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Abstracts for

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ICL 2: Recent Development of Shoulder Arthroplasty  
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Shoulder arthroplasty has been performed for a variety of pathologic conditions for over 5 decades. Although the basic tenets of shoulder arthroplasty have remained unchanged, the techniques and materials continue to evolve. Soft-tissue balancing is a key component in obtaining consistent, satisfactory results. Basic components of soft-tissue balancing include controlling the amount and the version of the humeral head resection; anterior capsulectomy and subscapularis mobilization; and appropriate sizing of the prosthetic humeral head to avoid overstuffing the joint. Newer instrumentation such as cutting guides and alignment jigs takes the guesswork out of soft-tissue balancing and makes it more reproducible. Third generation cement techniques as applied to the glenoid vault are expected to decrease the rate of glenoid loosening. Modern prosthetic adaptability such as offset humeral head options and variable neck-shaft angles allows the surgeon to more anatomically recreate a patient's normal anatomy. Updated glenoid components such as pegged prostheses are designed to increase the longevity of the glenoid arthroplasty. Postoperative rehabilitation remains critical despite the advances in techniques and materials.