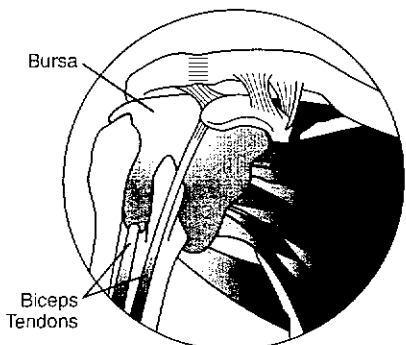
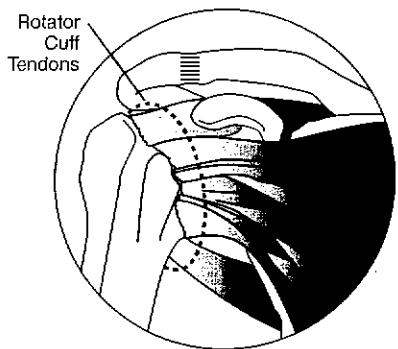
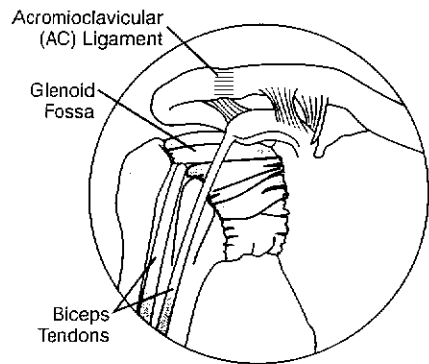
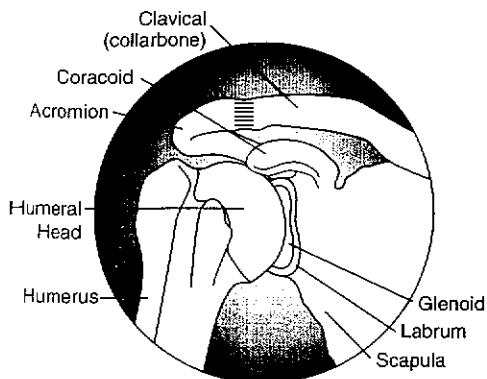




## SHOULDER PAIN

Structures of the right shoulder:



The shoulder joint is formed by a ball (humeral head) that fits into a shallow socket (glenoid) attached to the shoulder blade (scapula). There are several muscles attached to the scapula at one end that merge to form a common tendon attached to the humeral head at the other.

Looking at the shoulder from the side (Fig. A – see back) as if it were a clock face, this “rotator cuff” tendon attaches to the humerus from four o’clock to eight o’clock. It “cuffs” the humeral head, which is then “rotated” in the glenoid by the pull of the muscles attached to the tendon.

The bone covering the top of the shoulder is called the *acromion*. Attached to its front edge is the *coracoacromial ligament* that runs across the front of the shoulder joint between the acromion and the rotator cuff. There is also a fluid filled pouch (*bursa*) that helps the rotator cuff move easily between the bones and ligament.

There can be many causes for shoulder pain, including some that begin in the neck, but the most common cause is inflammation of the rotator cuff or the structures next to it. This inflammation can range from a mild inflammation of the bursa (*bursitis*) to a large tear of the rotator cuff that causes it to pull away from the humerus and lose its function.

Rotator cuff problems usually cause a dull aching pain that covers the entire shoulder area but doesn’t spread toward the neck or below the elbow. The pain is often made worse by internal rotation such as when a person hooks her bra, reaches into a back pocket or scratches his back. It can also increase when a person sleeps on that shoulder. Reaching overhead can cause greater pain, but allowing the arm to lie at the side or only using it with hands at waist level will cause less pain.

The type, amount, or location of the pain does not directly indicate the presence or size of a rotator cuff tear. Individuals over 60 years old are more

*continued on back*

## Shoulder Pain, *continued from front*

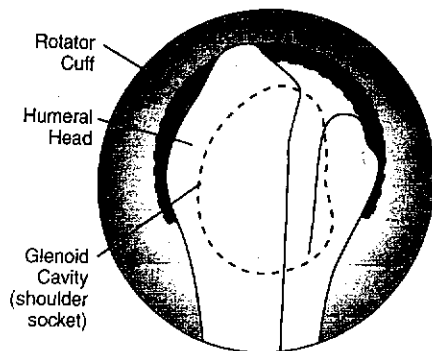


Fig. A – Side view of right shoulder



Fig. B – Shaving torn rotator cuff tendon



Fig. C – Bursitis

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likely to have rotator cuff tears, and this risk increases with each decade. In general, women have fewer tears than men. Therefore, a 30-year-old woman would be much less likely to have a rotator cuff tear than an 80-year-old man even if both have the same history and symptoms.

If the pain has been mild or is a recent symptom, a cortisone injection into the area of the bursa will almost always provide relief of pain and occasionally last a long time. This would provide less relief for a patient with a rotator cuff tear. If an MRI scan is negative for a rotator cuff tear, then time for normal healing and physical therapy may be helpful. If a rotator cuff tear is diagnosed, it is unlikely that rest and therapy will help, and repair may be necessary. Even without a rotator cuff tear, the rotator cuff tendon might be so inflamed that, every time a person lifts his arm overhead, it rubs on the underside of the bone and ligament. If physical therapy and limited activity fail to help within a few months, then surgery may also be recommended in this situation. The surgery consists of shaving the undersurface of the acromion and removing the bursa to eliminate the “pinching” on the cuff. If the tendon is also torn, it can be repaired at the same time.

Less common causes of shoulder pain include arthritis of the *acromioclavicular* joint, the joint between the collarbone and the acromion. This may be the only problem or may be associated with a tear of the rotator cuff. Arthritis in this location is fairly common in active people and isn't painful for every individual. Therefore, tests, such as injecting cortisone into this area, can be helpful with the diagnosis. If the injection relieves a great deal of pain, then the acromioclavicular joint is probably the major source of that pain, and the joint can be surgically removed. If the injection, however, fails to relieve pain, then the joint should be left alone even though it may show moderate arthritis.

Arthritis can also affect the shoulder joint itself. If it is mild, the pain can be relieved by a cortisone injection. If it is more severe, then an artificial shoulder joint may be the best option.

Hopefully, this information has been interesting and helpful to you. As with any general information, some of it may not apply to your case and it is not intended to take the place of an orthopedic evaluation and personalized treatment plan.

If you still have questions, please do not hesitate to discuss them with Dr. Nickel.

