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## **American Academy of Orthopaedic Surgeons Clinical Practice Guideline on: The Treatment of Glenohumeral Joint Osteoarthritis**

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## AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS CLINICAL PRACTICE GUIDELINE ON

# The Treatment of Glenohumeral Joint Osteoarthritis

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### The Treatment of Glenohumeral Joint Osteoarthritis Summary of Recommendations

The following is a summary of the recommendations in the AAOS' clinical practice guideline, The Treatment of Glenohumeral Joint Osteoarthritis. This summary does not contain rationales that explain how and why these recommendations were developed nor does it contain the evidence supporting these recommendations. All readers of this summary are strongly urged to consult the full guideline and evidence report for this information. We are confident that those who read the full guideline and evidence report will also see that the recommendations were developed using systematic evidence-based processes designed to combat bias, enhance transparency, and promote reproducibility. This summary of recommendations is not intended to stand alone. Treatment decisions should be made in light of all circumstances presented by the patient. Treatments and procedures applicable to the individual patient rely on mutual communication between patient, physician and other healthcare practitioners. The physician work group listed the recommendations below in order of patient care.

1. We are unable to recommend for or against physical therapy for the initial treatment of patients with osteoarthritis of the glenohumeral joint.

Strength of Recommendation: Inconclusive

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**Disclaimer:** This clinical guideline was developed by an AAOS physician volunteer Work Group and is provided as an educational tool based on an assessment of the current scientific and clinical information and accepted approaches to treatment. It is not intended to be a fixed protocol as some patients may require more or less treatment. Patient care and treatment should always be based on a clinician's independent medical judgment given the individual clinical circumstances.

The complete AAOS guideline can be found at <http://www.aaos.org/research/guidelines/gloguideline.pdf>

2. We are unable to recommend for or against the use of pharmacotherapy in the initial treatment of patients with glenohumeral joint osteoarthritis.

Strength of Recommendation: Inconclusive

3. We are unable to recommend for or against the use of injectable corticosteroids when treating patients with glenohumeral joint osteoarthritis.

Strength of the Recommendation: Inconclusive

4. The use of injectable viscosupplementation is an option when treating patients with glenohumeral joint osteoarthritis.

Strength of the Recommendation: Weak

5. We are unable to recommend for or against the use of arthroscopic treatments for patients with glenohumeral joint osteoarthritis. These treatments include debridement, capsular release, chondroplasty, microfracture, removal of loose bodies, and biologic and interpositional grafts, subacromial decompression, distal clavicle resection, acromioclavicular joint resection, biceps tenotomy or tenodesis, and labral repair or advancement.

Strength of Recommendation: Inconclusive

6. We are unable to recommend for or against open debridement and/or non-prosthetic or biologic interposition arthroplasty in patients with glenohumeral joint osteoarthritis. These treatments include:

- Allograft
- Biologic and Interpositional Grafts
- Autograft

Strength of Recommendation: Inconclusive

7. Total shoulder arthroplasty and hemiarthroplasty are options when treating patients with glenohumeral joint osteoarthritis.

Strength of Recommendation: Weak

8. We suggest total shoulder arthroplasty over hemiarthroplasty when treating patients with glenohumeral joint osteoarthritis.

Strength of Recommendation: Moderate

9. An option for reducing immediate postoperative complication rates is for patients to avoid shoulder arthroplasty by surgeons who perform less than two shoulder arthroplasties per year.

Strength of Recommendation: Weak

10. In the absence of reliable evidence, it is the opinion of this work group that physicians use perioperative mechanical and/or chemical VTE (venous thromboembolism) prophylaxis for shoulder arthroplasty patients.

Strength of Recommendation: Consensus

11. The use of either keeled or pegged all polyethylene cemented glenoid components are options when performing total shoulder arthroplasty.

Strength of Recommendation: Weak

12. In the absence of reliable evidence, it is the opinion of this work group that total shoulder arthroplasty not be performed in patients with glenohumeral osteoarthritis who have an irreparable rotator cuff tear.

Strength of Recommendation: Consensus

13. We are unable to recommend for or against biceps tenotomy or tenodesis when performing shoulder arthroplasty in patients who have glenohumeral joint osteoarthritis.

Strength of Recommendation: Inconclusive

14. We are unable to recommend for or against a subscapularis trans tendonous approach or a lesser tuberosity osteotomy when performing shoulder arthroplasty in patients who have glenohumeral joint osteoarthritis.

Strength of Recommendation: Inconclusive

15. We are unable to recommend for or against a specific type of humeral prosthetic design or method of fixation when performing shoulder arthroplasty in patients with glenohumeral joint osteoarthritis.

Strength of Recommendation: Inconclusive

16. We are unable to recommend for or against physical therapy following shoulder arthroplasty.

Strength of Recommendation: Inconclusive