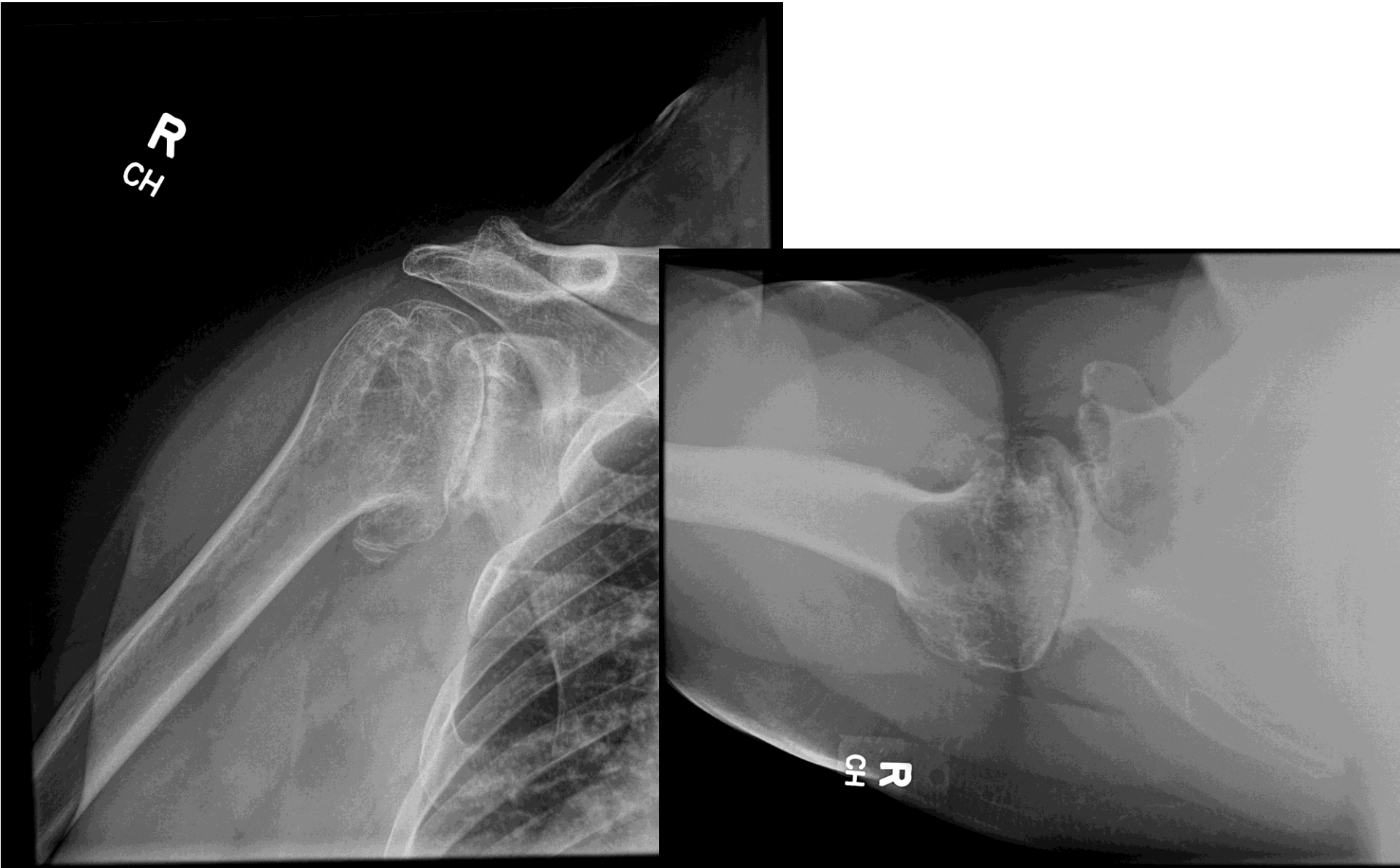
The first step in a successful journey is the plan for your trip….

