

Shoulder Solutions

What you can do to treat common causes of shoulder pain

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Shoulder pain is a common complaint and the third most common cause of musculoskeletal disorders, after low back and neck pain. There are a number of sources of shoulder pain, which include

both extrinsic factors such as repetitive stress, overuse and trauma, and intrinsic factors such as joint degeneration and vascular compromise.

ANATOMY OF THE SHOULDER

Understanding the anatomy of the shoulder helps understand the causes of shoulder pain. Known as a “ball and socket” joint, the anatomy and mechanics of the shoulder allow for a unique range of motion. The shoulder is comprised of bones (humerus or upper arm, scapula or shoulder blade, clavicle or collarbone and the acromion), rotator cuff muscles and tendons, bursa (a lubricating membrane between two moving surfaces), joints and a vast network of ligaments and nerves.

The head of the upper arm bone fits into a rounded socket (the glenoid) in the shoulder blade. And the rotator cuff muscles and tendons help keep the shoulder joint stable, holding the humeral head in the glenoid socket.

ROTATOR CUFF DISEASE

Over time, repetitive stress, trauma and age-related degeneration weaken the soft tissue surrounding the joint, creating wear and tear to the rotator cuff.

Rotator cuff pathology becomes increasingly prevalent in adults older

than 40. Patients commonly complain of a dull ache in their upper lateral arm and shoulder during activity, particularly when performing shoulder level activities. Weakness and nighttime pain may also be associated symptoms.

DIAGNOSING AND TREATING SHOULDER PAIN

A thorough physical examination to assess range of motion and rotator cuff strength, along with a review of a patient’s health history, will help identify the problem. Radiographs are necessary to look for bony abnormalities and rule out osteoarthritis, and a MRI is useful for evaluating the integrity of the rotator cuff.

Many shoulder conditions can be treated conservatively with non-steroidal anti-inflammatory drugs (NSAIDs) and physical therapy to help in postural retraining and the strengthening of supporting muscles. Occasionally, a corticosteroid injection will significantly help. When shoulder pain persists despite conservative treatment, surgery may be recommended. Less invasive arthroscopic shoulder surgery is preferred to address many shoulder conditions. Arthroscopy reduces recovery time and permits a more rapid resumption of activity. ■

Dr. John P. Seaberg is a board-certified orthopedic surgeon with subspecialty training in orthopedic sports medicine from the renowned American Sports Medicine Institute in Birmingham, Ala. He is the head team physician for Prairie View A&M University. For more information about Seaberg or Houston Methodist Orthopedics & Sports Medicine, call 281.737.0999.



Talking About Shoulder Pain

Dr. John P. Seaberg, an orthopedic surgeon, will host a shoulder pain seminar at 6 p.m., Oct. 21 at Houston Methodist Willowbrook Hospital. To RSVP, call 281.737.2500.