

Clinical Case Presentation: Ream and Run Shoulder Arthroplasty

Jackins, S, Matsen, FA: University of Washington Medical Center, Seattle, WA, USA.

Background: In the area of shoulder arthroplasty, surgeons, scientists, and others continue to seek improvements in component design and surgical technique to improve patient outcomes in areas that include pain relief, functional use, and longevity of the component(s). As examples, there has been the relatively recent introduction of the reverse total shoulder arthroplasty and there have been numerous changes in the glenoid component and its fixation. Therapists must be attuned to these changes and improvements and thoughtfully respond and adjust their examinations and interventions appropriately.

Particular thought continues to be given to the glenoid side of the shoulder – pegged vs. keeled components, use of biologic implants, and in the case presented here, reaming of the glenoid, in what is called the “ream and run” shoulder arthroplasty.

Purpose: To share information about this procedure and describe what appear to be the key rehabilitation interventions.

Case Description: This case presentation will be of a patient who has had a ream and run arthroplasty. (At the time of the presentation, it will have been 2 years since the procedure.) The patient’s initial presentation and examination will be presented. The surgical procedure will be explained. The rehabilitation interventions used, with a strong emphasis on patient education and setting of expectations.

Outcomes: The outcomes of pain and function, for this case, will be presented.

Discussion: Contrast the rehabilitation of the ream and run procedure with those for total shoulder arthroplasty at this and at other institutions. Discuss the rehabilitation challenges and learnings from this case.