

New Treatments for Shoulder Pain

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Many people suffer from shoulder pain and loss of use. Modern technology has improved in the last several years and often this suffering is no longer necessary. Patients can benefit from these new non-surgical and surgical treatment options for many of the diseases and conditions which affect the shoulder joint. These technologies are best managed by an orthopaedic surgeon who is trained in their application. Improvement of musculoskeletal disease is optimized by a team approach between the patient, the orthopaedic surgeon, and others such as physical or occupational therapists and family members.

The shoulder joint is a key link between the trunk and the hand. We need to position the hand correctly to use it. When the shoulder is not functioning correctly we are unable to use our hands to do many of the daily tasks we need – overhead reaching, bathing, eating, etc. Pain and or loss of strength impair shoulder function. The shoulder is a ball and socket joint. The socket is part of the shoulder blade. The scapula moves on the rib cage, and this

movement is controlled by muscles. The ball moves on the socket (scapula bone). This movement is controlled by other muscles and tendons (the rotator cuff). When there is a problem with any of these elements the shoulder hurts and stops functioning correctly, and arm and hand utilization are impaired.

When a patient comes into my office for evaluation of a shoulder problem I carefully examine them. This examination includes evaluation of the neck (which can refer pain to the shoulder), the shoulder blade, the shoulder, and the arm. Common problems seen are scapular dyskinesia (abnormal movement of the shoulder blade), impingement syndrome (pinching of the rotator cuff under a bone), rotator cuff tendonitis, rotator cuff tears, biceps tendonitis, acromio-clavicular (collar bone) arthritis, frozen shoulder (stiffness), instability (loose joint), arthritis (loss of joint cartilage), and rotator cuff arthropathy (loss of cartilage and function from rotator cuff disease). Many of these problems require additional studies such as X-rays or MRI to fully diagnose.

The treatment for each shoulder problem is very different. Most of the patients I see respond to conservative (non-operative) management. Some patients benefit from a home exercise plan targeted at specific shoulder muscles. Patients with weakness of their shoulder blade (scapula) muscles often return to normal faster with a brief course of supervised therapy. Patients with scapular movement problems and rotator cuff problems do not always get better without correcting both problems. Some patients benefit from a steroid injection into the area above the rotator cuff to reduce inflammation in that area and speed recovery. Multiple treatment methods can be used simultaneously to hasten full recovery.

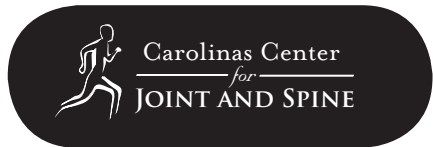
When patients fail to improve with targeted high quality conservative treatments sometimes I need to operate. Many shoulder problems can be successfully treated with arthroscopic surgery. Arthroscopic surgery entails looking and operating through thin tubes instead of making long incisions which were required historically. When long incisions are avoided the trauma to the muscles and other tissues is avoided and there is much less pain and a faster recovery.

Patients who have arthritis can sometimes be treated with medicine, injections, and or therapy, however in more severe cases these treatments alone are not always successful. In these cases joint replacement is the best option. Patients with normal rotator cuff function do well with total shoulder replacement. A total shoulder includes both the ball and socket with parts that mimic the normal anatomy.

Until recently patients without a normal rotator cuff who had arthritis did not have good options. Although replacement of the joint reduced the pain, it did not return the shoulder to normal function – they still could not lift their shoulder and arm without their rotator cuff. The purpose of the shoulder – to position the hand in space for use- was not fulfilled.

The Reverse Shoulder Prosthesis (RSP) solves this problem. The RSP was FDA approved for use in the United States in 2004, and similar devices have been in use in Europe for 10 years before that. The RSP attaches a ball to the shoulder blade and puts a socket at the top of the Humerus (the reverse of normal). This changes the center of rotation and recreates the biomechanics of the rotator cuff deficient shoulder so that the patient's healthy Deltoid muscle can substitute for the absent rotator cuff. Most patients who undergo RSP surgery experience an elimination of their pain and a dramatic return of function for the shoulder and arm. They can painlessly lift their arm over their heads. This was not possible with earlier technology.

Dr. Coles is an Orthopaedic Surgeon and Orthopaedic Sports Medicine Specialist. He is Board Certified by the American Board of Orthopaedic Surgery in both Orthopaedic Surgery and Orthopaedic Sports Medicine. He works at Carteret Surgical Associates, Carteret General Hospital and Carteret Surgery Center.



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