The first step in a successful journey is the plan for your trip....

....preoperative planning with 3-Dimensional information is the future of our patients' success with shoulder arthroplasty

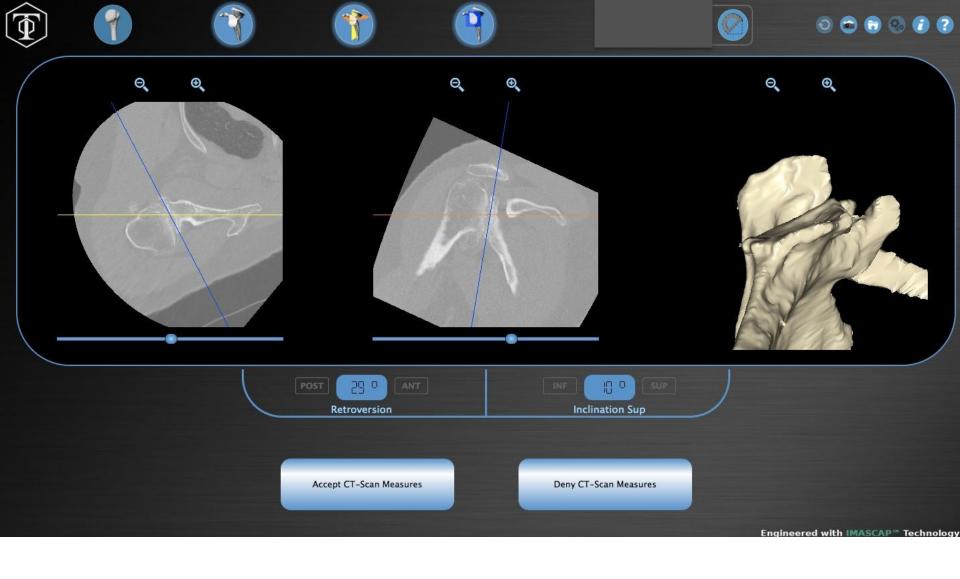
...the following is a case example.

JC : 62 yo man injured on the job: Pain = 3-8/10 & SSV = 35% 5'11" & 260LB.; AFF = PFF = 90° ; AER =PER = 30°

