

The Treatment of Glenohumeral Joint Osteoarthritis

GUIDELINE AND EVIDENCE REPORT

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

Definition: An **Inconclusive** recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

Implications: Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as **Inconclusive** and should exercise judgment and be alert to future publications that clarify existing evidence for determining balance of benefits versus potential harm. Patient preference should have a substantial influencing role.

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

Definition: An **Inconclusive** recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

Implications: Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as **Inconclusive** and should exercise judgment and be alert to future publications that clarify existing evidence for determining balance of benefits versus potential harm. Patient preference should have a substantial influencing role.

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

Definition: An **Inconclusive** recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

Implications: Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as **Inconclusive** and should exercise judgment and be alert to future publications that clarify existing evidence for determining balance of benefits versus potential harm. Patient preference should have a substantial influencing role.

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

Strength of the Recommendation: Limited

Definition: A **Limited** recommendation means the quality of the supporting evidence that exists is unconvincing, or that well-conducted studies show little clear advantage to one approach versus another.

Implications: Practitioners should be cautious in deciding whether to follow a recommendation classified as **Limited**, and should exercise judgment and be alert to emerging publications that report evidence. Patient preference should have a substantial influencing role.

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

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Implications: Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as **Inconclusive** and should exercise judgment and be alert to future publications that clarify existing evidence for determining balance of benefits versus potential harm. Patient preference should have a substantial influencing role.

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

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Implications: Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as **Inconclusive** and should exercise judgment and be alert to future publications that clarify existing evidence for determining balance of benefits versus potential harm. Patient preference should have a substantial influencing role.

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

Strength of Recommendation: Limited

Definition: A **Limited** recommendation means the quality of the supporting evidence that exists is unconvincing, or that well-conducted studies show little clear advantage to one approach versus another.

Implications: Practitioners should be cautious in deciding whether to follow a recommendation classified as **Limited**, and should exercise judgment and be alert to emerging publications that report evidence. Patient preference should have a substantial influencing role.

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

Strength of Recommendation: Moderate

Definition: A **Moderate** recommendation means that the benefits exceed the potential harm (or that the potential harm clearly exceeds the benefits in the case of a negative recommendation), but the strength of the supporting evidence is not as strong.

Implications: Practitioners should generally follow a **Moderate** recommendation but remain alert to new information and be sensitive to patient preferences.

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: Limited

Definition: A **Limited** recommendation means the quality of the supporting evidence that exists is unconvincing, or that well-conducted studies show little clear advantage to one approach versus another.

Implications: Practitioners should be cautious in deciding whether to follow a recommendation classified as **Limited**, and should exercise judgment and be alert to emerging publications that report evidence. Patient preference should have a substantial influencing role.

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

Strength of Recommendation: Consensus

Definition: A **Consensus** recommendation means that expert opinion supports the guideline recommendation even though there is no available empirical evidence that meets the inclusion criteria.

Implications: Practitioners should be flexible in deciding whether to follow a recommendation classified as **Consensus**, although they may set boundaries on alternatives. Patient preference should have a substantial influencing role.

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

Strength of Recommendation: Limited

Definition: A **Limited** recommendation means the quality of the supporting evidence that exists is unconvincing, or that well-conducted studies show little clear advantage to one approach versus another.

Implications: Practitioners should be cautious in deciding whether to follow a recommendation classified as **Limited**, and should exercise judgment and be alert to emerging publications that report evidence. Patient preference should have a substantial influencing role.

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

Definition: A **Consensus** recommendation means that expert opinion supports the guideline recommendation even though there is no available empirical evidence that meets the inclusion criteria.

Implications: Practitioners should be flexible in deciding whether to follow a recommendation classified as **Consensus**, although they may set boundaries on alternatives. Patient preference should have a substantial influencing role.

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

Definition: An **Inconclusive** recommendation means that there is a lack of compelling evidence resulting in an unclear balance between benefits and potential harm.

Implications: Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as **Inconclusive** and should exercise judgment and be alert to future publications that clarify existing evidence for determining balance of benefits versus potential harm. Patient preference should have a substantial influencing role.

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

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Implications: Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as **Inconclusive** and should exercise judgment and be alert to future publications that clarify existing evidence for determining balance of benefits versus potential harm. Patient preference should have a substantial influencing role.

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

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Implications: Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as **Inconclusive** and should exercise judgment and be alert to future publications that clarify existing evidence for determining balance of benefits versus potential harm. Patient preference should have a substantial influencing role.

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

Strength of Recommendation: Inconclusive

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Implications: Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as **Inconclusive** and should exercise judgment and be alert to future publications that clarify existing evidence for determining balance of benefits versus potential harm. Patient preference should have a substantial influencing role.