Enhance Physiotherapy

Physio 4 You

Shoulder disorders

The glenohumeral joint—where the head of the humerus (upper arm bone) attaches to the shoulder blade—is classified as a ball-and-socket joint. However it is more akin to a golf ball sitting on a tee as the socket is quite shallow and does not actually encapsulate much of the ball. The sternoclavicular joint—where the collarbone attaches to the sternum—is the only joint that connects the entire upper limb to the main skeleton. This design allows the shoulder to be the most mobile joint in the body, but makes it prone to injury due to the lack of inherent stability and the reliance on muscles and ligaments for support.

Symptoms

Traumatic shoulder disorders resulting from falls or impact range in severity from bruises and minor muscle and tendon strains to fractures and dislocations. The severity and frequency of pain often relates to the severity of the injury, so if the pain is constant and severe, it is likely your shoulder injury will take longer to heal. However, if your pain is mild and does not significantly restrict your movement, it is likely that with proper management, your shoulder will return to normal quite quickly.

Non-traumatic and overuse injuries of the shoulder are very common. Heavy or repetitive movements, particularly in awkward positions, greatly increase the risk of shoulder injury. Disuse, poor posture and previous injury can cause tight or weak muscles around the shoulder which can lead to injury.

In the early stages, pain may be limited to specific movements or only evident after a day of heavy or repetitive work. If the condition is allowed to progress, the inflamed structures in the shoulder can cause impingement during movement, resulting in greater pain and decreased range of motion. The longer this process continues, the more the affected tendons can 'wear out' and in longstanding, untreated cases, this can potentially cause the tendon to rupture. In more advanced non-traumatic or overuse shoulder conditions, symptoms will include pain at rest, difficulty with movements like reaching above your head or behind your back and disturbed sleep.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION
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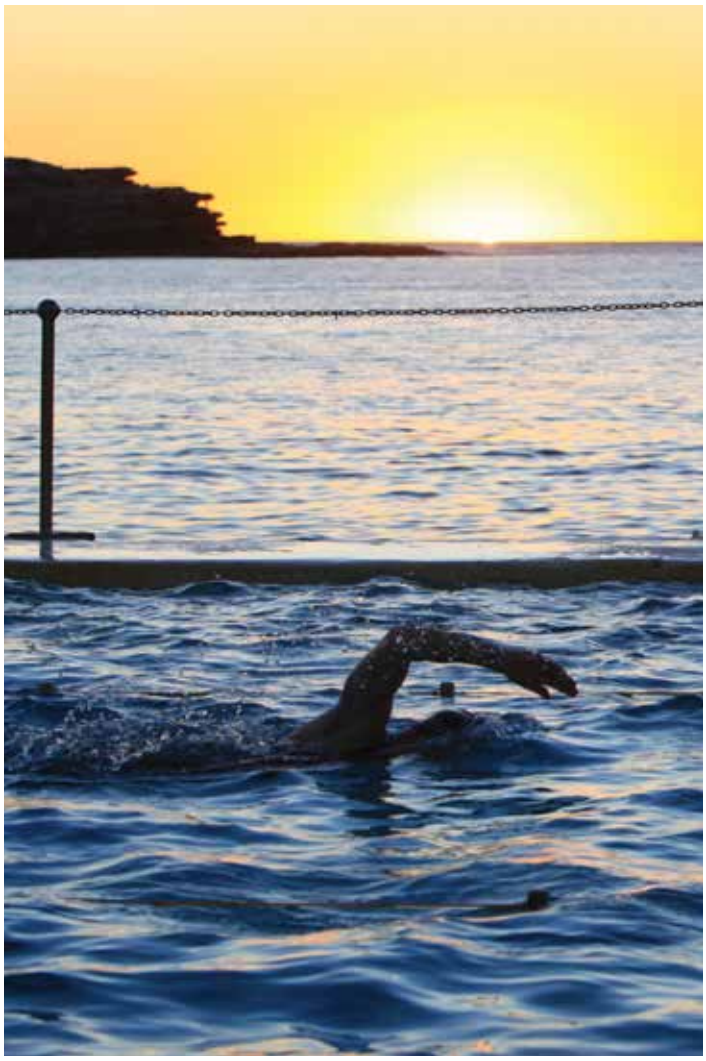

What can you do?

The best initial treatment is 'relative rest' from activities that worsen the symptoms. This does not mean resting completely, rather modifying or limiting aggravating activities. Some relative rest examples include:

- placing your computer mouse as close to yourself as possible to limit reaching
- carrying items close to your body and use a backpack where possible
- avoiding lifting anything above your head
- taking regular breaks or frequently change your activity, if you are unable to modify aggravating activities
- applying an ice pack after traumatic injuries or if your shoulder pain has flared up
- applying a heat pack when experiencing shoulder stiffness.

What can physiotherapy do?

A physiotherapist can determine whether the shoulder disorder is being caused by musculoskeletal factors or if there are other reasons for the pain. Your physiotherapist will then undertake a thorough assessment including:

- posture analysis to assess whether your normal sitting or standing position is stressing your shoulder
- examination of your shoulder range of movement and biomechanics
- joint and muscle testing to measure pain, restriction, weakness and tightness
- assessment of other areas of the body to determine other factors that may be causing pain
- organising imaging such as x-ray, ultrasound or MRI scans.

A tailored treatment plan will then be designed to suit your work and recreational lifestyle. This will typically include a combination of:

- massage to stretch tight muscles
- joint mobilisations to regain lost range of motion
- strength work
- stretches
- postural correction
- taping.

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