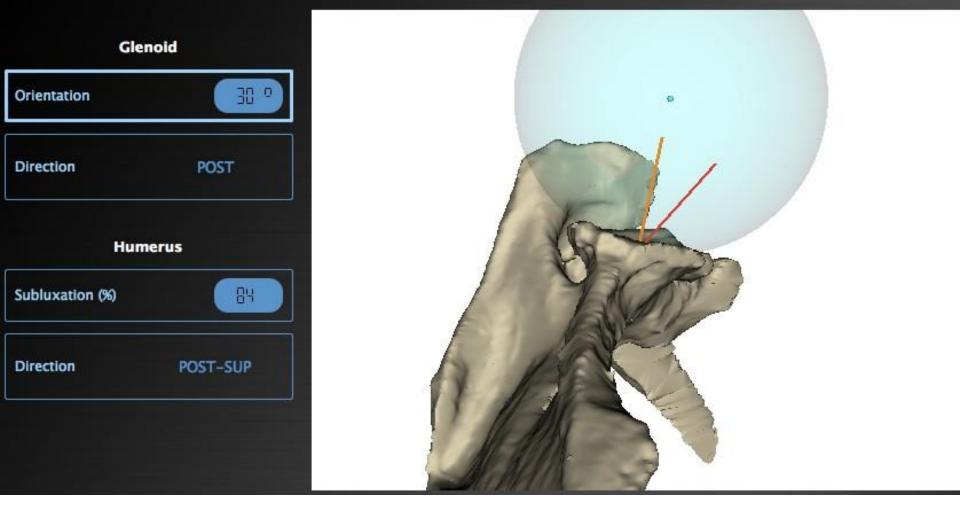




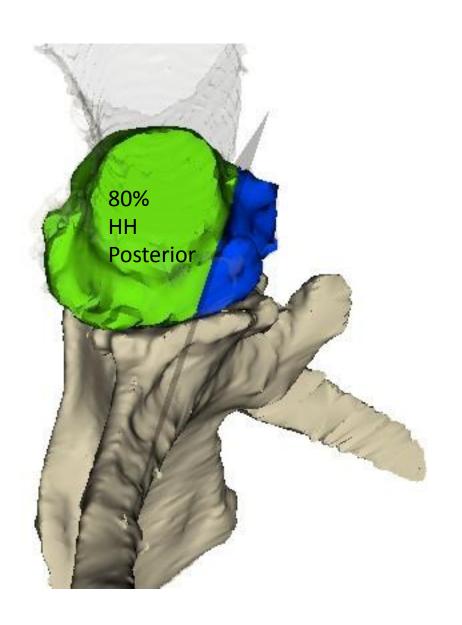


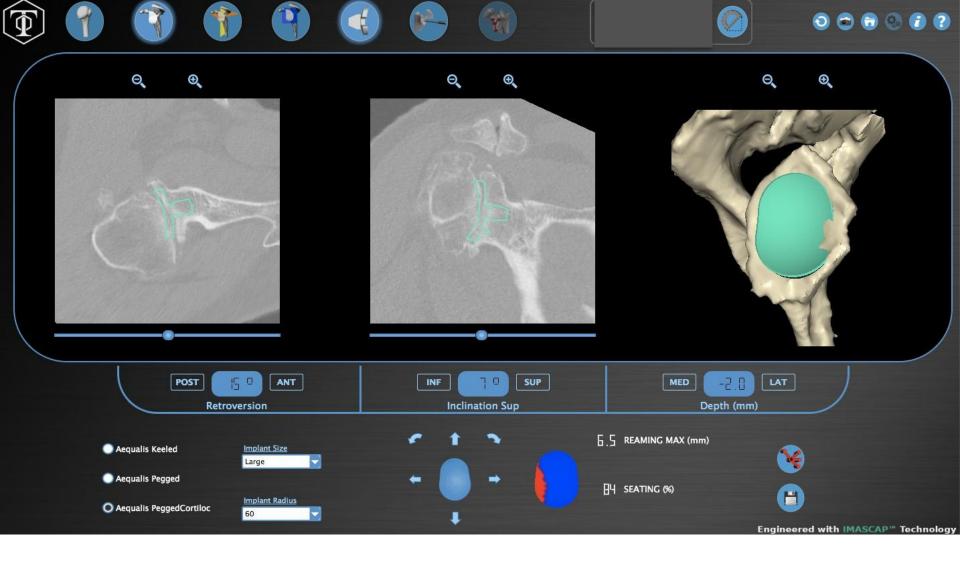


29° Retroversion: Should we try to correct this and can we?

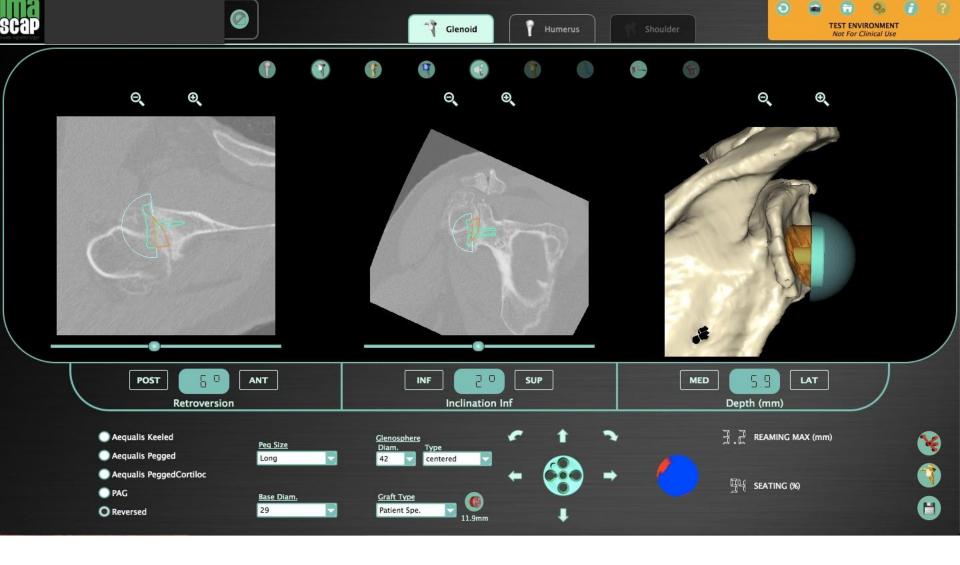


84% of Humeral head is subluxated: Limit for correcXon is 80%

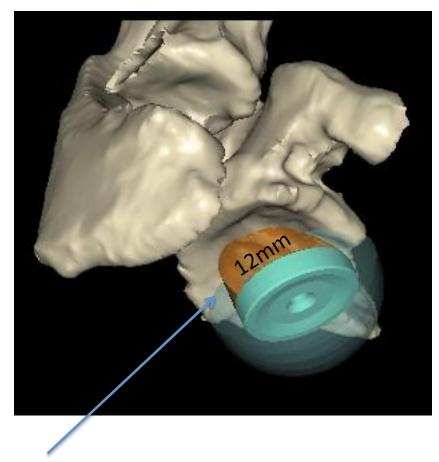




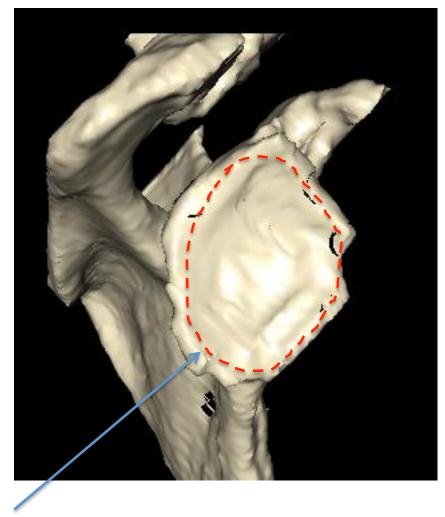
In order to achieve 84% seaXng of glenoid it is necessary to place the component in 15° retroversion with 6.5mm reaming of anterior glenoid: This will exceed recommended Retroversion maximum of 10° and will ream into cancellous glenoid bone....increased Risk of loosening!!



