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Rotator Cuff and other Shoulder Injuries

A rotator cuff tear is a rather common term most people have heard of and it does convey that something has been hurt in the shoulder region. It may not be a real rotator cuff tear, however. There are many types of injuries in the shoulder which cause pain, and most do not require surgery to heal, if treated timely and properly.

There are three types of shoulder complaints: pain, decreased strength, and difficulty doing specific things like sleeping on the affected shoulder, or doing anything overhead or behind your back (bathing or fastening a bra, for example). These are all indications of a shoulder problem, but exactly what kind of problem isn't always clear.

You could have a shoulder strain, tendonitis, or bursitis from over use. It is possible your pain is the result of a tissue impingement or a pinched nerve (radiculopathy), located in your neck.

If you can recall any sort of sudden painful impact or force on your upper arm while working overhead or exercising with your arm extended upward, you might have shoulder joint instability or a shoulder separation. This type of injury can also lead to a tear of the labrum, which is a specialized tissue surrounding the socket of the shoulder joint. A SLAP lesion is a tear of the labrum at the top of the socket, where the biceps long head tendon attaches.

You will have known it immediately if you have ever dislocated your shoulder or broken your collar bone. If so and if your shoulder is still bothering you, tendon, bursa, or labrum damage related to that injury could be your problem, or it might be something which happened later because of compensating for the initial injury.

Another possible cause for shoulder pain is arthritis, which involves typical "wear and tear" of the joint, generating inflammation of the tissues. This then causes swelling, pain, and stiffness.

If you no longer have the range of motion you once did in your shoulder, you might have developed a frozen shoulder, which can arise from trying to protect yourself from shoulder pain by avoiding using it in a normal fashion.

And then, of course, the problem might really be a rotator cuff tear.

The first step in making a good diagnosis is listening to the patient tell his or her story. This is called "taking a history", and this simple step often leads to a diagnosis. Next comes a physical exam - an orthopedic surgeon actually touching your shoulder and arm, moving it through its range of motion to identify exactly where your pain is located and where it is not. The physical exam can also pinpoint muscle weakness or imbalance, which contribute to shoulder problems. A thorough physical exam can provide a lot of information to supplement the history, leading to a preliminary diagnosis and plan of action. If indicated by the history and physical exam, the next step would be x-rays of the shoulder and, occasionally, of the neck. Frequently, however, we will initiate treatment, and put off taking x-rays until we see how our patients respond.

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Conservative treatment involves a series of exercises for you to do at home for a few weeks and perhaps the use of an anti-inflammatory or mild pain reliever.

Even if the cause of your problem has its roots some time ago, it may be possible to heal your shoulder with conservative care, if you are faithful to the specific home exercise therapy program designed for your particular injury. Just expect it to take awhile to work.

If you are not willing to do your exercises on your own, or you do not improve following a home exercise regimen, a physical or occupational therapist will be happy to help you. That definitely would be a much more expensive approach but can pay dividends in terms of recovery.

An MRI or CT would be an appropriate next step, if the exercises do not give you enough relief from your shoulder discomfort.

If the only real "cure" is surgery, the timing of a shoulder repair is usually up to you. How long are you willing to put up with the pain and when are you able to give your shoulder time to properly heal following surgery? Personally, I put up with it for about four years before deciding to get my shoulder fixed, but I obtained an MRI relatively early in my course of treatment, to make sure I did not have a rotator cuff tear that required early repair. Rotator cuff and major labrum tears do not heal themselves, and the tears tend to get larger with time. If you have a tear, early surgery will generally yield better results. This is not an emergency, and you have plenty of time to think about your options and to discuss the procedure with me. If we have to repair a tear, you will probably need to be in a sling for four to six weeks. This affects driving, lifting, pulling, and pushing. You might have to plan ahead to be off of work, or to have a family member come help you.

If there is no significant tear or arthritis, then the problem is frequently caused by tendinitis or bursitis of your shoulder. These conditions can respond nicely to outpatient arthroscopic surgery. I tell my patients in this case that there are only three reasons to have surgery: you are losing motion, losing sleep, or losing your sense of humor. For this type of surgery, you would only need a sling for a day or so, and would be back to regular activities relatively soon.

Until you know all the information about your specific shoulder discomfort, you will only be guessing as to the cause of your suffering. Armed with all the correct information, you are the one in charge of making the decision as to how and when to best treat your condition.

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