Acromiohumeral space narrowing with superior migration of humeral head. Humeral head collapse. MRI scans will show a chronic rotator cuff tear with muscle atrophy