

Orthopaedic Connection

Shoulder: What Can Go Wrong

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

Well in one short phrase – a lot. Certainly there is a spectrum with some problems being temporary and less serious and other shoulder problems that are major and may require surgery.

Overuse

This can take many forms and by history the patient almost tells you the diagnosis. I have said lots of times a history is always first and then the examination.

The activity is not unusual, but maybe you haven't done it for a while and then you did it for longer than usual.

The soreness and stiffness may come on the next day and the patient takes their opposite hand and cups the painful shoulder with the palm of the hand to tell you where it hurts. In my mind overuse jumps to the top of the list of diagnoses (and there should always be a "list" in the examiner's mind).

Overuse is a general term that comprises muscle strain and an inflamed shoulder bursa (oh yea, last week's article!). It could be only one, but they usually go together.

It can't be called overuse if you fell or had bad pain at the time, or heard a pop etc.

After the examination an x-ray might be done but never MRI at this point. *This is a very important point.*

Sprain

Sprain is to me worse, because I classify it as affecting the rotator cuff tendons which are deeper in the shoulder. There also can be an overlap of symptoms and involvement of 2 or 3 things which can be confusing.

The four rotator cuff tendons as you recall (I hope) sit on top of the ball part of the shoulder and attach to the bone around the edges of the ball.

Inflammation of the rotator cuff tendons (tendinitis) is somewhat more serious as it can cause the tendons to swell and become irritated and real ouchy. Tendinitis often comes on when you have used your arm(s) over head such as painting a room, tennis or something like yoga exercises.

It is interesting that we hardly ever see a patient with involvement of both shoulders at the same time. I did have it in both shoulders though during fraternity "hell week" in college after having to do countless push ups. Ugh, it was bad!

Symptoms are almost always in the front and to the side of the shoulder.

Rotator Cuff Tears

We are moving as you can see into more serious causes of shoulder pain. When taking the history and the patient tells me they have pain at night, waking them or having trouble falling asleep – tear of the rotator cuff quickly moves to the top of the list of potential diagnoses.

There is usually weakness in moving (lifting) the arm above shoulder level. Patients often say they can't lift a half gallon of milk out of the refrigerator.

Rotator cuff tears typically result from falling on an outstretched arm or possibly landing directly on the shoulder.

However there are a large number of rotator cuff tears that I see that had no specific injury. It just came on over time with cumulative trauma. Another cause of rotator cuff tearing is the tissues becoming weaker and tearing gradually caused by aging.

What About Arthritis?

This would be the most serious cause of shoulder pain. The shoulder can wear out like any other joint when the cushion material separating the bones deteriorates and the bones come closer together. We see it a lot more in the knee and hip than the shoulders.

The pain of shoulder arthritis is different from the pain of overuse, tendinitis or even rotator cuff tear in most patients. It is a deeper aching pain often affecting the back of the shoulder as well. The other shoulder pain causes are mainly in the front and to the side. As arthritis worsens, stiffness increases and you can have a “creaking” sound with some movements.

Please come back next week for the Finale to see what treatment is possible for a painful shoulder.

Arrivederci . I’m taking Italian lessons!

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

Gratiot County Herald Archive and Office Website

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It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.

Good Health. Good life. All the best to you.

Dr. Haverbush