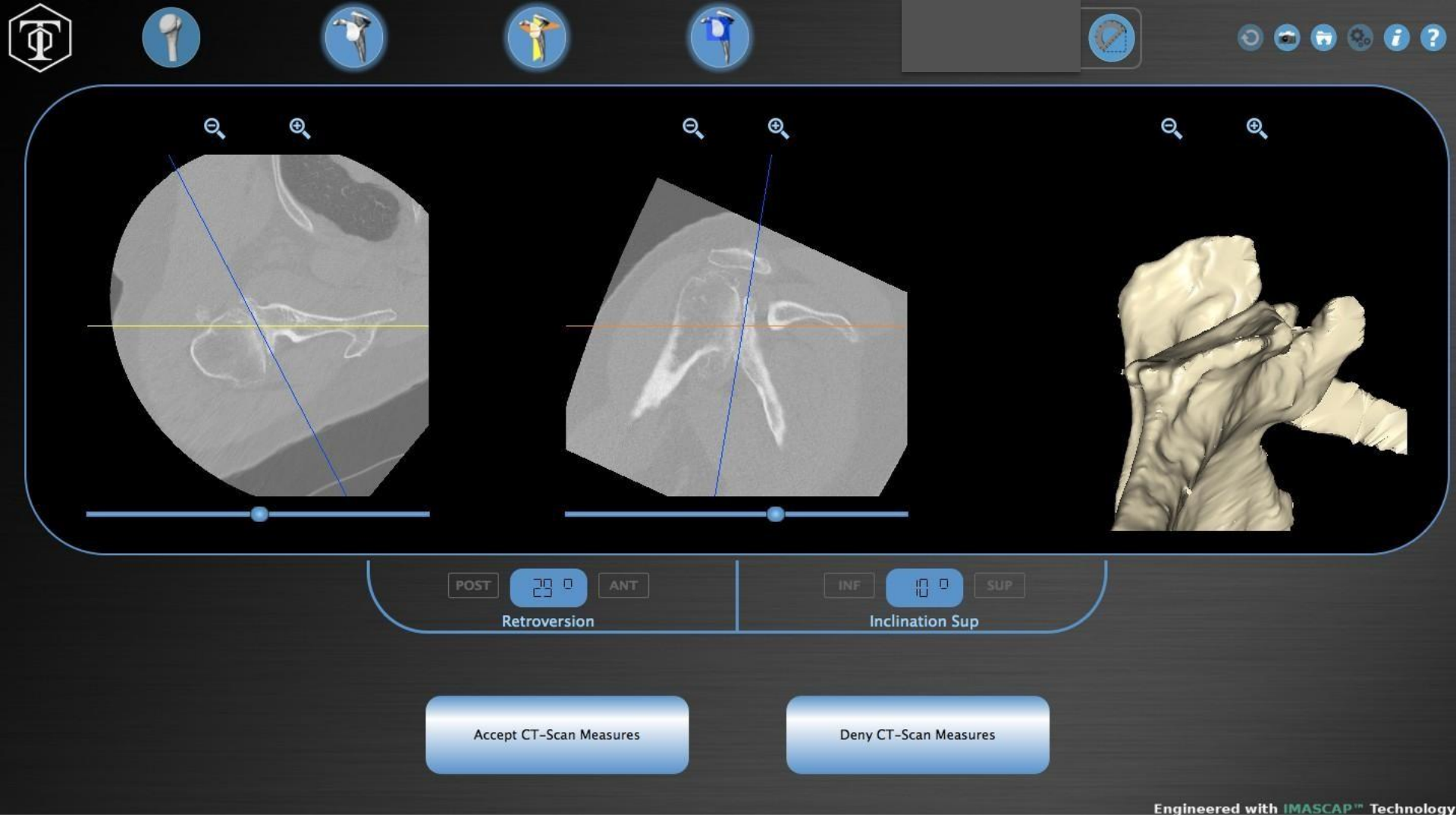
….preoperative planning with 3-Dimensional information is the future of our patients' success with shoulder arthroplasty

…the following is a case example.

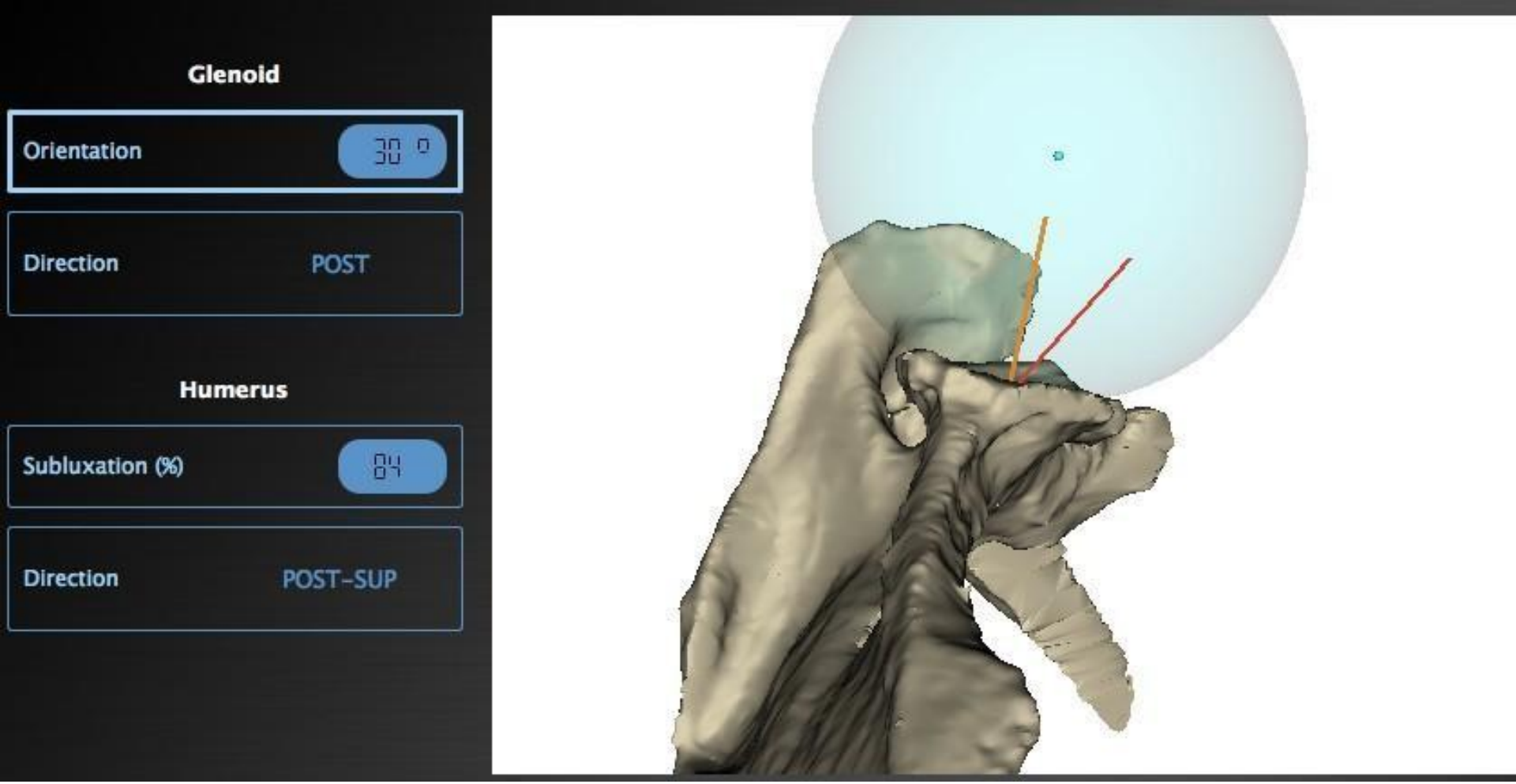
JC : 62 yo man injured on the job: Pain = 3-8/10 & SSV = 35%

