**Orthopaedic Connection**

**Shoulder: What Can Go Right**

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*Transforming patient information into patient understanding.*

In the last two weeks pointing out the important things that can cause shoulder trouble was our purpose. Initially we tried to explain how the shoulder functions based on its structure. Please review that if you need to. No hurry though because it remains in the archive forever.

The purpose of the third and last part about the shoulder is to cover how to make it right.

**Overuse**

Depending on your degree of pain and dysfunction you may have begun to figure out for yourself that you have caused the problem by that certain activity. Rest of the shoulder is good up to a point. But depending on the degree of pain it is good to maintain as much range of motion as you can by leaning over and moving your arm in a circle. Also lie down and have the good arm and hand help the sore one to come straight up over your head and beyond.

Heat then ice usually helps as does Ibuprofen (better than Tylenol for this), and apply Theragesic or similar. Massage - maybe.

Since there hasn’t been any structural change in the tissue, overuse should calm down in less than a week.

**Sprain**

It affects the deeper structures in the shoulder. If, as for most of us, the tissues were not perfectly normal to start you may be longer getting over a sprain.

Rest and simple exercises for this also. It may take a few weeks to gradually improve with anti-inflammatory drugs.

Depending on how long you decide to wait if the above is not helping – Physical Therapy may be a benefit because in addition to exercises therapists have certain modalities they can apply to the shoulder. If you visit the medical office a steroid injection might be used if you agree to have it.

**Rotator Cuff Tears**

Rotator cuff tears typically cause more symptoms and last longer and eventually cause patients to make an appointment to see their doctor.

If a partial rotator cuff tear has occurred there can be several types. An MRI is needed to make the diagnosis. But don’t despair – surgery is not a given. All of the other forms of treatment may be used and in many cases can work.

A complete tear of the rotator cuff on MRI can cause enough symptoms to lead to surgery depending on the size of the tear, patient’s age, etc. Important point. Not every tear on MRI needs surgery.

**Arthritis**

Osteoarthritis can mostly be diagnosed on history, exam and plain x-rays. MRI can pick up mild arthritis when MRI is done looking for a rotator cuff tear. I find that mild to moderate shoulder arthritis can be managed by a good exercise program to maintain some range of motion and strength, medication, occasional steroid injection, lidocaine pain patch, massage and possibly even acupuncture.
Arthroscopic surgery plays no role in moderate to advanced arthritis. Shoulder replacement is reserved for uncontrolled pain that no other form of treatment has helped. It is a big bridge to cross.

*My patients put their trust in me and what I do improves the quality of their lives.*

**Gratiot County Herald Archive and Office Website**

I sincerely appreciate all of you loyal readers and patients present and future and welcome to all newcomers! Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains the 1) Website Library 2) Your Orthopaedic Connection 3) complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush