[0009] The annular shoulder of the convex engaging surface may define an annular bearing surface. ~~The annular shoulder may comprise at least one recess.~~

[0010] The bearing component may be formed from a polymeric material. The polymeric material may be ultra high molecular weight polyethylene. Alternatively, the polymeric material may be any suitable biologically compatible polymeric material.

[0011] The bearing component may further comprise a lining component. The lining component may comprise a metallic shell that lines the concave bearing surface of the bearing component. In this manner, the bearing component of the present invention may be employed in a metal-on-metal articulation.

[0012] According to another aspect of the present invention, there is provided a humeral prosthesis comprising a bearing component as disclosed above, and a stem.

[0013] The engaging surface of the bearing component may be received within the stem such that the annular bearing surface of the bearing component engages a corresponding annular bearing surface on the stem.

~~[0014] The annular bearing surface of the stem may comprise at least one projecting lug, adapted to be received within the recess on the annular shoulder of the bearing component.~~

~~[0015] The annular shoulder of the bearing component may comprise a plurality of recesses arranged circumferentially around the bearing component. Similarly, the annular bearing surface of the stem may comprise a plurality of projecting lugs, adapted to be received within the plurality of recesses on the annular shoulder of the bearing component.~~

[0016] ~~The corresponding recesses and lugs therefore form an indexing system.~~ It is an advantage of the humeral prosthesis of the present invention that the bearing component may be securely inserted into the stem at any desired rotational orientation. Further, the relative rotational orientation of the two components may be altered simply and easily. For example, when implanting the prosthesis into a patient, the surgeon may orientate the bearing component such that the portion having the least thickness is placed at the position where the anatomy of the patient dictates scapular impingement is most likely to occur. If a trial reduction suggests the bearing component has not been inserted at the optimal position, this may be corrected, simply by repositioning the bearing component.