5’11” & 260LB.; AFF = PFF = 90$^{O}$; AER =PER = 30$^{O}$

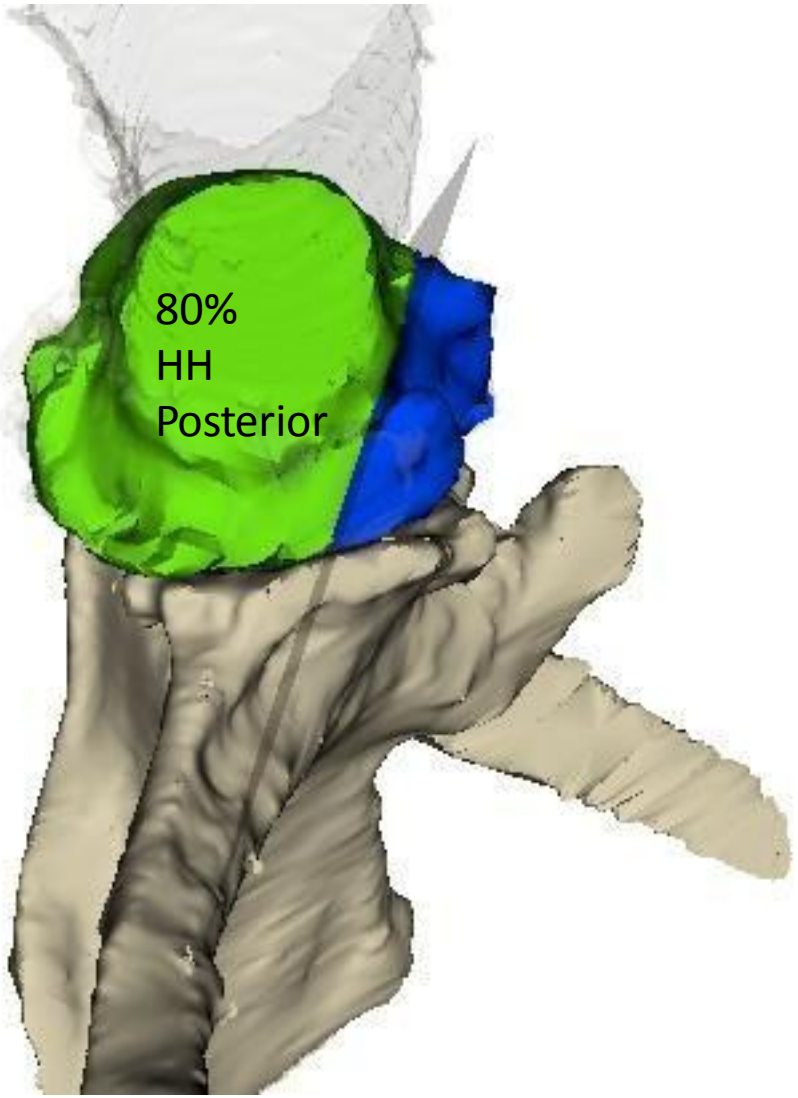


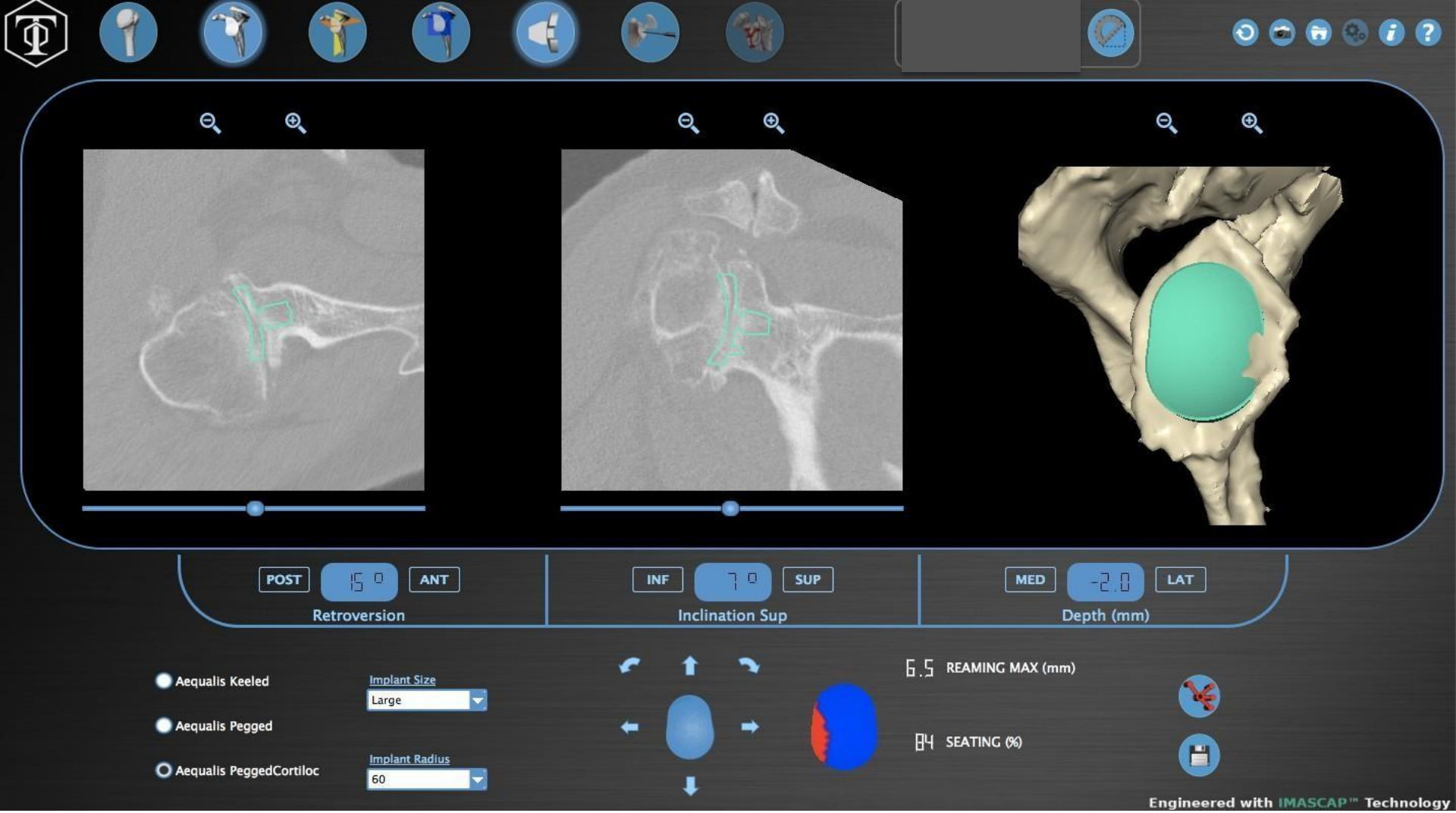



29º Retroversion: Should we try to correct this and can we?

