

GRATIOT COUNTY HERALD

ORTHOPAEDIC CONNECTION

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"Doc, My Shoulder Still Hurts"

Last time when we talked about shoulder problems I tried to give you an overview of what we consider when we are seeing a patient in the office with shoulder pain. The common causes are muscle strain, inflammation (tendinitis and bursitis) and impingement. We described these conditions and touched on their treatment.

If the shoulder doesn't respond to treatment or gets worse, then what? Then we have to think that you have a very stubborn strain or severe bursitis condition or maybe something worse.

If you had come to the office, an x-ray of your shoulder would already have been done and most likely arthritis would have been ruled out as a cause. Remember, how I said true arthritis is pretty rare.

It is always best to have an accurate diagnosis because treatment can be ineffective or possibly harmful without a correct diagnosis.

I might decide you need a special x-ray study such as an MRI or arthrogram (dye test with plain x-rays) to help me make the right diagnosis. An MRI study ordinarily does not involve an injection. In special cases it may, but usually not.

An arthrogram is an x-ray - dye test where contrast is always injected into the shoulder joint. These studies can help determine if the person has a partial or complete tear of the rotator cuff (among other conditions), which is a more serious problem.

The shoulder may also have lost motion and become stiff and the person hardly realized it because they were not using it and were protecting it. This is sometimes referred to as a frozen shoulder (which is not cool to have!).

When a rotator cuff tear appears on the MRI study it can be partial (not all the way through the substance of the cuff tendons) or complete showing a large hole.

Partial tears of the rotator cuff, frozen shoulder and stubborn tendinitis often respond to good physical therapy.

Complete tears of the rotator cuff often need surgery, but more about that in a later "class".

Be well.

Dr. Haverbush