

Painful shoulder syndrome - Treatment

Treating the painful shoulder syndrome is a difficult process, but it brings success if it's managed well. At the beginning patients are administered local and oral anti inflammatory drugs. When pain and inflammation intensify, it's an acute process already. At that point we limit the bearing of the joint and use a sling. At the same time we can administer analgesic and anti inflammatory drugs, directly into the shoulder or subacromial space. It's a rule to make sure the drug reaches the joint as soon as possible. If it's necessary, corticosteroids can also be administered. At the last stage of the process drugs are administered and also physiotherapy is introduced to increase the range of motion. Should this treatment fail or anatomical condition /damages would not self-heal, a surgical procedure needs to be considered. Great majority of shoulder problems can be dealt with arthroscopy. In the painful shoulder syndrome you can use analgesic and anti inflammatory drugs and warming ointments or gels.

Shoulder is a joint of perfect muscle balance, that is why rehabilitation and physiotherapeutic procedures have great therapeutic value.

The physiotherapeutic procedures are as follows:

- iontophoresis – insertion of drugs into sickness focus with the help of magnetic field, 10 to 15 procedures are recommended;
- antalgic and anti inflammatory electrotherapy – uses interference or diadynamic currents, can be used together with iontophoresis;
- ultrasounds – they're anti inflammatory, reduce muscle stiffness, cause hyperaemia and accelerate tissue absorption, 10 procedures are recommended;
- laser – accelerates alimentation, tissue regeneration and stimulates local blood circulation;
- cryotherapy – cooling of the body is antalgic and anti inflammatory, combined with gymnastics increases joint mobilization;
- massage – mobilizes various tissue layers, tendons, reduces local congestion, accelerates metabolism and helps with joint mobilization.

Having had physiotherapeutic procedures worked through, the most important thing to come is kinesiotherapy. It works with motion in order to bring back the range of motion, muscle balance, strength and function of the upper limb and also to protect the joint against future strain and injuries.

Preventive measures

In order to protect the joint we:

- must not lie on the ailing shoulder, especially not to sleep with the arm under the head;
- must not burden it while working with arms up high;
- must sleep on suitable pillows or rollers, filling the space between the occiput

and shoulder, so that the neck is supported.

[Painful shoulder syndrome \(find out more\)](#)

Frozen shoulder - Treatment

The treatment aims at stopping the disease, eliminating pain ailments and improving the range of motion. The treatment can last a few months and must be supervised by an orthopaedist. If the treatment isn't implemented or is poorly managed, the pain may become chronic and the function of the shoulder may be impaired.

The frozen shoulder often self-heals, although it may take even 2-3 years.

There are 3 stages in the course of the disease. The treatment should be adjusted to every one of them.

In the first stage, there's severe pain and fast progressing lack of joint motion. It's the stage of progressing stiffness. Doctors administer analgic drugs and anti-inflammatory procedures. After a few months the pain may be alleviated or even killed, but the limitation of the range of motion remains.

This is the second stage, the so-called "freezing" or stiffness phase. Doctors administer corticosteroids directly into the joint and reasonable, non-aggressive rehabilitation in order to increase the joint motion. A quick, forced movement may cause a humeral bone fracture or a capsule tear which then cicatrizes, thus reducing the chances for non-surgical treatment. The most important are: cooperation between the patient, doctor and therapist and... patience.

The last stage is idiopathic "defrosting" which occurs most often after 12 to 18 months.

There are situations where the stage of acute pain ailments lasts longer or where the non-surgical treatment is ineffective, the shoulder remains immobile and any physical exercise causes pain. Then a surgery may be inevitable – an arthroscopic procedure during which the capsule is cut. The cutting brings joint motion back.

We should remember though, that not complying with post operational rehabilitation may squander the orthopaedist's work.

[Frozen shoulder \(find out more\)](#)

Rotator cuff injury - Treatment

The complete injury of the rotator cuff, which causes significant disfunction and pain ailments, can be treated by an arthroscopic surgery. The procedure consists in thorough anatomical reattachment of the torn tendon with the help of special sutures and anchors. The post operative management includes immobilizaion in a stabilizer and rehabilitation. Unfortunately, healing and attachment of the torn tendon to the bone is a slow process. It takes about 6 months to use the shoulder or pick up weights.

[Rotator cuff injury \(find out more\)](#)

Instability/Recurrent dislocation of the sholder

No sholuder dislocation, especially the first one, should be ignored. An orthopaedist should quickly perform a reposition, then the shoulder should be put into immobilization until tissues are healed. This done, there are greater chances of avoiding the bad results of dislocation – recurring dislocation or shoulder instability.

Should the dislocation occur or the shoulder start aching in some positions and movements, an orthopaedic treatment is to be considered. Every recurring dislocation shows that the location of the labrum and ligament stability are insufficient. Every recurring disclocation induces and intensifies secondary changes, most dangerous of which are: injuries of the glenoid bony part and of the articular surface of the humeral head (the Hill-Sachs injury mentioned above). Multiple dislocations lead to degenerative changes and early joint damage.

Depending on patient's age, the kind of instability and anatomic structure, we try to strengthen the stabilizing muscles and stimulate their balance or we perform a surgery. Most often it's an arthroscopic procedure during which the labrum and torn ligaments are reattached anatomically to the glenoid with special sutures and anchors and the stretched capsule is corrugated. When after dislocation the bony part of the glenoid is significantly damaged, it should be grafted (the Latajet procedure). In the case of extensive humeral head impactional fracture (the Hill-Sachs injury) which may evoke the risk of recurring dislocations, the arthroscopic procedure is completed with the insertion and attachment of the supraspinatus muscle (Remplissage).

The operated limb is put into a stabilizer. Rehabilitation is gradually introduced. Time to full recovery – 6 to 12 months.

[Shoulder instability \(find out more\)](#)

Calcifying rotator cuff inflammation - Treatment

Here treatment depends on ailment intensity, trust and patient's patientce. This disease can self-limit and gradually reduce pain ailments. Sometimes calcic concrements vanish completely. My experience and knowledge gained in renowned shoulder surgery centers is thoroughly incoherent. I've worked out a philosophy to start with antalgic drugs, non-weight bearing and cooling of the joint. Due to the fact that it's a local inflammation, anti inflammatory drugs are not administered. When the ailments decrease, we begin to mobilize the joint and gradually reduce the drug dosage. In most cases such a scenario is most likely. Yet an arthroscopic procedure is performed if there're intense pain ailments, extensive joint injury or no response to the applied treatment. During the arthroscopy we locate the rotator cuff and remove it together with the damaged ligament parts. The arthroscopic treatment, when applied, brings quick and beneficial effects.

[Calcifying rotator cuff inflammation \(find out more\)](#)

Written by: Konrad Malinowski