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Nota di contenuto	Section I - Basic Science: 1 History of reverse shoulder arthroplasty -- 2 Shoulder anatomy -- 3 Biomechanics -- 4 Epidemiology and demographics of reverse shoulder arthroplasty. Section II – Pathologies_ Cuff tear arthropathy: 5 Etiopathogenesis -- 6 Classifications.-7 Natural history -- 8 Clinical evaluation. -9 Instrumental evaluation: Xray, ultrasound, MRI, CT, Arthro CT. Proximal Humeral fractures: 10 Introduction and Classifications.-11 Instrumental evaluation: Xray, CT -- 12 Fix or replace?.-13 Irreparable cuff tear -- 14 Gleno-humeral arthropathy in patients with healthy rotator cuff -- 15 Proximal humerus neoplasia: revision of the literature -- 16 Humeral head non-union. Section III- Surgical treatment: 17 Preoperative planning -- 18 Operating room setting.-19 Anesthesiological techniques -- 20 What do the companies propose?. Section IV - surgical technique: 21 Cuff tear arthropathy -- 22 Proximal humeral fracture -- 23 Lateralization of reverse total shoulder

arthroplasty: when and how -- 24 Scapular notching: how to avoid it -- 25 Fractures sequaele -- 26 Proximal humerus neoplasia -- 27 Failed TSA -- 28 Reverse shoulder arthroplasty in patients younger than 55 years. Section V- Complications: 29 Complications in reverse shoulder arthroplasty: Focus on comorbidities -- 30 Management of periprosthetic reverse shoulder arthroplasty infections -- 31 Intraoperative fractures. 32 Failure of RSA. Section V-post surgery: 33 Postoperative rehabilitation -- 34 Outcomes of RSA: review of literature and personal experience.

Sommario/riassunto

This handbook fully investigates reverse shoulder arthroplasty (RSA), presenting all the recent advances in the field to enable shoulder surgeons to treat patients with complex conditions, such as rotator cuff tears and instability, failed surgery and combined arthritis, or proximal humerus neoplasia. Reverse shoulder arthroplasty is becoming increasingly common because conventional total shoulder replacement may cause pain, loss of strength, simple or complex disabilities as well as limited motion, reducing general quality of life. The goal of a reverse prosthesis is to restore a painless, biomechanically valid joint. Drawing on the results of recent studies, the book covers all relevant aspects of RSA, including basic science, pathogenesis, clinical and instrumental evaluation, surgical techniques and complication management, helping readers to better understand when and how reverse shoulder arthroplasty should be implanted and what to do in cases of poor results. Written by leading shoulder specialists, the book provides surgeons and rehabilitation specialists, as well as residents and shoulder fellows, with a valuable, state-of-the-art guide for clinical practice.
