

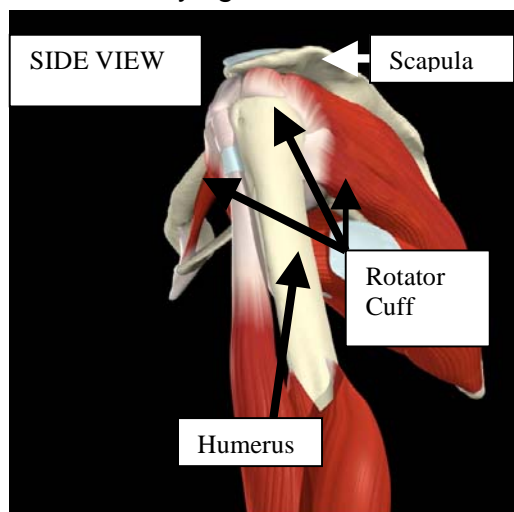
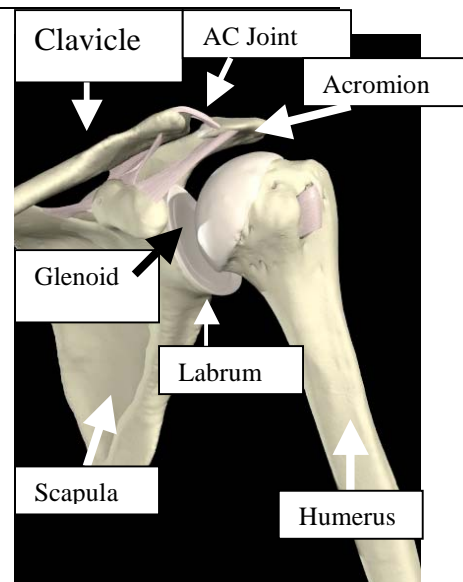
## COMMON SHOULDER PROBLEMS

### Basic Anatomy of Shoulder

The shoulder is a ball and socket joint. It is made up of three bones: the upper arm bone (humerus), wing bone (scapula) and collarbone (clavicle).

The shoulder ball fits into the small socket (glenoid) The glenoid is surrounded by a soft cartilage lip (labrum), which deepens the socket.

The upper part of the wing bone (acromion) projects over the shoulder joint. One end of the collarbone is joined to the acromion by ligaments to form the acromioclavicular (AC) joint.



The rotator cuff is a group of muscles and tendons that attach your humerus to your scapula and allow you to lift your arm overhead.

A fluid filled sac (bursa) lies between the rotator cuff and the acromion. Its function is to provide smooth motion of the rotator cuff as the arm is elevated.

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### Various Shoulder Conditions

**Impingement Syndrome** causes **bursitis** (inflammation of the bursa sac) and/or **tendonitis** (inflammation of the rotator cuff tendons). Impingement occurs when the tendons and bursa are squeezed under the acromion. This typically happens as a result of bone spurs, injury, repetitive overhead lifting or muscle weakness. Most patients with impingement syndrome will have pain with use of the arm, particularly overhead, as well as pain when sleeping on the shoulder at night. Initially, these problems can be treated with rest, anti-inflammatory medicines, cortisone injection, and an exercise program to

strengthen the rotator cuff muscles. If pain continues after this treatment, arthroscopic surgery may be required to remove the swollen bursa sac and/or to remove bone spurs that are pushing on the rotator cuff.

**Partial rotator cuff tears** can occur if the rotator cuff rubs against bone spurs for a period of time or as a result of an injury. In many cases arthroscopic surgery is needed to remove the spurs that are pushing against the rotator cuff and to repair the rotator cuff. If left untreated a partial tear could progress to a complete rupture of the rotator cuff.

