

## *Orthopaedic Connection*

### **The Shoulder Is Thawing**

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#### *Transforming patient information into patient understanding.*

You might want to review what was presented in class last week at some point. I want you to be able to put this all together before the big test that is coming up. Real or Not Real? Relax – Not Real! No test this time, but I do want this information to remain with you.

#### **Key Points**

- Rotator cuff tears and Frozen Shoulder are not the same.
- Frozen Shoulder comes from deeper in the shoulder capsule, which is a distinct entity.
- Rotator cuff tearing and Frozen Shoulder can exist together, but usually don't. So I am not going to say anything more about the rotator cuff.

#### **Who Gets Frozen Shoulder?**

The typical person getting frozen shoulder is a woman between the ages of 40 – 60. Most of the patients I see are in this age group. It does occur in men too, but less often. No one knows for certain why.

As I mentioned last week the suspicion is that frozen shoulder may be caused by micro trauma from overuse. It could be caused by significant injury like a fall, but that is unusual. Falls more often result in tearing of the rotator cuff tendons. It should be mentioned that a large number of frozen shoulder patients are diabetic. I don't know why that is, but it is very definite.

#### **What I Will Do**

By now most of you should be able to write the next few sentences.

- Take a careful history about the affected shoulder and the neck.
- Examine the entire shoulder, arm and neck and the opposite side too.
- Order lab tests if I feel they are needed.
- Take plain x-rays of the shoulder and possibly the neck.
- Maybe order an MRI, but not invariably.

This should give me a good idea of whether you actually have frozen shoulder.

#### **Treatment**

There are different degrees of frozen shoulder that occur so I can't say the treatment is always the same in each patient. Treatment is almost always a continuation.

- Gentle exercises I can teach you to do.
- Anti-inflammatory medications like Ibuprofen, Naproxyn if you can take either of them.
- If the above are not helping injecting the shoulder with a steroid can help.
- Physical therapy might be done at a PT place before injection, but it depends.
- Heat, ice.
- Theragesic applied to the shoulder.

## **Further Treatment**

Usually the above program begins to show some improvement in the affected shoulder. If improvement doesn't happen, I often suggest doing a procedure termed "examine under anesthesia". It is done in the operating room because that is where anesthesia doctors do their work. It is however not surgery. There is no incision. With the patient completely anesthetized and relaxed, I gently move the shoulder through a range of motion that separates the adhesions. When the procedure is finished I usually inject a steroid and local anesthetic medication. This is followed by attending Physical Therapy the next day and PT is continued for a week or two. After therapy the patient needs to continue to do home exercises indefinitely.

The results of both conservative treatment and if needed exam under anesthesia have been very favorable.

## **Surgery**

Arthroscopic surgery to release adhesions that have not responded to the above management is fortunately rarely needed. I hope this has added to your knowledge of shoulder problems.

*My patients put their trust in me and what I do improves the quality of their lives*

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Be well.

Dr. Haverbush