

GRATIOT COUNTY HERALD

ORTHOPAEDIC CONNECTION

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A Frozen Shoulder Is Not Cool

As you read the articles that I write you will notice that I try to group subjects together so there will be some continuity. I think that is a better way to learn about a particular problem or area that we are trying to cover.

I do enjoy writing these articles for you and hope that you will benefit by learning more about your body and in particular the musculoskeletal system to which I have devoted my practice life.

Last week we mentioned the term frozen shoulder, but did not go into much detail. This week I would like to explain more about why shoulders do this.

When shoulders seem to seize up so to speak the shoulder becomes stiff and often very painful. It can seem to start suddenly, almost overnight, but really it comes on gradually and mildly and then seems to grab you.

The cause of "frozen shoulder" is inflammation and little wear and tear changes in the rotator cuff and layers of tissues in the shoulder. These parts should smoothly glide over one another, but if they get red and inflamed and stick together, look out!

Naturally the person stops using the arm and the shoulder because it hurts and they may even get a sling to wear. This can help the pain, but it is the wrong thing to do as the shoulder only gets more stiff.

By the time the person comes to see me a few weeks may have passed.

Patients with diabetes have to be extra careful, because they have a much higher chance of getting this for some reason. Injury or overuse rarely seems to be the cause of frozen shoulder.

Plain x-rays may be entirely normal and even MRI might not show much.

As with most conditions, early treatment is very important. Initial treatment often includes prescription anti-inflammatory medication, Theragesic rub, heat/ice and some home exercises to loosen the shoulder.

More advanced treatment is outpatient physical therapy and injection with a cortisone type anti-inflammatory medication such as Kenalog or Celestone.

In more severe cases many patients have been treated with what we term exam of the shoulder under anesthesia to gently separate some of the adhesions, regain motion and keep the shoulder moving with physical therapy and lots of home exercises.

This is done as an outpatient at the hospital and is done in the operating room because the person requires an anesthetic.

Occasionally, but not too often arthroscopic surgery is combined with exam under anesthesia to treat the shoulder.

We seem to see a lot of these kinds of shoulder problems in the office. Fortunately the exam under anesthesia is usually very successful if followed by good physical therapy in a physical therapy department and at home. Home exercises can extend into the indefinite future.

Patients are so happy to have their shoulder moving again and to be comfortable that we usually don't have much trouble convincing them that they need to continue to do the exercises long term.

For much more information about frozen shoulder and shoulder problems in general log onto our office teaching website www.orthopodsurgeon.com. You will be happy you did. A wealth of good information awaits your visit.

Our goal is simple. To help people return to more pain-free functional lives.

Be well.

Dr. Haverbush