**Complete Rotator Cuff Tears** may occur from years of repetitive rubbing of bone spurs against the rotator cuff, repetitive heavy lifting or from a sudden injury. When this occurs the rotator cuff “pulls” away from the humerus bone. This causes pain and weakness. Surgery is usually required to repair the tears. Dr. Goradia performs almost all rotator cuff repairs arthroscopically with a small camera instead of making a large cut on the shoulder.

**Dislocations & Instability** occurs when the ball (humeral head) slips out of the socket (glenoid). This can happen as a result of sudden injury or from overuse of the shoulder ligaments.

In general young, active patients after a first time sudden dislocation have up to a 75-90% chance that their shoulder will dislocate again. For this reason, there has been a trend towards arthroscopic repair after a 1<sup>st</sup> time dislocation in patients under 25 years of age. Older or less active individuals usually do very well with rest and an exercise program. Surgery may be needed for those that continue to have problems.

Many surgeons repair the torn ligaments by making large incisions on the shoulder. As instruments have improved, most patients can be successfully treated by **arthroscopic surgical repair** on an outpatient basis as Dr Goradia performs regularly.

**Labral Tears** can occur when falling on the arm/shoulder, having the arm suddenly pulled, a lifting injury or repetitive overhead activity with the arm. The labrum is the cartilage “lip” that lines the shoulder socket or glenoid. This lip helps to deepen the socket so the shoulder ball will stay in the socket better. When this labrum tears away from the socket bone, patients experience pain, catching, clicking and/or locking. This condition is best treated with arthroscopic surgery. You may hear or read about a **SLAP Tear**. This is a specific type of **Labral Tear** that occurs on the top part of the socket.

**Biceps tendon tears** often result in a “Popeye” muscle appearance of the arm. The biceps muscle in the arm has a tendon that attaches to the glenoid or socket within the shoulder. If the tendon tears loose the muscle sometimes “falls” down into the arm. Although this looks strange, most patients do not have pain or significant weakness and therefore do not need to have surgery. Partial tears however may be painful and often need surgery.

**Shoulder Separations** are common injuries that are often confused with shoulder dislocations. A separation occurs when the ligaments between the acromion and the

clavicle (acromioclavicular 'AC' joint) are injured. Most of these injuries are treated with a sling. Only severe separations require surgical repair.

A **Frozen Shoulder** can occur when an injury causes pain and the patient stops using the arm. Within a short period of a few weeks the shoulder can become very stiff and painful with scar tissue. In a small number of patients a frozen shoulder can occur for no reason at all without any injury. Patients with diabetes and thyroid problems are more likely to develop a frozen shoulder. In most cases patients can be treated with a cortisone shot and stretching exercises with a physical therapist. If the shoulder continues to stay frozen some patients will need a manipulation of the shoulder or arthroscopic removal of scar tissue.

**Osteoarthritis** can cause destruction of the shoulder (glenohumeral joint) and surrounding tissue, as well as tearing of the rotator cuff. For patients who do not respond to an exercise program, medications and/or cortisone injections, shoulder replacement surgery may be necessary.

### **Seeing a Shoulder Specialist**

Although any general orthopedic surgeon can treat shoulder problems, many of these conditions may be better treated by someone with expertise and advanced training in their diagnosis and treatment. There are a limited number of such specialists in Richmond.

Dr. Goradia is fellowship trained in Sports Medicine, Arthroscopic Surgery and Knee & Shoulder Reconstructive Surgery. He has taught arthroscopic surgery to other orthopedic surgeons at national conferences and has produced educational videos of his surgeries for teaching surgeons on the website of the Arthroscopy Association of North America.

Dr. Goradia is nationally known in the field of arthroscopic surgery. For more information about his qualifications please visit [www.GoOrtho.net](http://www.GoOrtho.net).

*All surgical procedures have risks. These risks along with the potential benefits of surgery will always be discussed with you by Dr. Goradia. Options other than surgery such as living with symptoms, medications, injections & activity modification will also be discussed with you. If you do NOT understand or have any questions you should contact the office. You should never have surgery without fully understanding it and your options.*