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- ⊕ Rehabilitation Remains the Best Bet to Thaw a Frozen Shoulder
- ⊕ Rotator Cuff Injuries Are Not Limited to Athletes

Frozen Shoulder Symptoms Usually Respond to Rehabilitation

No one is really sure what causes the painful shoulder condition known as frozen shoulder, but one thing is for certain: you will need patience and perseverance to get through the rehabilitation process and regain movement.

Frozen shoulder is a generic term for adhesive capsulitis, a condition that causes pain and restricted movement in the shoulder joint. It can afflict athletes, as well as nonathletes, and is more common after the age of 40.

“The best advice for anyone experiencing the early effects of frozen shoulder is to consult a medical professional and begin rehab exercises as soon as possible,” said



Carrie Johnson, PT, CLT,
Senior Physical Therapist

and begin rehab exercises as soon as possible,” said Carrie Johnson, PT, CLT, senior physical therapist at Saint Francis Healthcare System. “We often can prevent severe stiffness from setting in through a regular course of therapy.”

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What is Frozen Shoulder?

This condition refers to an inability to move the shoulder without pain, likely due to inflammation and sticking in the joint capsule. It is not the same as arthritis, although some patients confuse frozen shoulder with the symptoms of arthritis. The condition is more common with diabetics and slightly more common for women.

Inflammation likely causes scar tissue to form, restricting the amount of room for the upper arm to move within the shoulder joint. Some studies also point to poor posture causing a shortening of the ligaments in the shoulder. Additional medical issues such as fractures may create prolonged immobility and cause frozen shoulder symptoms to develop.

The three main stages of frozen shoulder are:

Freezing – A gradual onset of aching and stiffness that may become worse at night when lying on the afflicted shoulder. This stage can last up to nine months.

Frozen – This refers to the period in which the shoulder joint stiffens up to the point where activities of daily living can become difficult. The shoulder muscles may begin to atrophy from lack of use as the patient avoids using them due to the pain involved. This stage can last up to a year.

Thawing – The range of movement begins to improve and pain gradually decreases. Depending on how dedicated the patient is to rehab, this stage can last up to another year for a total frozen shoulder experience of one to three years.

Treatment Options

Recommended treatment is the same regardless of whether the symptoms of frozen shoulder are primary (stand-alone symptoms in which there is no known reason for the pain or stiffness) or secondary to another medical issue.

Conservative treatment is the recommended course of action, with regular exercises designed by the medical team to maintain shoulder flexibility as much as possible. A physician also



may prescribe anti-inflammatory medications or offer a steroid injection directly into the joint.

Surgery is considered a last resort if the conservative approach does not yield the desired results. A minimally invasive procedure to access the shoulder capsule involves dividing the shoulder capsule to relieve tightness.

“There is no quick fix to relieving frozen shoulder symptoms,” Johnson said. “Shortening the recovery time requires a patient who is dedicated to following through on their treatment plan and letting the condition work its way out.”

For more information about frozen shoulder and how to treat it, please call the Sports Medicine team at Saint Francis Medical Center at 573-331-5153.



Torn Rotator Cuff Can Sideline Athletes and Fans Alike

Outside of a major knee injury, few soft tissue injuries produce the movement restriction and lengthy rehabilitation of a torn rotator cuff. This crucial shoulder structure is prone to injury for baseball pitchers, tennis players and those who perform nonathletic overhead movements such as construction tasks.

Rotator cuff tears rank among the most commonly misunderstood of the movement-related injuries because the term itself does not lend itself to simple

visualization. A broken arm? Sure, that's easy. But what actually is the rotator cuff?

"The rotator cuff is the structure that keeps your upper arm bone in the shoulder socket and stabilizes the joint," explained Kirt Burger, PT, MCMT, senior physical



Kirt Burger, PT, MCMT,
Senior Physical Therapist

therapist at Saint Francis Healthcare System. "It is a collection of four muscles and their tendons that plays an important role in helping you lift and rotate your arm, which is why a tear to any of the rotator cuff tendons can be so debilitating."

Partial versus Complete Tear

The degree to which the rotator cuff is torn is a major determining factor in whether treatment options can include rest and rehabilitation or surgery and rehabilitation. It is common for torn tendons to begin fraying, and the bursa sac that lubricates the joint also may become inflamed and painful.

Partial tear – As the term implies, this type of tear does not completely sever the tendon and the individual may be able to recover through a combination of rest and rehabilitation.

Complete tear – Also called a full-thickness tear, this type of tear splits the soft tissue of the rotator cuff into separate pieces. Surgery is required to repair this serious injury.

Symptoms of a Torn Rotator Cuff

Tears that occur as a result of a sudden injury can be very painful and obviously severe to the individual. This includes falls and lifting heavy objects, where there may be a snapping sensation and immediate weakness in the arm.

Partial tears and those that worsen over time are more challenging to identify and may present in a series of more subtle symptoms such as:

- Weakness when lifting objects or rotating the arm
- Pain when lifting or lowering your arm at specific angles
- A crackling sensation when moving the shoulder, even if there is little or no pain
- Discomfort at night, especially when lying on one side more than the other

A partial tear may become more noticeable through time, particularly when performing daily activities such as reaching for a glass in an overhead cupboard or washing your hair in the shower.

Treatment Options

Your doctor will attempt to rule out other potential causes of your discomfort prior to honing in on the rotator cuff. They may examine your neck for a potential pinched nerve, test your range of motion and measure your arm strength.

The doctor may order an X-ray or shift to an MRI, which shows soft tissue damage better than an X-ray. An MRI also is capable of showing exactly where the tear is located within the tendon structure and how big it is.

A variety of factors go into developing a treatment plan:

- Your injury's severity
- Your overall health
- Your age
- Your desired outcome

Nonsurgical treatment options are appropriate for about half of individuals with rotator cuff injuries. Although these options may reduce discomfort

and improve function, it likely will not return the shoulder to full strength without surgery.

Rest, activity modification and rehabilitation exercises are the most common nonsurgical treatments. The goal of the exercise program is to improve your range of motion and strengthen the muscles that support the shoulder. Your doctor also may suggest anti-inflammatory medications such as ibuprofen or a cortisone shot.

Keep in mind that nonsurgical treatments may not produce the outcome you're looking for and surgery still might be discussed as a potential option. Continued pain and an inability to perform the movements you need for your sport, job or activities of daily living are indicators for surgical intervention.

Surgery usually involves reattaching the damaged tendon to the head of the upper arm bone. The exact procedure will depend on the location and severity of the tear, and your orthopedic surgeon will discuss the recommended option for you. Recovery likely will entail wearing a sling for four to six weeks and rehab for four to six months.

For more information about rotator cuff injuries and potential treatments, please call the Sports Medicine team at Saint Francis Healthcare System at 573-331-5153.