

What Next in Shoulder!

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Received: October 29, 2020

Published: October 30, 2020

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Today the scenario has changed extensively post COVID pandemic. So now everywhere digital E conference, webinars and group meetings (zoom and other apps) have literally reduced the barrier and increased learning through online platforms. Also, the clinical practice has been modified and tailor made in each institution.

During this COVID period, all hospitals reduced the number of health services. Mainly catering to low-energy trauma and also who had sports and traffic accidents. But most concern was in elderly patients who had low-energy (domestic - home) falls. Hospitalization of these patients is difficult as many of the beds are occupied by COVID-19 patients.

Proximal humeral fractures are the seventh most frequent fractures in adults. The prevalence varies from 4% - 10% of all fractures according to several studies performed in different countries and populations [1]. During COVID and before COVID shoulder traumas in elderly occurred in the home environment. Main reason for fractures was an osteoporotic bone. The Study by Carbone, et al. [2], showed 72% of patients with humeral head fractures were markedly osteoporotic and that most of these patients were elderly women sustaining low-energy trauma.

Role of reverse total shoulder arthroplasty in elderly patients with complex proximal humeral fractures has been always debated on the subsequent results. As few studies showed no differences in outcomes of nonoperative treatment and reverse total shoulder arthroplasty. Lopiz, et al. [3] did an RCT on 3 and 4-part proximal humeral fractures in patients ≥ 80 years of age. The study supported the nonoperative treatment of most 3 and 4-part fractures in elderly patients, although the study had limitations of not including high energy fracture with multiple fragments. Another study by Fraser, et al. [4] compared locking-plate fixation and reverse total shoulder arthroplasty for intra-articular displaced proximal humeral fractures. Age group of the patients was between 65 to 85 years of age. At 2 years, Constant-Murley scores were significantly better for the reverse total shoulder replacement group compared with plate fixation.

Postoperative rehabilitation protocols after reverse total shoulder arthroplasty vary with few surgeons restricting motion so as to limit the instability, while others would go for early range of motion. Actually, delayed motion and sling wear do not provide greater benefit. Hence earlier mobilization and weaning from the

sling should be considered to allow earlier return of function without notably increasing postoperative risk.

So, these are few things which are having impact on practice. Still many developments are happening in the field of shoulder surgeries. Let's break the barriers and spread knowledge and give best care to our patients. Keeping abreast of the recent happenings brings quality care and also make changes in our protocols even during such pandemic periods.

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