Orthopaedic Connection

Do Shoulder Problems Always Need Surgery

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Transforming patient information into patient understanding.

The most basic part of my work as an Orthopaedic Surgeon is to decide who can be treated without surgery and who will require surgery to relieve pain and recover function. This is not always easy to figure out. You can see how important it is though, because an incorrect diagnosis may lead to unnecessary surgery. A prime example of what we are taking about is the shoulder.

Behold the shoulder, a remarkable joint
The most movable, vulnerable and complex of all the joints. It is composed of the humerus (arm bone), scapula (shoulder blade), clavicle (collar bone) with a huge array of muscles, tendons and ligaments holding it all together. Whoever designed this really knew what they were doing!!

Common Problems
- Tendon or bursa inflammation
- Shoulder moving partly out of joint (subluxation)
- Frozen shoulder (joint seems to be locked up)
- Partial tearing of rotator cuff tendons
- Full tear of rotator cuff tendons

Conservative Care
This should always be uppermost in my mind. And it is! Once you do surgery you can’t take it back. Now, I do shoulder surgery, but most shoulder problems do not require surgery and respond well to “conservative treatment”.

Essential Components
- Rest it. But don’t put it in a sling and not move it at all.
- Don’t reach upward.
- Lift only light loads (a few pounds).
- Keep elbow below shoulder level.
- Don’t vacuum or rake the yard.

Ice and Heat
- Ice for ten minutes with a cold pack.
- Apply heat for ten minutes after the ice.
- A hot shower can help too.

Medication – Anti-inflammatory
- Advil
- Aleve
- Other prescription anti-inflammatory medication
- Tylenol is good for pain, but isn’t anti-inflammatory
Physical Therapy
You need a prescription from a physician.
Tailored exercises based on your problem.
Some component of range of motion
Strengthening
Physical therapists also have certain treatment modalities that can be a great benefit.
A good homework program directed by the therapist

Then What?
The majority of shoulder problems seen in the office will respond to what you have just read. You need to give it 4 – 6 weeks unless you are getting worse. If so, re-evaluation is indicated and some of our patients do require further testing and possibly surgery to improve. You can rarely go wrong treating things conservatively in the beginning in the case of shoulder problems.

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

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You will be amazed at all the helpful information it contains.
All of the information pertains to everything I treat in the office and hospital.
Be well. Good health, good life, all the best to you.
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