



# SHOT SHOULDER SYNDROME

DR. SARGON BENJAMIN ODISHO

I can't think of a more nagging pain than an injured shoulder because it's not like you can spend the day with your arm taped to your chest.

Instead, after tossing and turning all night trying to find a bearable position, you now have to spend the day lugging your laptop to work, managing the largest morning mocha they make, and chipping away at a computer in your cubical.

In addition, simple activities like practicing your putt, ending a meeting with one of those heavy hand-shaking guys, and even washing your hair will drive you insane with pain. Reason being has to do with the complex anatomy that keeps the "guns" holstered to the body.

Having the greatest range of movement of all the joints leaves the shoulder more susceptible to in-

jury. The arms hang off the body from ligaments and tendons that anchor them onto the shoulder blade and torso. Irritating any component of the shoulder joint and having to wield your wounded wing throughout the day will drive even the biggest birds into the doctor's office.

Although not a complete list, the following is a brief explanation of the most common ailments of the shoulder.

Of all shoulder complaints, inflammation of the joint's surrounding soft tissue (bursitis or tendonitis) and rotator-cuff pathologies are the most common. The rotator-cuff consists of four tendons of the subscapularis, supra- and infraspinatus, and the teres minor muscles that convene and cap the humerus.

These muscles are responsible for raising and turning the arm in and out. Of the four, the supraspinatus tends to be the problem child of the group due to the strenuous stresses and vulnerable position on top of the cuff.

A rotator cuff injury is an injury to either 1 or more of the 4 muscles in the shoulder. A traumatic fall, hyperextended swing, or simple repetitive insults to the cuff can lead to an inflammation or tear of any one of these tendons.

Patients commonly complain of general shoulder pain that gets worse with lifting the arm out or over the head and especially tender with outreached lifting activities. The severity, and eventually the treatment, of a cuff injury depends weather or not and to what extent the cuff has been torn. Tendonitis of the shoulder and minor tears of the cuff can be successfully treated conservatively.

Joint instability, severely limited motion, and/or any neurological problems are all big red-flags of major tears. Similarly, the shoulder has another cuff of cartilage called the labrum that covers and holds the top of the humerus in its socket joint.

The same injuries and symptoms can occur as a result of labrum pathology and are treated like rotator-cuff pathology. Only way to find out the extent of damage definitively is with a MRI but a thorough orthopedic exam is a good place to start.

Another common shoulder problem is bicipital tendonitis. This is an inflammation of the biceps tendon as it travels through a groove on the front of the humerus to its attachment point above. Patients complain of front shoulder pain that likely increases with lifting heavy objects. If pressing on that little divot on the front of the shoulder lights up the pain, then that's what you got.

The shoulder gets further support from ligaments that help stabilize the arm to the shoulder blade and clavicle. The injuries and treatments are similar to those explain above and again depend on the mechanism and severity of the injury. More severe ailments like shoulder separation (junction of the clavicle and shoulder blade is disrupted) and shoulder dislocation (humerus is displaced from joint) are usually the result of very traumatic falls or hits and the symptoms won't be hard to miss. Probably a good idea to get these problems checked out quick.

Questioning severity begins with a detailed history and a thorough orthopedic exam, but in the end, further imaging like x-ray or more specifically MRI is the answer. Conservative treatment of shoulder pain starts with alleviating inflammation and pain. This is followed by rehabilitation of the shoulder joint and should include proper stretching of the muscles mentioned above.

Visit [www.gcwellness.com](http://www.gcwellness.com) for a full list of shoulder ailments, the anatomy involved, the treatment, and the preventative measures you can take.

No cold shoulders here.  
Dr. Sargon Benjamin Odisho