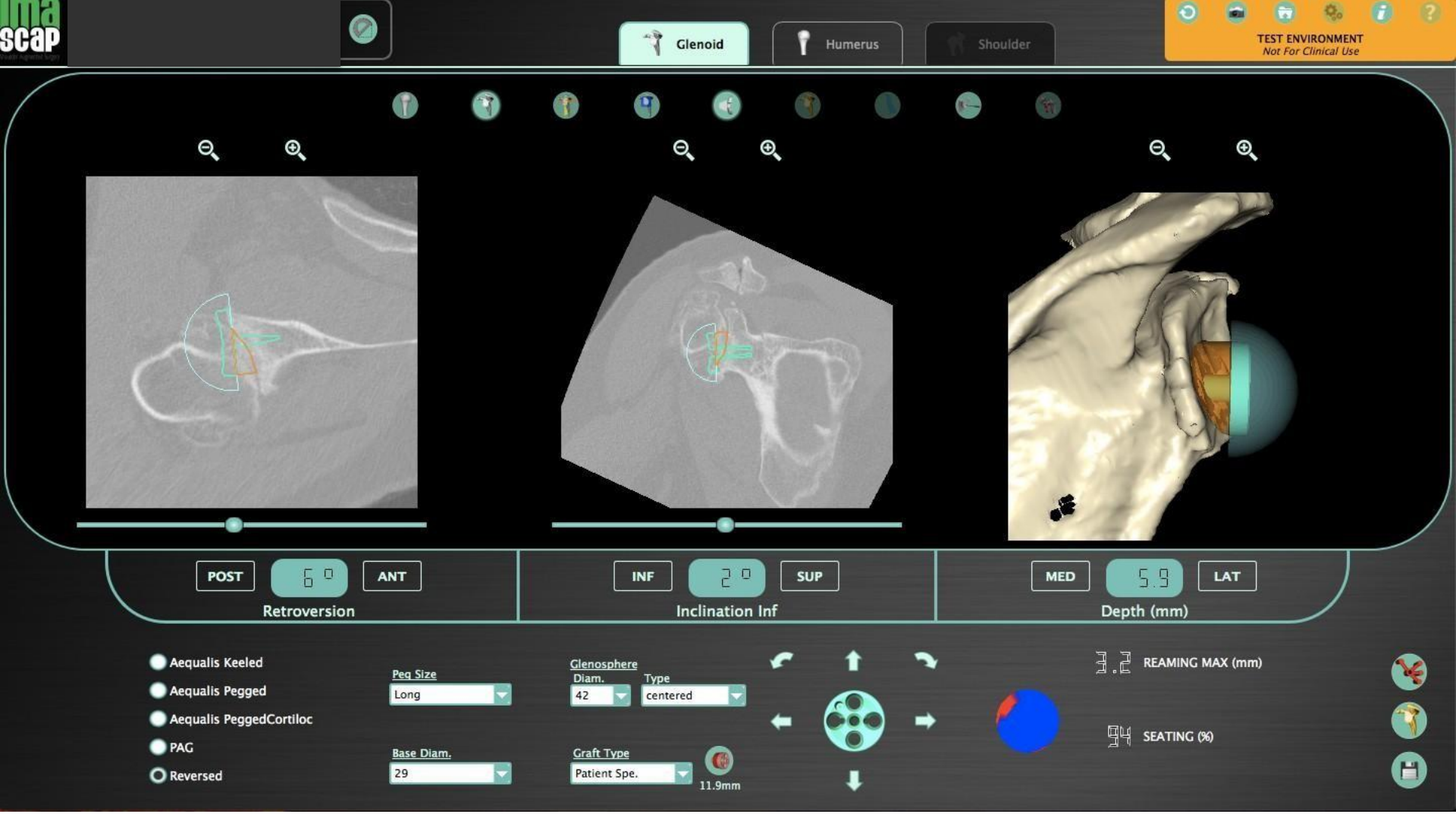



84% of Humeral head is subluxated: Limit for correction is 80%

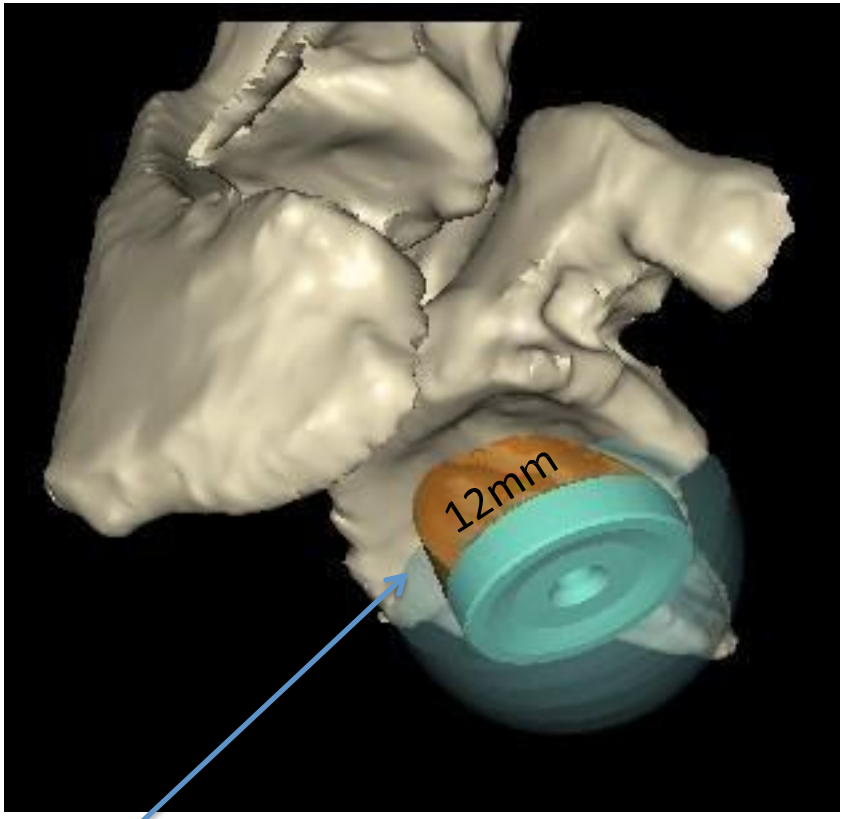

80%
HH
Posterior



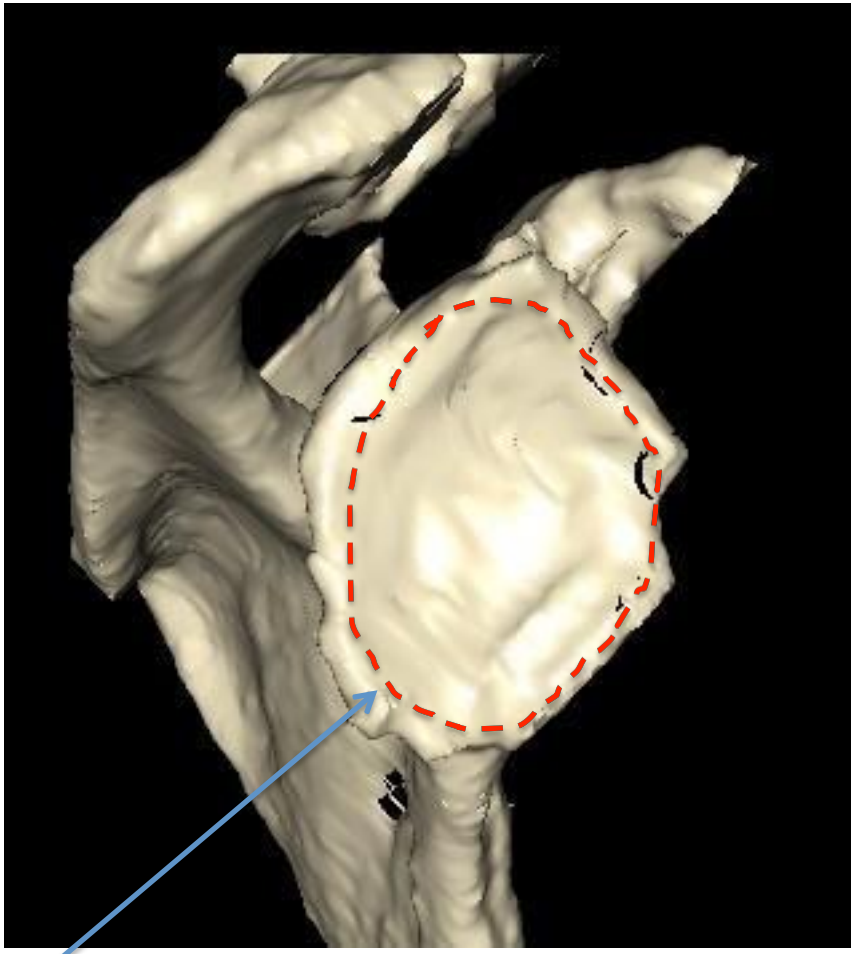

In order to achieve 84% seating of glenoid it is necessary to place the component in 15$^{o}$ retroversion with 6.5mm reaming of anterior glenoid: This will exceed recommended Retroversion maximum of 10$^{o}$ and will ream into cancellous glenoid bone….increased Risk of loosening!!



