



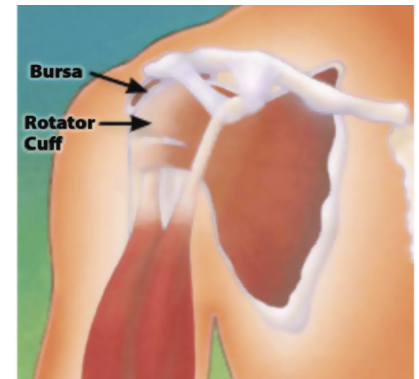
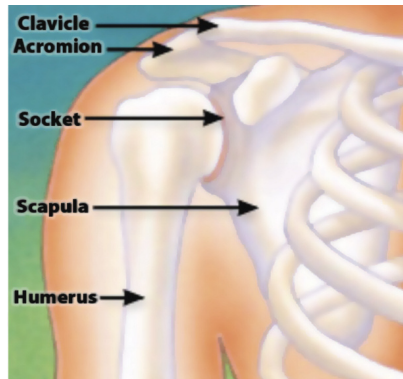
# THE PAINFUL SHOULDER

BOBBI OWSLEY, OTR, CHT

- ☛ Inability to sleep on the affected shoulder
- ☛ Pain – intermittent or continuous
- ☛ Limited range of motion, especially overhead or behind your back

If you have any of these symptoms in your shoulder, you should consult a shoulder specialist. With a consultation, it is your choice to proceed or not proceed with medical treatment, but at least you know what you are dealing with. It is much faster and easier to return to normal daily activities the sooner you seek treatment. Most people describe their shoulder pain as “getting older/normal aches and pains” or believe the pain will go away with time. Of these individuals, many start to make lifestyle changes and avoid activities that cause discomfort or compensate for lost movement by finding a different way to get the job done.

What most people refer to as simply the shoulder is actually a complex apparatus made up of multiple joints, tendons, ligaments



and soft tissue. These structures must move together smoothly to perform large movements. Strength and stability must be present in order to move the hand freely in space. The rotator cuff is made up of four muscles that arise from the shoulder blade and attach to the arm, forming a cuff surrounding the ball and socket joint of the shoulder.

Continued on other side

## ROTATOR CUFF PROBLEMS

SEAN M. GRIGGS, MD

**R**otator cuff problems are a common cause of shoulder pain and disability. Injuries to the rotator cuff can occur from repetitive activities or from an acute traumatic event. Repetitive activities at or above shoulder level can lead to subacromial bursitis and impingement syndrome. This can occur from work activities or from home projects. A fall can lead to an acute rotator tear. It is very important to rule out the presence of a significant tear of the cuff prior to initiating therapy. This can usually be accomplished with a careful history and exam.

Subacromial bursitis is inflammation of the bursa beneath the shoulder cap. It can be caused by overuse or a minor trauma. It is the most likely cause of shoulder pain in the weekend warrior and “home improver.” This problem usually responds well to anti-inflammatory medications and rest. Therapy with modalities can be quite helpful in recalcitrant cases and occasionally a subacromial injection may be required.

Impingement syndrome occurs when the rotator cuff begins to wear on the undersurface

of the acromion or shoulder cap. The shape of the acromion or narrowing of the subacromial outlet can cause this problem. This is referred to as primary impingement. Secondary impingement is caused by tightness of the posterior capsule of the shoulder or scapular dyskinesia. Both primary impingement and secondary impingement can be treated with therapy and NSAIDs. It is important to define the cause of the problem so that the therapist can treat the underlying cause. If therapy fails then an injection can be helpful. Rarely is surgery required unless there is a significant narrowing of the subacromial outlet. This is typically caused by degenerative spurs, which form along the coracoacromial ligament. This mechanical problem is treated by removing the anterior undersurface of the acromion (a subacromial decompression). This can be done using arthroscopic surgery.

A commonly overlooked cause of impingement is tightness of the posterior capsule of the shoulder. This leads to loss of concentric motion of the shoulder and what is called secondary impingement. Poor scapular

kinetics can also lead to the shoulder moving out of round and lead to secondary impingement. These dynamic causes of impingement require therapy to correct and should rarely require surgery.

In the final stages of impingement the rotator cuff can develop a tear. Small chronic tears in low demand patients can be treated conservatively with therapy and NSAIDs. Injections into the subacromial space can also be helpful. Larger tears and tears in active patients are treated surgically. The rotator cuff can typically be repaired arthroscopically and it is important to perform an adequate subacromial decompression to prevent a recurrent tear.

The recovery time for a simple arthroscopic subacromial decompression or bursectomy is 6 to 8 weeks. If the cuff requires repair then the recovery time ranges from 3 to 6 months depending on the size of the tear, the patient’s general health and the demands to be placed on the shoulder.

*Dr. Sean Griggs is a board Certified Hand surgeon with Hand Surgery Associates, P.C., Denver, Colorado.*

# NEWS & EVENTS

**Tara H. Haas, MSOTR, CHT, Chris Luscia, OTR, CHT and Molly Stauffer, OTR, CHT** recently achieved advance certification as hand therapists. Tara, Chris and Molly have earned the designation — Certified Hand Therapist (CHT). In order to attain Certification each had to have a minimum of five years of clinical experience in direct practice in hand therapy and successfully pass a comprehensive test of advanced clinical skills and theory.

The Skyridge clinic recently relocated to the new Lincoln Medical Center in February of this year. The new location is Lincoln Medical Center, 11960 Lioness Way, Suite 230, Parker, CO 80134.

For maps and directions visit us at [www.coloradohandtherapy.net](http://www.coloradohandtherapy.net)

(Continued from other side.)

## THE PAINFUL SHOULDER

Their function is to:

- Provide stability to the shoulder joint
- Perform rotation and elevation of the arm
- Compress the humeral head during elevation to prevent impingement

Frequently, patients are seen in our clinics that have sustained an elbow, wrist or hand injury and because they are not using their shoulder normally, the rotator cuff becomes imbalanced and weak. This often times results in a painful shoulder that just does not seem to get better.

Determining the underlying diagnosis is paramount to effectively and efficiently treat the shoulder problem. A thorough history and hands on examination is essential. Most conservative therapy involves identification of the problem areas, education and pain relief modalities. Stretching and strengthening help to regain the balance of a normal shoulder.

TIP to preventative care: “put your

shoulder blades in your back pocket whenever you see the color red.” Not a military squeeze of the shoulders together. Drop them down gently. This habitual exercise will start moving your posture in an upright position and open up your shoulder complex for better movement. It is difficult to lift your shoulder above your head when slumped in a chair (try it!), but if you sit up straight, and raise your arm (try it again!), it is much easier.

Remember, you do not have to live with shoulder pain as there are many treatment options out there; just take the time to get it checked out.

*Bobbi Owsley is the Clinical Coordinator for Colorado hand Therapy. She received her hand training at Emory University in Atlanta. She has been awarded the R.L. Petzolt Prize of Excellence in Research and has published articles related to hand injuries.*



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