

# The Sibley Report

July/August 2005

*...the place to find valuable information to help make your job and your life easier! If you have a topic idea please call Angela Veri our National Director of Customer Relations. Sibley & Associates is a national disability management firm with over a decade of experience, nearly 300 staff/consultants and state-of-the-art technology.*

## Understanding Shoulder Injuries in your MVA Client

The shoulder is unlike any other joint in the body because it must meet the demands of extreme motion. Unlike the knee, which basically has two movements (flexion and extension), the shoulder is multi-directional, sacrificing mobility for stability.

It is made up of the following four joints: glenohumeral, acromioclavicular, sternoclavicular and scapulothoracic. Please see the attached shoulder diagram.

In a motor vehicle accident, the force of the collision can often disrupt the unstable mechanisms in the shoulder joint. The most common injuries to the shoulder are:

**Impingement Syndrome:** occurs when soft tissue structures become trapped under the coracoacromial arch, resulting in a loss of their normal gliding action. Usually the client will exhibit poor posture and report sharp pain with movement greater than 90 degrees.

**Rotator Cuff Tear:** occurs when the impact strains or tears the rotator cuff muscles. Generally these tendons have diminished blood flow and are prone to repetitive strain. A sudden impact can create a strain or tear. A partial tear will be painful and limit range of motion, however, if the tear is complete, the client may not report any pain.

**Shoulder Dislocations/Subluxations:** dislocation occurs when the shoulder remains outside of its proper position whereas; with subluxation it returns to its original position after moving out of the joint.

Shoulder injuries must be addressed quickly with inflammation and swelling dealt with immediately. After immediate attention, postural problems and muscle imbalances should be addressed to prevent secondary tendonitis (i.e. bicipital or supraspinatus tendonitis) and eventual adhesive capsulitis (i.e. frozen shoulder).

Remember, shoulder injuries can result in chronic conditions – early recognition and intervention is essential!

**Steve Sibley**  
President & C.E.O.

**Jim Richings**  
Vice-President, Operations

**Cam Lowther**  
Vice-President, Sales and Marketing

3027 Harvester Road, Suite 401  
Burlington, Ontario L7N 3G7

**Tel: 905-633-7800 or  
1-800-363-8900  
Fax: 905-633-7900**

[www.sibley.ca](http://www.sibley.ca)

