Managing Shoulder Pain

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Shoulder pain is a very common, frustrating problem that affects people of all age groups, vocations, and activity levels. Shoulder pain can result from any number of problems, including: simple overuse, athletic injuries, dislocations, trauma (such as falling), tendon tears, fractures (broken bones) and arthritis. Fortunately, once an appropriate diagnosis is made, the pain and dysfunction can be managed in any number of ways including activity modification, therapy, medications, injections, and in appropriate cases, surgery.

The shoulder is primarily made of three bones that comprise the shoulder girdle: the humerus (arm), the scapula (shoulder blade), and the clavicle (collar bone). The shoulder joint is a ball and socket that is made up of the humeral head (ball) and glenoid (socket). In addition, there are a number of tendons and ligaments that stabilize the shoulder and allow for movement. The primary muscles and tendons about the shoulder include the four rotator cuff muscles, the biceps tendon, the pectoralis and the periscapular muscles (muscles around the shoulder blade). There are a number of ligaments that secure the bones to each other as well. The labrum is a ring of cartilage that surrounds the glenoid to help stabilize the ball and socket joint. All joints also contain cartilage, a smooth shiny substance that covers the end of bones, and allows for low friction gliding motion.

Each of these structures (bones, tendons, muscles and ligaments) can be injured. The first step in the road to recovery is obtaining the appropriate diagnosis. This can be accomplished through an orthopaedic evaluation – including meeting a provider, explaining the symptoms, having a physical examination and potentially having imaging studies (such as an xray or MRI). Once a diagnosis is determined, a team approach to managing the issue is developed. The goal? Address the shoulder problem such that you can decrease your symptoms, and increase your activity level.

What can possibly go wrong? Well, each of the structures that were mentioned can wear out, become inflamed, tear, break, or rupture. If the rotator cuff becomes aggravated, a condition called bursitis, tendonitis or impingement can develop. These essentially all mean the same thing. Rotator cuff tendons can also wear out or tear, resulting in pain or weakness. Depending on the type of injury, the symptoms, and how long it has been bothering, treatment can range from therapy and medications to injections to arthroscopic surgery (surgery with a few small incisions and a camera).

The ligaments about the shoulder can get stretched or rupture resulting in prominence or instability about the joint between the collar bone and shoulder blade (AC joint). Sometimes arthritis in the AC joint can develop months or years after an AC injury. A tear of the labrum can happen if a shoulder is dislocated (when the ball physically gets pushed out of the socket). This can sometimes result in shoulder instability, or depending on the patient's age, can result in a tear of the rotator cuff.

Any bone about the shoulder can break, but the two most common are the top of the humerus and the collar bone. Depending on the type of break, how far apart the bones are, and the activity level of the patient, this may simply require a sling/immobilization, or sometimes may be treated with surgery.

Arthritis can also develop in the shoulder. This can cause loss of motion, pain, or even crunching about the shoulder with movement. Again, depending on the severity of the symptoms, treatment can range from medication to injections to shoulder replacement surgery.

Although there are a number of issues that can develop about the shoulder, correctly identifying the problem, developing an appropriate treatment plan, and working together with your physician can help decrease pain and increase function. How do we get you better? Start the conversation!

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