

Παγωμένος Ώμος, Αστάθεια Ώμου, Ενδείξεις Ολικής Αρθροπλαστικής Ώμου & Αποκατάσταση

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# 1. Pain and loss of movement that is disproportional to the clinical and radiographic findings

- ☑ If the patient has lost significant weight and is suffering, primary or a metastatic bone tumor should be excluded
- Dull non specific pain that may worsen at night and that is usually relieved by aspirin or other anti-inflammatory drugs may indicate the existence of an osteoid osteoma of the scapula or of the proximal humerus

Pain and loss of range of motion accompanied by local signs of infection (redness, heat and swelling) together with fever may indicate the presence of an infection

☑ This could be the result of a previous local injection



3. An inflammatory condition with shoulder pain usually indicates arthritis of rheumatoid origin



4. In some cases a mixture of glenohumeral pathologies may exist

A traumatic dislocation that causes instability could be accompanied by a rotator cuff tear that causes pain, especially in a middle aged patient.



#### Shoulder pain and psychological disorders

# Sometimes non specific shoulder problems that persist and cannot be correlated to a physical cause exist

Psychological causes: What is the patient unconsciously trying to succeed

Cases under litigation

Malingering

An anatomic organic lesion should be ruled out



#### **Conclusion - Take home message**

A very accurate diagnosis can be made using this stepwise approach to shoulder pathology

