

# What I've Learned

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The full article can be found at: <https://www.ncbi.nlm.nih.gov/pubmed/?term=what+i%27ve+learned+walch>

Dr. Gilles Walch is a significant contributor to the evolution of shoulder surgery. He has been a trailblazer in the orthopaedic industry; paving the way for numerous shoulder surgeons throughout the years. Dr. Walch was educated in his hometown of Lyon, France and from Drs. Frank Jobe and Charles Rockwood in the U.S. After returning to France, early in his career, he was appointed Assistant Professor in the orthopedic department where he organized the first shoulder education program in Lyon. This new shoulder program aimed to collaborate with other shoulder surgeons for more than a decade to better identify and quantify shoulder disorders. This collaborative approach has led to careful analysis of patient results leading to improved treatments and patient outcomes.

In addition to his more than 300 peer-reviewed publications, Dr. Walch has authored many book chapters and edited four shoulder arthroplasty books. He has also served many important capacities such as the General Secretary and President of the European Society for Surgery of the Shoulder and Elbow, President of the French Society of Orthopedic Surgery and Traumatology, an Honorary Member of several European Orthopedic Societies including Switzerland, Portugal, Italy, France, and Greece, and a contributing member of the American Shoulder and Elbow Surgeons since the early nineties.

Early in Dr. Walch's career, he learned the importance of listening and learning from his patients. These principles of listening, analyzing treatments, publishing outcomes, including both successful and failed results, is what has allowed him to come to his many conclusions and has guided him throughout his career.

## Key takeaways

### Anatomic Shoulder Arthroplasty<sup>1</sup>

- Component designs matter for bone preservation, both on the glenoid and humeral side.
- Metaphyseal stability of the humeral components works better than diaphyseal stability.
- Three-dimensional imaging technology is a true "American Revolution" to improve the standard of care and outcomes.

### Reverse Shoulder Arthroplasty<sup>1</sup>

- The main cause of postoperative dislocations is failure to adequately lengthen the humeral side.
- Glenoid lateralization and inferiorization, as well as a 135° neck-shaft angle are the best options to improve impingement-free range of motion, to limit notching, and are not harmful for long term longevity.

## Reference

- 1 G. Walch, What I've Learned, J Shoulder Elbow Surg (2019) 28, 1215-1216.

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