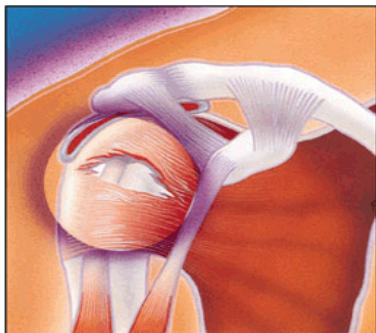


“SHOULDER PAIN IN THE WEEKEND WARRIOR”

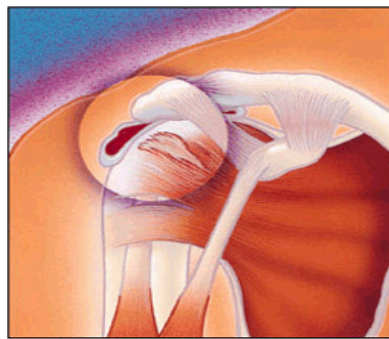
Jay Kimmel, MD

Shoulder pain is a common complaint among athletes and the weekend warrior. These pains may reflect just a sprain or strain of the underlying muscles but can in some cases be indicative of a more serious condition, like a rotator cuff tear. Many times the diagnosis of shoulder pain can be made through a thorough history and physical examination. X-Rays are useful to determine if bone spurs or arthritis are present. MRI scanning is frequently used to determine the size and severity of the tear. Generally, the source of pain is the rotator cuff, a group of four muscles; the supraspinatus, subscapularis, infraspinatus, and teres minor, that lifts and rotates the arm.



The rotator cuff can be injured from repetitive use, in playing tennis, or from a traumatic event, such as a fall during skiing. Many times the rotator cuff tendon tears at its point of insertion into the humerus. (*Figure Above, Rotator Cuff Tear*) In the over 40 age group there is often a bone spur which develops in this area. As the arm is lifted overhead, the rotator cuff muscle becomes pinched between the bone spur above and the humerus below. This is referred to as the Impingement Syndrome. The Impingement Syndrome is a spectrum of disease beginning with bursitis or inflamma-

tion of the bursa and ending with more damage or a rotator cuff tear. (*Figure Below, Impingement*) Symptoms of rotator cuff disease are night pain, shoulder stiffness, loss of motion and pain with overhead activities. Weakness, although infrequent, usually implies a more profound rotator cuff injury.



A good stretching and strengthening program, including trunk and arm exercises, can be useful in preventing rotator cuff disorders. Sometimes the problem is due to poor mechanics, which can be avoided with attention to good body movements and fitness. Many overuse injuries can be prevented so that treatment is not needed. Even with best prevention, sometimes problems do develop. Fortunately, many rotator cuff disorders can be treated non-surgically. Treatment options consist of rest from aggravating activities, such as overhead lifting or sports, anti-inflammatory medicines, steroid injections or a rehabilitation program. The anti-inflammatory medication and injection may be used to decrease the pain and inflammation. Most importantly, the rehabilitation program, consisting of stretching and strengthening exercises, will help to restore the function of the shoulder.

If non-surgical treatment options do not work, surgery may be required. The type of surgery needed depends upon the nature and severity of the tear. Most are usually conducted on

an outpatient basis. Often the rotator cuff can be repaired arthroscopically through very small incisions. A slightly larger incision may be necessary if the tear is more severe. Postoperatively, a rehabilitation program is crucial to recovery from shoulder surgery. This can be done at home or with the help of a skilled physical therapist. With modern techniques, the results of rotator cuff repair are usually excellent. Pain relief is generally always obtainable and restoration of complete function can usually be achieved when the tear is not too extensive. Return to sports is usually possible by 3 months.

Jay A. Kimmel, MD is a board certified orthopedic surgeon at Greater Hartford Orthopedic Group who specializes in sports medicine and shoulder and knee arthroscopy. Dr. Kimmel completed his fellowship program at Temple University, Center for Sports Medicine in Philadelphia, PA. In between attending to patients each day and performing many shoulder and knee operations each week, Dr. Kimmel serves as a team physician for many of the local high schools. If you are experiencing shoulder discomfort, the physicians at Greater Hartford Orthopedic Group, P.C., are here to diagnosis and treat your pain. They will help you enjoy returning to your normal daily activities and recreational sports.