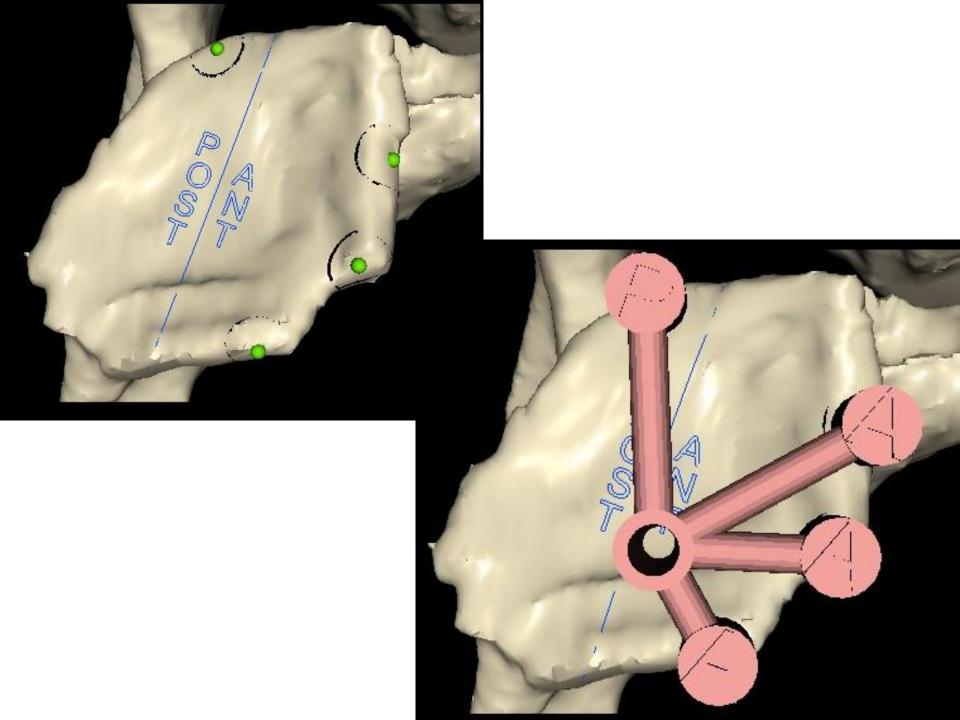
Reverse prosthesis would require 29mm baseplate with 6° retroversion and 2° inferior InclinaXon combined with paXent specific bone grab from Humeral head with maximum Diameter of about 12mm in order to correct posterior bone loss. Glenosphere 42mm Centered sphere.

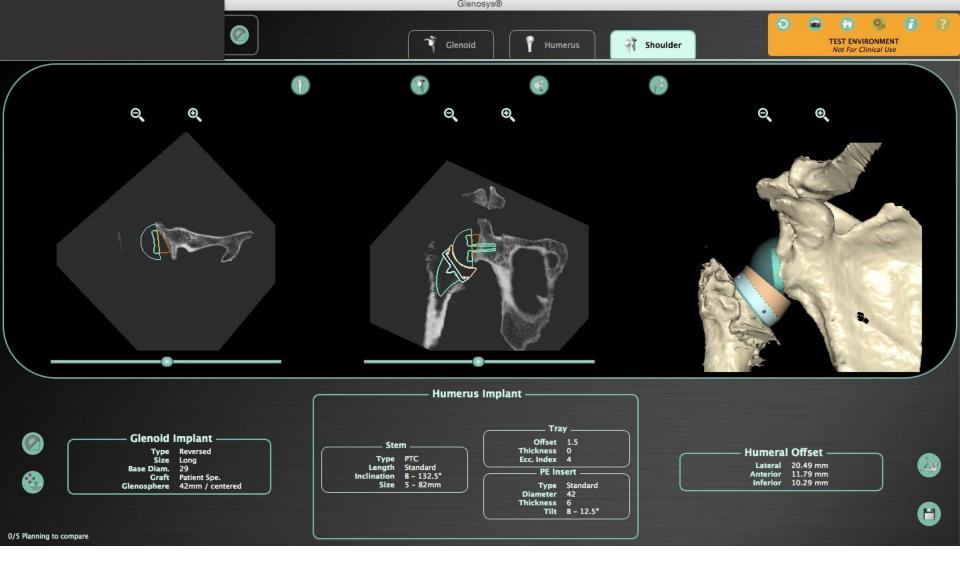


Asymmetric bone grab



Removal of osteophytes





29mm baseplate with HH paXent-specific bone grab and 42mm glenosphere. Ascend—Flex Stem size 5mm with large eccentric tray and 6mm poly



Achieved Arcs of moXon

Planning Long Journeys: OBSTACLES, AND HOW TO OVERCOME THEM

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