



Shoulder

Arm yourself by understanding causes, treatment options

BY DONNA GREGORY BURCH

pain?

Fall's vibrant foliage and winter's sparkling snowfalls are beautiful, but there are hidden dangers that can come with cooler seasons.

According to Dr. Vivek Sharma, orthopedic surgeon at Stony Point Surgery Center, there's usually an uptick in the number of patients seeking treatment for shoulder pain during the cold weather months.

"When people start raking leaves in autumn or shoveling snow in the winter, painful shoulders make people come in for help," he explains. "The extra risks of slips and falls can add to the misery."

Most complaints of shoulder pain fall into three categories, Dr. Sharma says.

Traumatic injuries of the shoulder: Accidental falls are all too common in any age group during the winter; younger people can also injure a shoulder when playing sports such as football.

Overuse injuries: Any repetitive movement such as raking leaves or shoveling snow – especially one we are not used to

doing and may not be using the safest techniques – can cause problems.

Degenerative or chronic conditions: Osteoarthritis is common in older patients, as are chronic changes. Weakness or tears of the rotator cuff (the soft tissue which surrounds, supports and helps move the arm and shoulder) also may occur.

ROTATOR CUFF INJURIES

Strain: The rotator cuff is composed of tendons and muscles that stabilize the shoulder joint, holding the upper arm bone (humerus) in the joint; the muscles control the wide range of movements the shoulder can make. When one or more of these tissues are strained, it leads to pain and the inability to move one's shoulder freely.

Rotator cuff strains are mild muscle or tendon injury from over-stretching. Inflammation results from the body working to fix itself, and pain can result. Strains are particularly common in active younger people, particularly those who play ball-

games or swim.

The pain is usually on the top and front of the shoulder and is the primary symptom of a rotator cuff strain. Reaching, throwing and sleeping on that shoulder all increase the level of pain.

Rotator cuff strains typically improve with conservative treatment, including rest, ice therapy, over-the-counter anti-inflammatory medications such as ibuprofen, aspirin or acetaminophen and possible physical therapy to help flexibility and strength. If the injury doesn't heal on its own within four to six weeks, your doctor will want to order tests, usually in the form of imaging, to rule out more serious injury.

Tears: Rotator cuff tears are more commonly seen in senior patients. Tendons may weaken with age and may partially or completely separate, making the humerus unsteady and less mobile.

Symptoms include pain and weakness in the shoulder and arm, difficulty moving the shoulder, snapping or cracking sounds and an inability to sleep on that shoulder due to the pain.

In the case of a sudden, traumatic rotator cuff tear, the patient can tell exactly when it occurred. In the elderly, however, shoulder pain and weakness can start gradually, and patients are often unable to identify when a tear may have occurred.

The patient's symptoms determine the treatment. If the pain and tenderness are manageable, then treatment is similar to that for strain and may include anti-inflammatory medications, steroid injections and physical therapy.

Surgery may be recommended in patients with significant pain. Most rotator cuff tears can be repaired using arthroscopic or minimally invasive "Band-Aid" surgery, leading to less post-operative pain, little scarring and a shorter recovery time.

"Surgery will reduce pain and improve function in almost all patients, but older people may find that it isn't a cure-all," Dr. Sharma cautions. "In younger patients with a small tendon tear, about 90 percent will be completely better after surgery. In the elderly population, however, the rate may go down to 50 to 60 percent."

SHOULDER PAIN IN THE MIDDLE-AGED PATIENT

Tendinitis (inflammation of the rotator cuff tendons) and bursitis (inflammation of the protective fluid-filled sac between the rotator cuff and the bones at the top of the shoulder) are among the most common complaints in middle-aged patients. Tendinitis and bursitis can occur alone or together.

Repetitive tasks such as raking, shoveling or painting can cause tendinitis and/or bursitis; osteoarthritis can cause them as well. The pain feels like a toothache spreading through the upper arm. Lifting one's arm increases the pain level.

TIPS TO AVOID SHOULDER PAIN

- Stay active and physically fit. Performing gentle stretching, light weight training and range-of-motion exercises regularly will help to strengthen your arms and shoulders.
- Practice good posture.
- Warm up properly before any workout and gently stretch after exercise to lengthen muscles while they are warm.
- Use protective gear while playing sports to minimize accidental injuries.
- Ask for help when lifting heavy objects. When lifting, stand close to the object, keep elbows tucked in at your waist and lift with your legs and both arms to minimize stress on your back and shoulders.
- Take frequent breaks while performing repetitive tasks, and try to use alternating hands/arms when possible.
- Avoid carrying heavy backpacks. Check your child's backpack to ensure it is the right size and not too heavy.
- If your job requires repetitive movement, talk with your supervisor about alternative strategies to prevent injury.
- The most common at-home treatments for minor shoulder pain are rest, ice therapy and anti-inflammatory medications.

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Conservative therapies, like anti-inflammatory medications, ice and physical therapy, are usually very helpful. If the pain continues, your doctor will want to investigate further.

Frozen shoulder, also known as adhesive capsulitis, is another source of shoulder pain for middle-aged patients. As we age, the shoulder joint's tissues can stiffen, forming scar tissue and making movement difficult and painful. This causes a vicious cycle – the pain makes us unwilling to move the shoulder, and the lack of movement makes the scar tissue worse, eventually “freezing” the shoulder in one position.

It can also be seen following injury or inflammation, but in this age group frozen shoulder is most commonly seen in diabetics.

Like other forms of shoulder pain, conservative treatment involving anti-inflammatory medications, ice and heat therapy and gentle stretching/physical therapy is normally recommended. Occasionally, arthroscopic surgery may be needed to release some of the scar tissue. ■



Vivek Sharma, MD, specializes in general orthopedics and fracture care and is board certified by the American Board of Orthopedic Surgery. Dr. Sharma has been in practice for three years with Colonial Orthopaedics after completing fellow training at Harvard Sports Medicine and Cartilage Repair Center in Boston, Massachusetts. He was selected as one of *Richmond Magazine's* "Top Docs" in Sports Medicine for 2010.