



Shoulder Pain

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Shoulder pain and injuries are common in athletic, active and inactive people. Some conditions are caused by overuse, whereas other conditions are caused by deconditioning and the wear and tear of aging. Fortunately, almost all shoulder problems respond to medical or physical therapy care.

Tendonitis: Tendonitis is inflammation (soreness and swelling) of a tendon. A tendon connects muscle to bone. Tendonitis occurs because of irritation resulting from overuse, or repetitive wear and tear due to aging. Overuse is a relative term. It refers to more than usual activity or too many repetitions of an unaccustomed activity. For example, painting a home would be an unusual activity for most people. Swimming farther than usual or lifting heavier weights in a weight room are other examples of irritants. The two usual suspect tendons in the shoulder are the rotator cuff and the biceps tendon. With rotator cuff tendonitis the pain may be felt by outward reaching activities combined with outward twisting (putting a sleeve in a coat), working overhead, or lifting the arm sideways. With biceps tendonitis the pain may be felt with working in front of the body or lifting in front of the body. Initial self treatment should be to ice the shoulder for twenty minutes out of every two hours or at least twice a day, take anti-inflammatories (ibuprofen or naproxen), and avoid the painful motions (but do all other motions). If after ten days of self treatment, if your shoulder is not substantially improved you should see a physician. The physician will evaluate your condition and may prescribe medications and physical therapy. Physical therapy will consist of techniques to decrease inflammation, exercises for motion and strength, and techniques to manually stretch tightened joint structures. The goal of physical therapy will be for your arm to have pain free optimal motion, strength and muscular coordination. The shoulder is a very complex joint and usually requires physical therapy after injury, because 1) the rotator cuff is difficult to strengthen correctly, 2) the shoulder blade and arm have to work synchronistically, and 3) the joint capsule tends to stiffen with injury.

Bursitis: Bursitis is inflammation of a bursa. A bursa is a sac containing a small amount of fluid. Bursas form between two moving structures around joints. The shoulder has several bursas to protect tendons that would fray with a lifetime of sliding directly over bones or sliding over other muscles or tendons. Bursas are generally injured by overuse or the impact of falling. Pain occurs in the swollen bursa because it has squeezing pressure put on it as the arm moves. The most commonly injured bursa hurts when the arm is placed all the way overhead. Treatment for bursitis is anti-inflammatories, ice and avoidance of the painful motion. If the problem is truly an isolated bursitis, an injection of corticosteroids is often prescribed by a physician. The most important aspect of

treating bursitis is determining the cause. If you have more than one episode of bursitis or have reoccurring bursitis, there is probably a biomechanical problem with the shoulder. You could have muscle imbalance problems (strong deltoid and relatively weak rotator cuff/ strong pectorals and relatively scapular retractors) or joint capsular tightness.

Degenerative Arthritis: The shoulder complex consists of several joints than can become arthritic. Diagnosis of arthritis is made by history and x-ray. The arthritic shoulder will usually be worse on awakening and improves later in the morning as it is used. Arthritis is treated with medications and exercises. Arthritic pain worsens with too much usage or too little usage. A rheumatologist (physician who specializes in arthritis), a physical or occupational therapist can teach you joint protection techniques.

Instability: Due to previous injury or inherited genetics the shoulder may have excessive motion in some directions. A previous subluxation or dislocation results in instability. The muscles of the shoulder must be ideally strengthened to compensate for the looseness in the joint. Sometimes over the years, instability in one direction leads to excessive tightness in another portion of the joint which magnifies the original instability problem. In some cases of instability, the shoulder may feel as if it is slipping out of place. In other cases, it may feel vaguely as if something is just not moving normally. Extreme instability can be surgically corrected with a variety of arthroscopic techniques.

Rotator cuff impingement: The rotator cuff passes between bones and bursas. It may become impinged by abnormal biomechanics of the shoulder. Classic shoulder impingement will hurt with lifting the shoulder to the side while the thumb turned downward. It will hurt in other positions, too. The pain of impingement is due to inflammation and direct pressure on the rotator cuff tendon with certain shoulder motions. Treatment is to decrease inflammation and restore normal function to the shoulder with 1) manual physical therapy to stretch the posterior and inferior joint capsules, 2) stretching exercises for the front of the shoulder, and 3) strengthening exercises for the muscles on the back side of the shoulder and shoulder blade. Long term rotator cuff impingement may result in a rotator cuff tear, because the tendon can degenerate from repeated self injury.

Rotator cuff tear: The hallmarks of a rotator cuff tear are pain which is usually more severe at night and a feeling of arm weakness. Tears may occur due to acute injury or they may occur over time due to wear and tear. Some rotator cuff tears require surgical repair. An orthopedic surgeon will evaluate the tear and determine the best treatment. If surgery is not performed, treatment will include instructions to avoid additional injury including appropriate strengthening exercises.

Labral tears: The labrum is a thick ring of cartilage (like the tissue of the nose) that serves to deepen the socket of the shoulder. It can be torn by trauma such as a fall or other direct impact to the arm. A labral tear will produce pain only with certain motions. The location of the tear, size of the tear, and amount of disability and pain will determine whether physical therapy or arthroscopic surgery is needed.

In the case of acute injury, if the pain is intense or if you cannot lift your arm, you should see your physician as soon as possible.

The physical therapists at North Boulder Physical Therapy are experts in all aspects of shoulder treatment. We provide a range of rehabilitation from complicated surgeries such as total shoulder replacements to treatment for bursitis. All insurances and Medicare are accepted with a physician's prescription, except Kaiser.