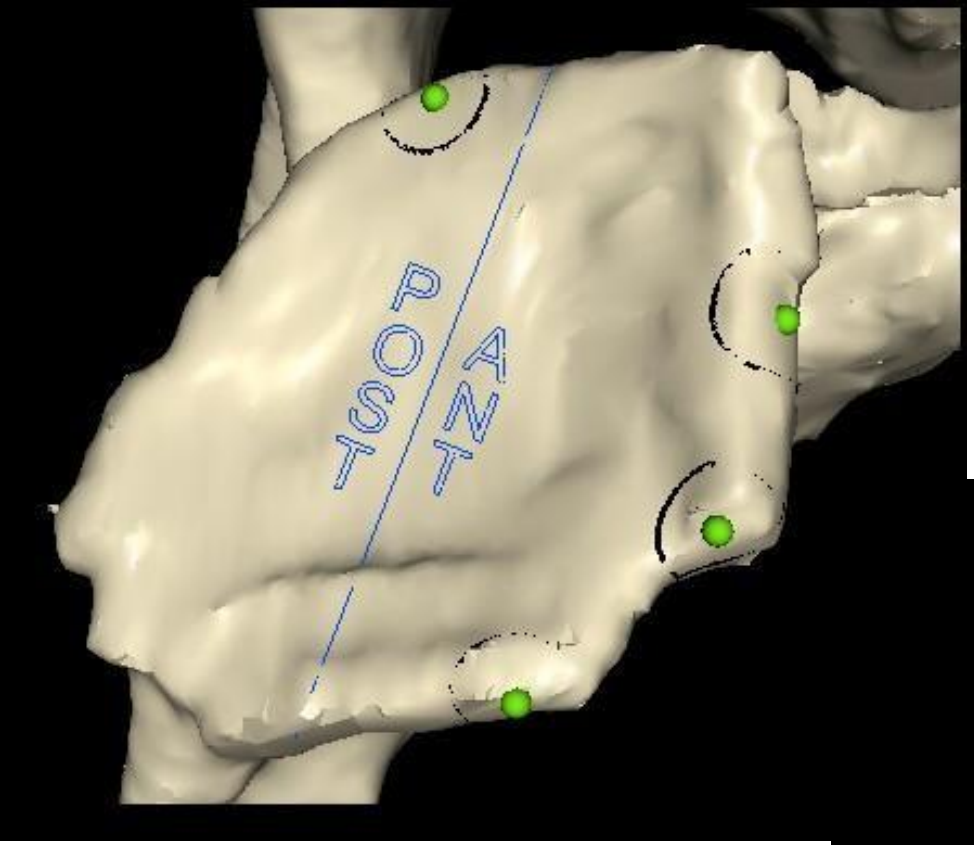

Reverse prosthesis would require 29mm baseplate with 6° retroversion and 2° inferior Inclination combined with patient specific bone graft from Humeral head with maximum Diameter of about 12mm in order to correct posterior bone loss. Glenosphere 42mm Centered sphere.




