

Evaluation and Treatment of Shoulder Pain

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KEYWORDS

- Rotator cuff disease • Subacromial impingement syndrome • Adhesive capsulitis
- Painful arc

KEY POINTS

- Shoulder pain can have a significant impact on function.
- A thorough examination of the shoulder is a necessity.
- Most shoulder pain is due to the structure supporting the shoulder joint.
- Pain relief and exercises are the mainstays of therapy.

INTRODUCTION

Shoulder pain is a common presenting concern in outpatient medical practice. Shoulder problems can significantly affect a patient's ability to work and other activities of daily life such as driving, dressing, brushing hair, and even eating. "The shoulder" consists of a complex array of bones, muscles, tendons, and nerves, making the cause of pain seem difficult to decipher. Shoulder pain can be caused by structures within the shoulder or can arise from problems external to the shoulder. Fortunately, most shoulder pain falls into one of several patterns.

The rotator cuff provides stabilization to the glenohumeral joint, and contributes to mobility and strength of the shoulder. Disease of the rotator cuff is the most common cause of shoulder pain seen in clinical practice. The prevalence of rotator cuff disease increases with age, obesity, diabetes, and chronic diseases that affect the strength of the shoulder such as stroke.¹ An experienced practitioner can often recognize the cause of a patient's shoulder pain with a few questions and a focused examination. Treatment of shoulder pain can be successfully managed by a primary care provider in most cases. Referral to a physical therapist can be important to help improve the patient's mechanics and strength. Early use of imaging studies and specialist referrals are overutilized by primary care providers, and should be limited to specific indications.² Consultation with an orthopedic surgeon for fractures and tendon tears will be necessary in some cases.

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When evaluating patients with shoulder pain, it is important to understand the anatomy of the region. The major anatomic structures of interest include (Fig. 1)³:

- Four main bony structures: proximal humerus, clavicle, scapula, and ribs. The acromion, the superior, anterior extension of the scapula, forms the roof of the shoulder.
- Three main joints: glenohumeral, acromioclavicular (AC), sternoclavicular.
- Four rotator cuff muscles/tendons (SITS): supraspinatus (abduction), infraspinatus (external rotation), teres minor (external rotation, adduction), and subscapularis (adduction, internal rotation). The supraspinatus and infraspinatus tendons pass through the subacromial space to insert on the greater tubercle of the humerus.

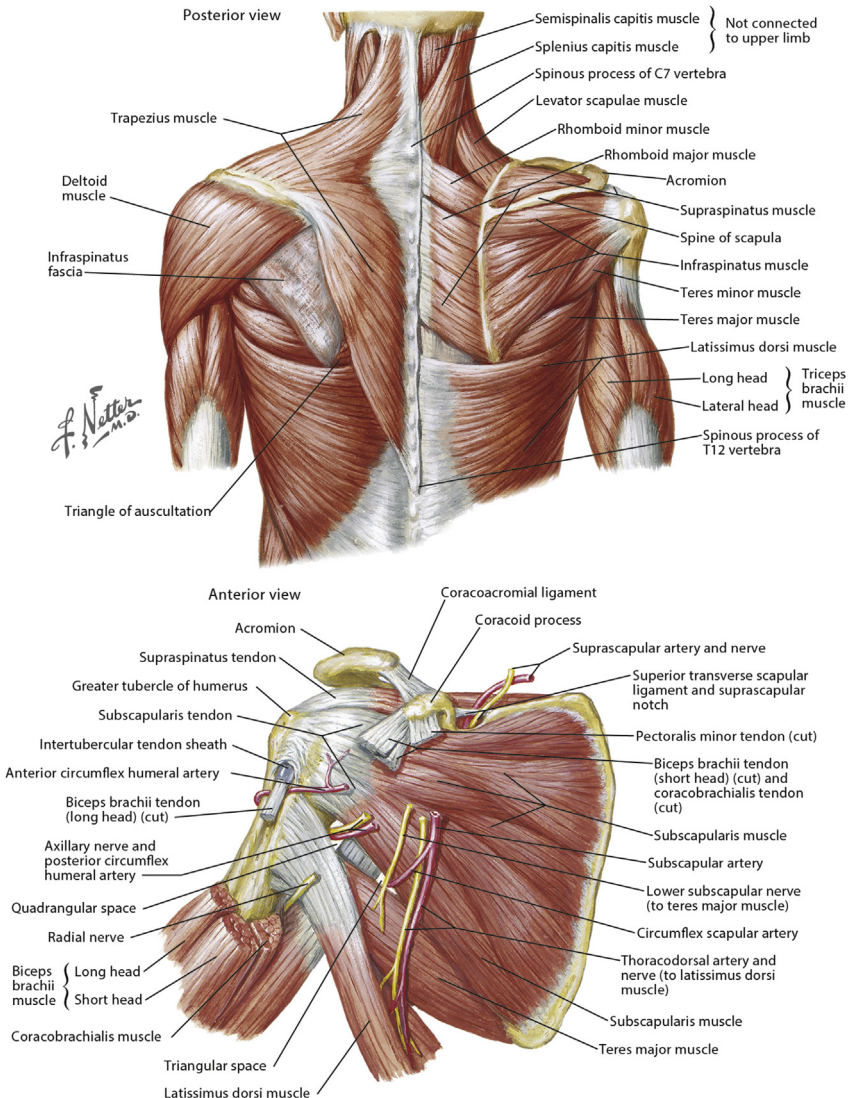


Fig. 1. Muscles: back and scapula region. *From* Netter illustration from www.netterimages.com. © Elsevier Inc. All rights reserved.

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