“Doc, My Shoulder Hurts”

This is one of the most common complaints I hear in the office. Shoulder problems seem to affect everybody at some time no matter what the age.

The pain and disability can be annoying, but tolerable at times. Other times it can be severe and even worse at night disturbing sleep.

What it probably isn’t, is true arthritis. While we do see wearing out of the ball and socket, which is true arthritis, it is fairly uncommon.

Did you know that the shoulder has more motion than any other joint in the body? This makes it easier to injure the shoulder joint than other joints apparently.

Back to why shoulders hurt.

Muscle strain from overuse or work activities is the most common cause. This can subside in a few days with rest and simple treatment at home such as heat, ice, Advil or Aleve.

Inflammation known medically as tendinitis or bursitis can set in. This can be caused by overuse too, but often subtle wear and tear changes in the shoulder tissues can be the origin. Patients usually tell us they have no idea what they did to cause the shoulder pain. At first it is hard to tell from strain, but it typically is harder to get rid of and patients usually end up coming to the office. Stronger anti-inflammatory medication, physical therapy and possibly injection are on the menu of treatment.

Impingement is a condition that doctors refer to that occurs in the front of the shoulder caused by friction. The rotator cuff tendons rub against the bony part of the shoulder that sits on top of the rotator cuff tendons. It really is a progression of wear and tear changes.

Treatment for impingement almost always runs through the doctor’s office and is properly evaluated by exam and x-rays. Treatment may
include medication, injections, physical therapy and even surgery at times.

Wow, we have hardly scratched the surface. Come back next week for more about your shoulder.

Be well.                                           Dr. Haverbush