

Keeping Fit With **OPTM** Therapy

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SHOULDER PAIN: CAUSES and CARE

Shoulder pain is the 3rd most common musculo-skeletal disorder. This percentage and severity increases as one moves on in life. Some studies have estimated that as many as 65% of people over 60 have some degree of rotator cuff (RTC) degeneration. Elderly individuals who have participated habitually in racquet and throwing sports, or who have a history of dislocating their shoulder, have perhaps as high as an 80% rate of RTC tears. Clearly, this is a common and debilitating problem that should be addressed from a prevention and care perspective.

The causes of the cuff degeneration may be a result of trauma, poor circulation, and bony structures around the joint. This can create an impingement of the bursae and RTC attachment, laxity or tightness of the joint capsule, damage to the glenoid labrum or incompetent muscle control of the scapula and arm. Neer predicts that greater than 90% of all rotator cuff tears are a result of impingement of the tendons and bursae against the acromion, which is the bony shelf above the ball and

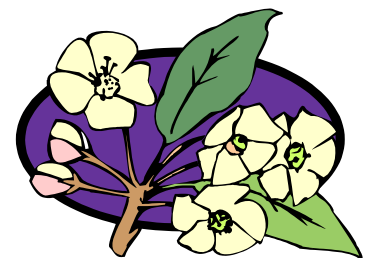
socket joint. Additionally, there are a number of other conditions, which affect the shoulder. These include: neck pathology, restricted thoracic mobility, and diseases of the cardiovascular and vascular systems.

The possibility to prevent many of the problems of the shoulder may exist in the proper, life long performance of specifically designed dynamic control exercises, which include developing motor control and mobility of the shoulder, spine and hips and proper preparation for participation in the desired activities. Poor postural and habitual use patterns must be corrected.

Individuals who have rounded shoulders and upper backs place stress on the neck, which will create shoulder pain and weakness, and predispose the shoulder to impingement of the subacromial tissue, alteration of the capsular mobility and weakness of the RTC. The weakness, regardless of the cause, will adversely affect the stability of the shoulder and create internal damage to the joint cartilage and labrum and probable impingement of the tendons and bursae against the acromion.

The acromion and the end of the clavicle, or collarbone, may form spurs, which occupy space ordinarily available for smooth movement of the tissues. If this bony growth occurs, combined with swelling and fibrosis of the tissue, the space becomes too small to accommodate all of the occupants and the tissue damage continues, possibly until it ruptures.

OPTM specializes in the complete treatment of shoulder disorders. We address the entire clinical picture, and assess what contributes to the current condition. All people are instructed in proper ergonomics and posture, in addition to specific dynamic control exercises to restore the coordination and control of trunk and shoulder. We emphasize the importance of continuing these activities, as well as a healthy life style, for a lifetime.



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