Asymmetric bone graft



Removal of osteophytes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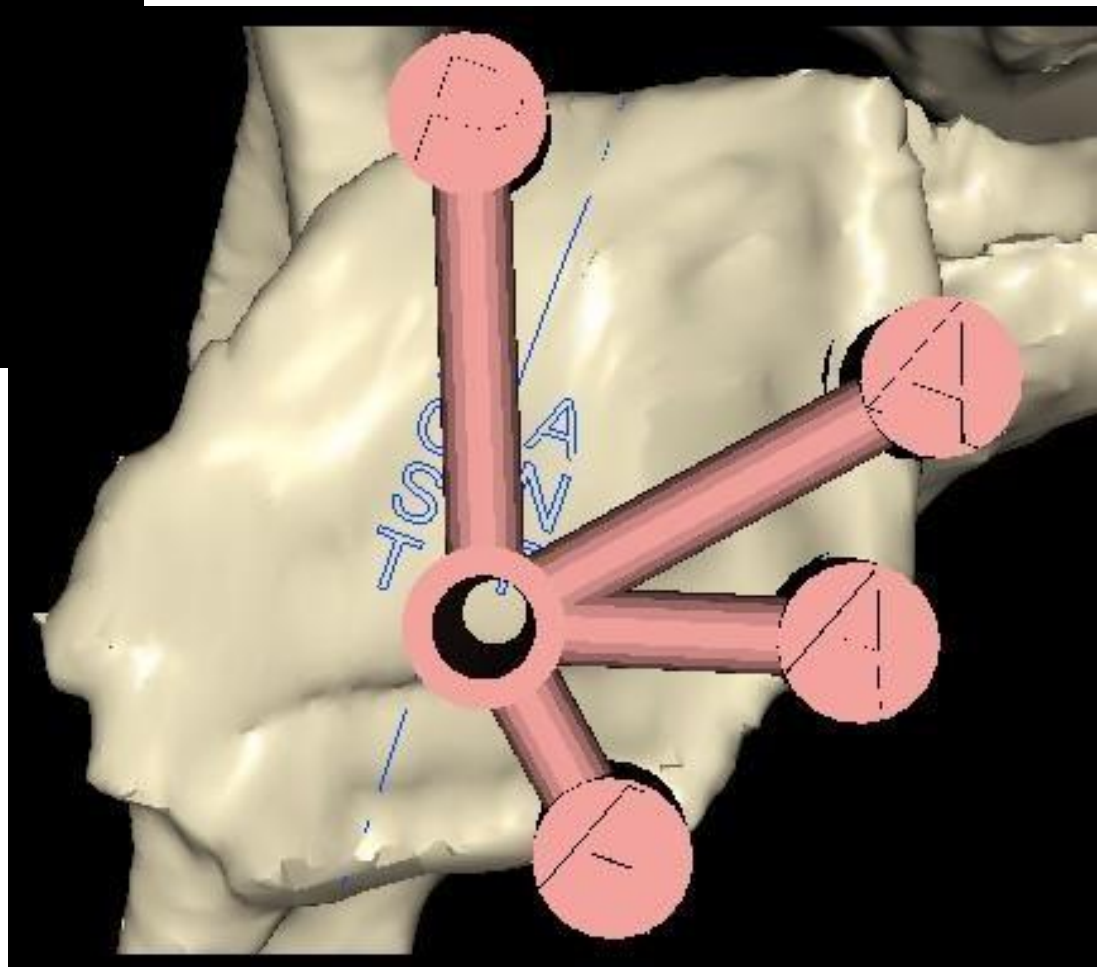
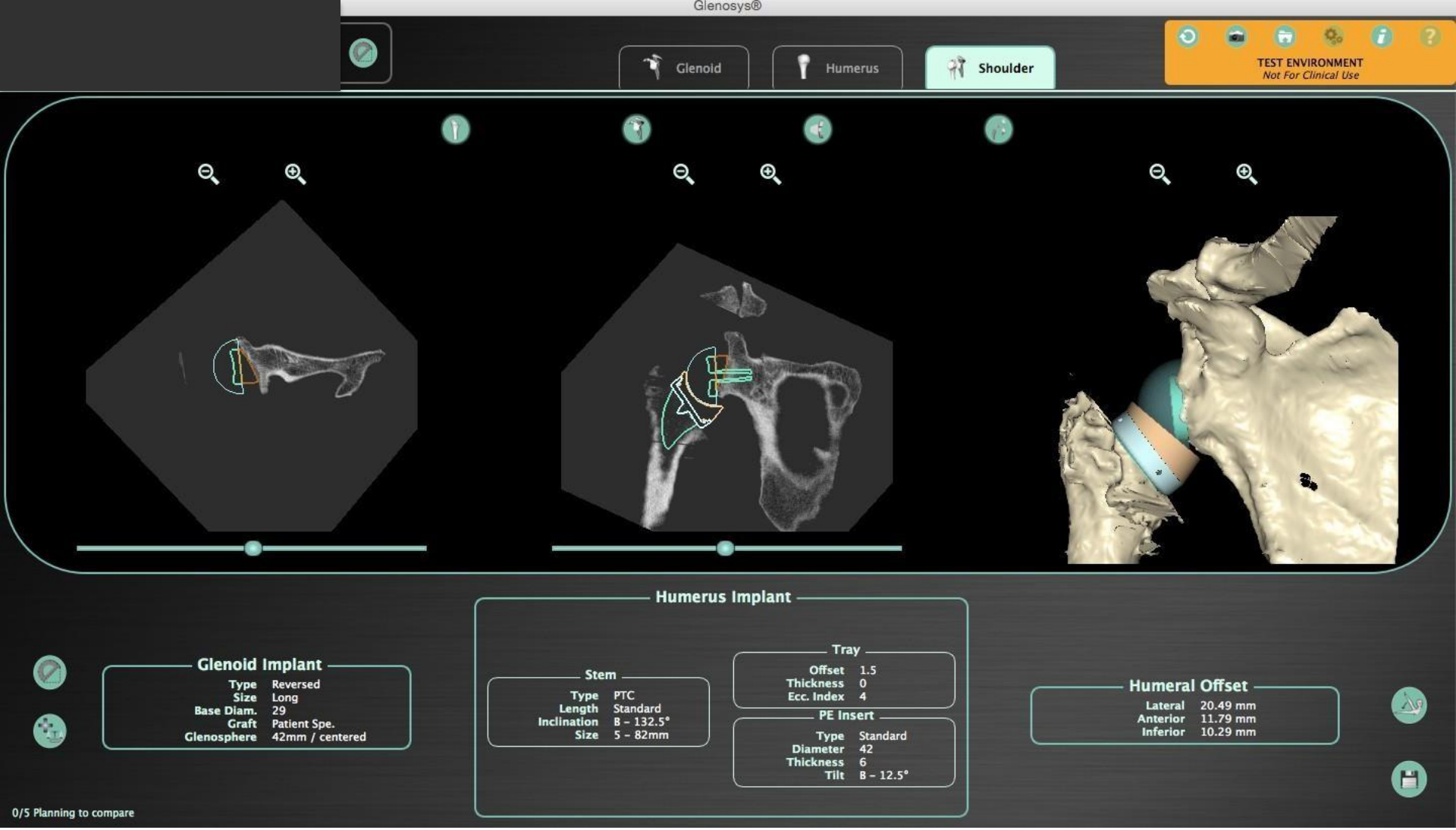
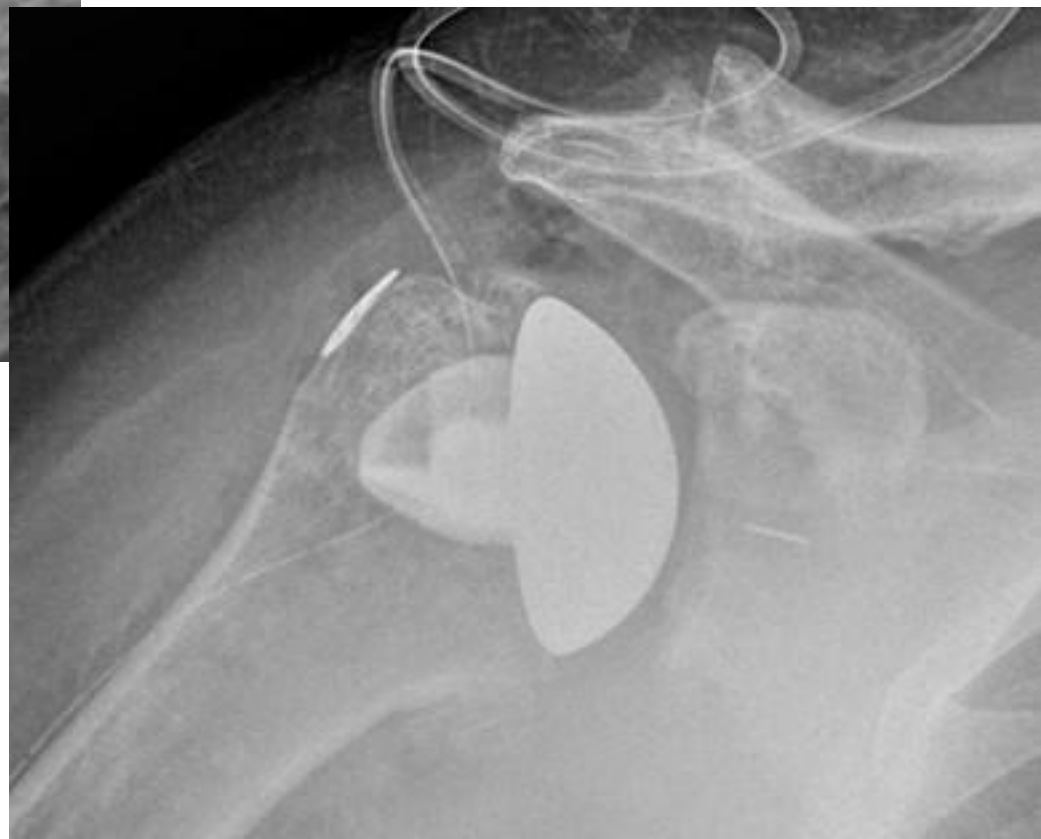


