

A Look at Common Shoulder Pain

In my practice, shoulder pain is extremely common. Probably 30 percent to 40 percent of my new patients have complaints relating to the shoulder. It is seen more commonly in folks over 40. However, younger, athletic individuals also come into the office with shoulder pain, and it is a very common on the job injury in many age groups.

Causes of shoulder pain are diagnosed by a thorough medical history, physical examination, and diagnostic studies like X-rays and MRIs. Bloodwork is sometimes useful as well. Some minor shoulder problems can be managed by a general physician if he or she has performed a thorough visual and hands on examination.

A good orthopaedic surgeon should be able to tell a patient the diagnosis with 80 to 90 percent accuracy after the history part of the visit. That accuracy should approach 95 percent after a proper physical examination. The X-rays and MRIs then should be done for confirmation. Very rarely, orthopaedists cannot find a plausible cause for a patient's pain. The good news is that those unknown conditions almost always resolve over time.

There are two types of causes of shoulder pain. This would include intrinsic causes such as arthritis, rotator cuff tears, labral tears, impingement (bursitis and tendonitis), infection, fractures, arthrofibrosis (frozen shoulder), instability (shoulder dislocation or separation), and extrinsic causes like cervical disc lesions, carpal tunnel, and even lung tumors, which are very rare.

Both bursitis and tendonitis are common shoulder maladies caused by overuse, such as weight lifting, tennis, yard work, etc. Bursitis is probably the most commonly diagnosed condition of the of the shoulder and is caused by inflammation of the bursa, or sacs filled with lubricating fluid located between bone, muscle, tendons, and skin to decrease friction and irritation. Tendonitis is when the gliding motion of a tendon is impaired and the tendon itself becomes inflamed and painful.

The two can be very difficult to diagnose separately. The treatment is roughly the same, but tendonitis can eventually lead toward significant rotator cuff disease or tears, and bursitis does not.

Home remedies include RICE (rest, ice, compression, elevation), anti-inflammatory medications, and patience. Patients should give most shoulder pain problems a few days to settle down. If improvement occurs, then they should hold off seeing an orthopaedist. If the problem plateaus or worsens, then a visit to the doctor might be worthwhile. Of course, if someone feels he or she is seriously hurt, they must see a doctor right away. Rotator cuff tears can be really challenging to repair in the best of hands when a patient shows up months after their injury.



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Conservative (non-operative) measures usually are successful in treating shoulder pain. The most effective modes of treatment are activity modification, muscle rehabilitation, low dose pain medication, and steroid injections. If a patient knows what caused the problem, he is asked to modify that activity. Muscle rehabilitation is done in physical therapy and involves retraining the shoulder blade or periscapular muscles. Many shoulder problems can be traced back to improper coordination of the periscapular muscles. Pain medication is for symptoms only and it does not alter the basic healing process. Steroid injections help from a diagnostic and therapeutic standpoint. Steroids work by decreasing inflammation in the area where they are injected. There is a big misconception that steroid shots are terribly painful. Given by a correctly trained physician, these shots should hurt no more than a vaccination and the benefits are often quite dramatic, with few side effects.

Surgery is reserved for problems not responding to conservative treatments. Examples are recurrent shoulder dislocation, rotator cuff tears, labral tears, some fractures, arthritis and, commonly, chronic tendonitis (impingement syndrome), plus frozen shoulder. Infection within the shoulder joint is rare, but it is almost always managed surgically. Shoulder surgery is usually arthroscopic, or mini-incisions rather than large open ones.

My approach to shoulder conditions is moderately

aggressive: I pursue nonsurgical measures in most cases, but I equally aggressively recommend surgery if I believe it the best way to manage a problem. Sometimes surgery is recommended first if I believe it is the best choice.

Shoulder problems cannot totally be prevented. Staying in good physical condition is of utmost importance. This means keeping fit and maintaining an ideal weight. Medical problems should be managed appropriately by a general physician, and diabetes especially must be well controlled. If someone plans on starting a new athletic activity, then it makes sense to properly condition the body for that activity. Even if one is in good shape, if an activity starts hurting, he must listen to his body and back off for a while.

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