

Shoulder Pain

Two out of three Americans will experience shoulder pain during life, and there are several reasons it may spark up. Thankfully, most pains in the shoulder are able to achieve pain relief with nonoperative methods and will not require surgery.

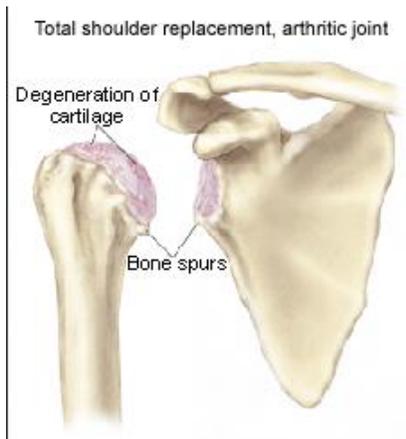
Here are the categories of shoulder pain:

1. Arthritis in the shoulder joint itself or AC joint
2. Impingement Syndrome – also called rotator cuff tendonitis and bursitis
3. Cartilage tear inside the joint – called a labral tear
4. Shoulder instability
5. Biceps tendonitis
6. Rotator cuff tear

Shoulder Arthritis

The glenohumeral joint and the acromioclavicular joint contain articular cartilage and are subjected to arthritis with aging. This may result in pain in the shoulder area, and x-rays are often able to show the problem nicely.

The AC joint is close to the skin, so a pain doctor can palpate the area and provoke pain. An injection into the joint may provide pain relief and also serve a diagnostic purpose to show the source of the pain. The shoulder joint is deeper and may require fluoroscopy for an accurate injection.

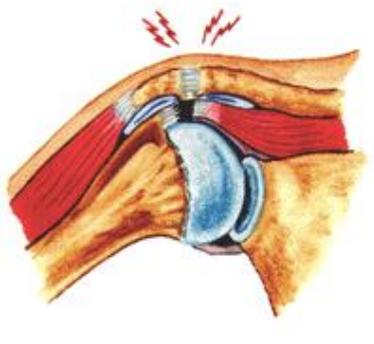


Both joint arthritis problems are amenable to steroid injections and nonoperative methods of pain management. As a last resort, a shoulder joint replacement is an option and for the AC joint, the only option is really to remove the joint.

Impingement Syndrome

The most common reason for shoulder pain by far is impingement syndrome. The top shoulder bone, called the acromion, sits over the rotator cuff tendon. As a person moves the arm, the soft

tissues including the shoulder may rub up against the acromion bone. This is termed impingement and may cause inflammation of these tissues.



The tissue overlying the rotator cuff musculature is called a bursa. A bursa is a soft tissue protective covering that normally allows pain free, protected movement. But as it continues to rub up against the acromion bone, it may become inflamed.

Impingement syndrome leads to pain with activity, and sometimes at rest. It is diagnosed by physical exam maneuvers and an injection of numbing medicine into the space under the acromion bone. This is called the subacromial space. If the injection of numbing medicine, then allows the patient painless shoulder range of motion, the diagnosis is then made.

Over 95% of patients with impingement syndrome are able to be treated nonoperatively with physical therapy, anti-inflammatories, and a subacromial injection of cortisone. For the other 5%, an outpatient arthroscopic shoulder surgery can shave down the acromion bone and relieve the pressure.

Labral Tear

Humans normally have incredible shoulder range of motion in many directions. A lot of shoulder stability comes from ligaments and muscles around the shoulder joint, including the cartilaginous structures at the edges of the socket of the joint known as the labrum.



The labrum consists of fibrocartilaginous material that deepens the joint and provides stability. With trauma, the labrum may tear. The most common type of labral tear is called a SLAP lesion, and

leads to a deep pain in the shoulder and potential shoulder instability. At times, nonoperative treatments allow for a nonsurgical recovery. This is not always possible.

Shoulder Instability

There are 2 main kinds of shoulder instability that can lead to shoulder pain. One is termed MDI, which is multi-directional instability. MDI is usually amenable to treatment with physical therapy and nonoperative methods to prevent recurrent dislocations and pain.



The other type of instability is a traumatic dislocation. This is usually out the front, and may disrupt soft tissues and also cause a fracture.

Unfortunately, when this occurs, the recurrence rate is huge despite conservative treatment with PT. Surgery is often required to repair the damage, which includes a problem called a Bankart Lesion.

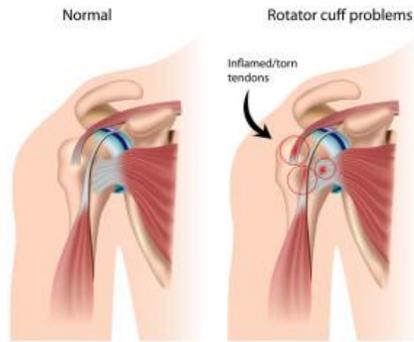
Biceps Tendonitis

The biceps tendon has two origins, one coming from inside the shoulder joint and the other above it. Tendonitis may occur from overuse and is often mistaken for a problem inside the shoulder. A rigorous physical exam and a cortisone injection around the painful and inflamed area may help in the diagnosis.

The injection, PT and NSAID's are able to prevent surgery over 99% of the time for biceps tendonitis.

Rotator Cuff Tear

The rotator cuff is a conglomeration of 4 muscles around the shoulder with a common tendon. The tendon acts as a great stabilizer of the joint. With aging, a person may develop a degenerative rotator cuff tear. This may lead to chronic shoulder pain that may or may not be amenable to conservative treatment with PT, injections and medication management.



The other type of rotator cuff tear is traumatic. This typically requires surgery, as otherwise the tendon may retract and lead to chronic pain. As you can see, there are quite a few shoulder problems that may lead to either acute or chronic pain. Thankfully, modern pain management promotes conservative treatments that work over 90% of the time. This allows patients to avoid surgery and get back to work and playing with their families in no time!