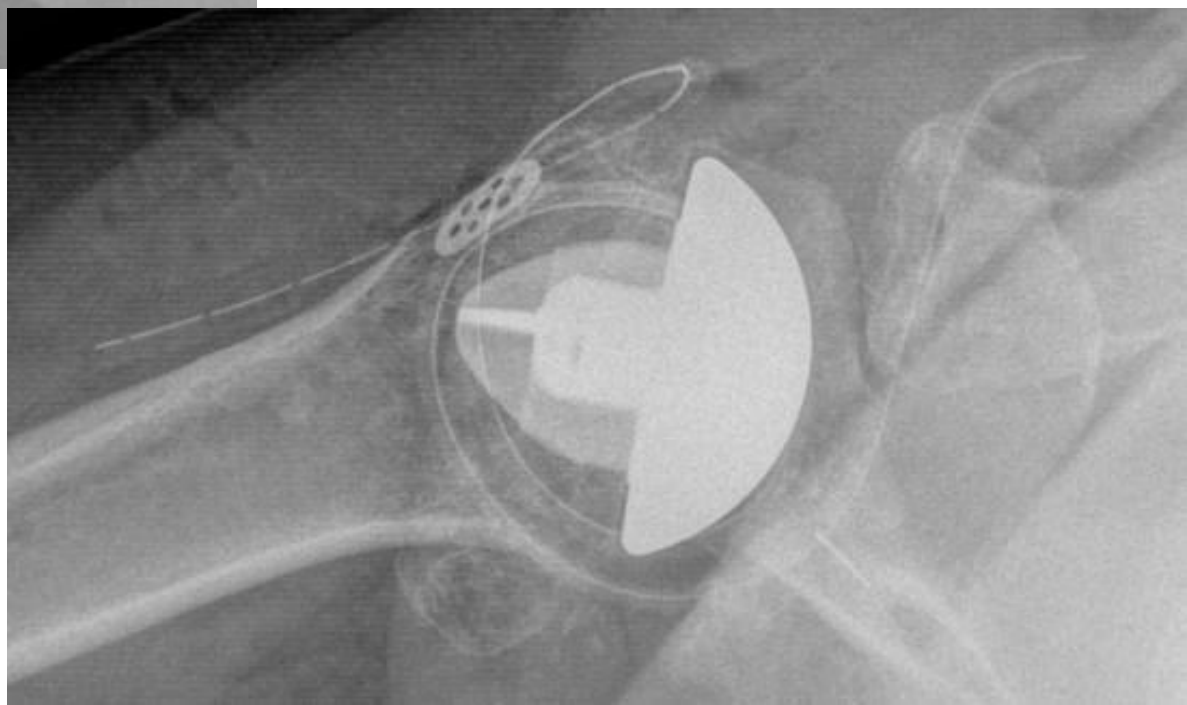



29mm baseplate with HH patient-specific bone graft and 42mm glenosphere.
Ascend-Flex Stem size 5mm with large eccentric tray and 6mm poly


Achieved Arcs of motion


Planning Long Journeys:
OBSTACLES, AND HOW TO OVERCOME THEM
ADVENTURESOFREECE



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