Return to Golf After Shoulder Arthroplasty: A Systematic Review


Division of Sports Medicine, Department of Orthopaedic Surgery, School of Medicine, University of Colorado, Aurora, Colorado, USA

Background
- The number of golfers aged ≥65 years has increased in recent years and is predicted to rise.
- Guidelines for return to golf after shoulder arthroplasty have not been fully established.

Methods
- A systematic review based on the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines was performed.
- Two independent reviewers searched PubMed, Embase, and the Cochrane Library using the terms “shoulder,” “arthroplasty,” “replacement,” and “golf.”
- Sought to include all studies investigating a return to golf after total shoulder arthroplasty (TSA), shoulder hemiarthroplasty (HA), and reverse shoulder arthroplasty (RSA).
- Studies reporting on return to sports after shoulder arthroplasty were included when data were stratified specifically for golf.
- Outcomes of interest included indications for shoulder arthroplasty, surgical technique, rehabilitation protocol, amount of time between surgery and resumption of golf activity, and patient-reported outcome measures.

Results
- The data presented can help physicians counsel patients who wish to continue golf participation after a shoulder arthroplasty procedure.
- Most patients who undergo a shoulder arthroplasty procedure can expect to resume playing golf approximately 6 months after the index procedure.
- The rate of return may be lower after RSA and HA as compared with anatomic TSA.

Conclusions
- Most patients who undergo a shoulder arthroplasty procedure can expect to resume playing golf approximately 6 months after the index procedure.
- The rate of return may be lower after RSA and HA as compared with anatomic TSA.

Implications
- The data presented can help physicians counsel patients who wish to continue golf participation after a shoulder arthroplasty procedure.

Limitations
- A relatively small number of studies were included.
- Among studies included, 3 surgical procedures were performed, but a direct comparison among the individual procedures was not possible.
- Heterogeneity among studies in methodology, patient population, protocols, interventions, and outcome assessments did not allow for meta-analysis.