

SHOULDER PAIN

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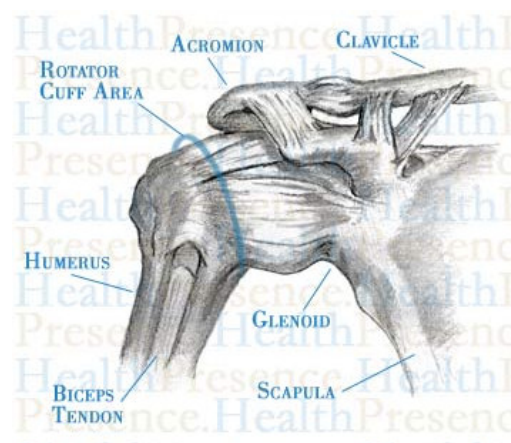
Special points of interest:

- In the US, 14.4 million people went to the doctor's office in 2001 for shoulder injuries.
- Shoulder problems are probably second only to low back problems.

Anatomy of the Shoulder

The normal functioning shoulder has an extension range of motion and integration of muscular activity. When one thinks about the shoulder, they usually think of a single joint comprising the upper arm bone joining the shoulder socket; in reality, the structure is very complex. This makes the joint susceptible to injuries such as fractures, dislocations, and muscle/tendon injuries.

The shoulder region encompasses five separate articulations—the sternoclavicular (SC) joint, acromioclavicular (AC) joint, coracoclavicular, glenohumeral (GH) joint, and the scapulothoracic joint. The articulation referred specifically as the shoulder is the glenohumeral joint, whereas the other articulations are joints of the shoulder girdle. The SC and AC joints enhance motion of the clavicle and scapula that position the GH joint to provide increased mobility for the humerus. As the name suggests, the SC joint consists of the articulation of the sternum with the clavicle. The AC joint consists of the articulation of the acromion process of the scapula with the clavicle and depends for its stability largely on the coracoclavicular ligament. The Coracoclavicular joint is



formed by the binding together of the coracoid process of the scapula and the clavicle. The GH joint is where the head of the humerus fits into the pocket on the scapula called the glenoid. This joint enables the greatest range of motion of all the joints in the human body. Scapulothoracic joint is where the scapula moves with the mid-back. The proper assessment of the shoulder will aid in your recovery.

Inside this issue:

Anatomy of the Shoulder	1
Rotator Cuff	1
Causes of shoulder pain	2
Massage Therapy and Shoulder Pain	2
Chiropractic Treatment	2

Why is the rotator cuff important?

Stability depends entirely on the muscles surrounding the joint, and there are four that are particularly important in holding the humerus tightly tucked into the glenoid socket of the scapula: subscapularis in the front, supraspinatus across the top and the infraspinatus and teres minor at the back. These four tendons of the shoulder form together

to form the rotator cuff. The rotator cuff is one of the most important components of the shoulder. If injured, it can be difficult for the person to return to full shoulder function which allows them to perform daily activities.

What causes shoulder pain?



Tendinitis is the inflammation of the tendon that usually is the result of a wearing process which can occur over years. Bursitis often occurs in association with rotator cuff tendonitis. Due to the inflammation and pain that ensues it may limit shoulder use which may result in stiffness or a condition called 'frozen shoulder'. Bursitis involves irritation of the bursa, a fluid filled sac that aids to reduce friction in the tissues surrounding the joint.

Injury/instability occurs when one of the bones of the joint is moved or forced out of its normal position. The instability that occurs, can result in dislocations of one of the joints within the shoulder. Recurring dislocations may be par-

tial or complete causing pain and unsteadiness with shoulder movement.

Arthritis typically involves wear and tear change with inflammation of the joint which will result in swelling, pain and stiffness.

Impingement occurs with rubbing or pinching of the rotator cuff and the top of the scapula called the acromion. This can occur in sport activities or job conditions where excessive overhead motion is required. If this inflammation is not dealt with it may eventually lead to a more serious shoulder problem.

Most people will underestimate the extent of the injury and the decreased range of motion, muscle weakness and pain will become second nature.

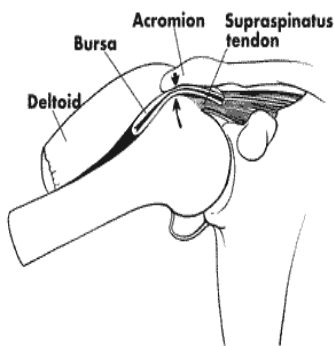
Massage Therapy and Shoulder Pain

The massage therapists at the *Back to Health Wellness Centre* have treated a wide variety of shoulder problems. Massage therapy is used to reduce the amount of inflammation, treat the muscles of the shoulder and the compensating structures, decrease any adhesions within the joint and improving the joint integrity by increasing the range of motion.

The massage therapists achieve this by using some of the following techniques: lym-

phatic drainage, joint mobilization, deep tissue work, trigger point work, active release technique, cross-fiber frictioning of tendons, ligaments and muscles and PNF stretching. The use of these techniques in combination will reduce adhesions and realign fibers assisting in your recovery

Chiropractic Treatment of Shoulder Problems



1. Rest—Use pain as your guide. You are only aggravating the condition if you continue your activity while experiencing pain. In severe cases it is advised to refrain from using the arm activities (lifting a briefcase, heavy books, backpacks and opening doors).

2. Ice—In the early, painful stage, apply ice to your shoulder twice a day for 15-20 minutes.

3. Determine Cause— Unless this was caused from an injury, you should try to determine the

cause of the problem. I.e. sleeping on it, faulty biomechanics in sports, workstation, etc.

4. Treatments—Dr. Rodwin and Dr. Moore will implement different treatment techniques, depending on the problem. These include: **chiropractic adjustments** to restore movement to neck, upper back, and shoulder joints. **Trigger point therapy and Active Release Technique** to loosen tight muscles. Possible use of the **Interferential Current or Acupuncture**. And finally stretching and strengthening program.