

## Shoulder Injuries: Immediate attention for best results

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Motor vehicle accidents often result in injuries to the shoulder. The force of the collision can often disrupt the inherently unstable mechanisms that make up the shoulder joint.

The shoulder joint is where the upper arm bone called the humerus attaches to the shoulder blade called the scapula. The shoulder refers to the group of structures in the region of the joint including muscles, tendons, ligaments and cartilage.

Unlike most other joints in the body that only need to flex and extend, the shoulder needs to move in multiple directions. While this adds mobility, it makes the shoulder less stable. Essentially, the shoulder joint sacrifices stability to facilitate mobility.

To reduce damage resulting from the injury, as well as decrease the possibility of the developing secondary issues, your client should have the shoulder injury addressed immediately. In particular, any inflammation and swelling should be treated right away.

After immediate attention, rehabilitation professionals should assess the client for any potential postural problems and muscle imbalances. This will help prevent secondary issues like Tendinitis and “Frozen Shoulder”. For an overview of these injuries, as well as other potential shoulder injuries, please see the attached chart.

Most shoulder injuries require a progressive stretching and strengthening program to allow for a full recovery and to prevent re-injury.

Similar to neck, spine and back injuries, to achieve maximum recovery, early recognition and intervention can make all the difference with shoulder injuries. The sooner they are treated, the sooner the client can return to normal functioning.

### COMMON SHOULDER INJURIES

Type of Injury	Implications	Treatment Expectations
<ul style="list-style-type: none"> <li><i>Impingement Syndrome:</i> due to soft tissue becoming trapped, causing the loss of the mechanism's gliding action</li> </ul>	<ul style="list-style-type: none"> <li>Poor posture and sharp pain with movement greater than 90 degrees are common issues.</li> </ul>	<ul style="list-style-type: none"> <li>Six to eight weeks with sessions two to three times per week that should include ice/heat, mobilization plus stretching, stabilizing and strengthening exercises.</li> </ul>
<ul style="list-style-type: none"> <li><i>Rotator Cuff Tears:</i> due to traumatic injuries or degeneration of the muscles that move the shoulder joint. Can either be a full tear or partial tear. Full tears are common in older populations and are often caused by degeneration rather than trauma.</li> </ul>	<ul style="list-style-type: none"> <li>Pain and a limited range of motion with partial tears, however, if the tear is complete, the client may not report any pain.</li> </ul>	<ul style="list-style-type: none"> <li>Initial pain relief with modifications at home and work as necessary, followed by a progressive strengthening program for eight to ten weeks for a partial tear, and at least three to six months for a full tear (to accommodate for surgery and post-surgery rehabilitation).</li> </ul>
<ul style="list-style-type: none"> <li><i>Frozen Shoulder</i> - when treatment is delayed in rotator cuff injuries and shoulder discomfort persists, it is possible to develop stiffness of the shoulder joint, which is called adhesive capsulitis or "frozen shoulder".</li> </ul>	<ul style="list-style-type: none"> <li>Often the client will consciously or subconsciously limit the use of the shoulder because of pain, leading to soft tissue tightness or stiffness in one or more direction.</li> </ul>	<ul style="list-style-type: none"> <li>Prevention through proper diagnosis is the key to avoiding development of frozen shoulder; however, if it does occur treatment could be as long as ten to twelve weeks.</li> <li>If treatment is not helping, rehabilitation should stop until the condition resolves on its own, which could be as long as a year.</li> </ul>
<ul style="list-style-type: none"> <li><i>Tendinitis-</i> due to inflammation of the tendons attached to the shoulder. Either caused by direct trauma or repetitive use of a muscle.</li> </ul>	<ul style="list-style-type: none"> <li>General pain, tender to the touch and only limited, painful movement.</li> </ul>	<ul style="list-style-type: none"> <li>Six weeks with sessions two to three times per week, including ice initially, followed by heat, mobilizations, stretching and a progressive strengthening program.</li> </ul>
<ul style="list-style-type: none"> <li><i>Shoulder Dislocation-</i> when the upper arm bone pops out of the cup-shaped socket that is part of the shoulder blade. The arm bone either moves forward, backward or downward (with forward being the most common). Caused by direct trauma to the shoulder joint.</li> </ul>	<ul style="list-style-type: none"> <li>Immediate, severe pain that can extend down the arm (mimicking a WAD III injury). The client will be unable to move the arm and the shoulder is visibly displaced.</li> <li>During rehabilitation, the client will not have use of the injured arm for at least the first week (usually the shoulder will be in a sling during this period).</li> </ul>	<ul style="list-style-type: none"> <li>If dislocated, the shoulder is usually put back in place in hospital. Typically, the rehabilitation plan involves initial pain relief followed by one to two weeks of active range of motion exercises and then progressive strengthening to stabilize the shoulder and prevent future dislocations.</li> <li>Typical treatment duration is six to eight weeks for light to medium level jobs and over twelve weeks for heavy jobs due to the high probability of re-injury.</li> </ul>