Shoulder disorders:

physiotherapy can help

Shoulder disorders are commonly seen by physiotherapists. The shoulder complex is a complicated area. It consists of the:

- glenohumeral joint
- acromio-clavicular joint
- sterno-clavicular joint
- scapulothoracic articulation.

There is minimal bony support which enables a large range of movement to occur through the upper limb. This leads to problems as in essence, the shoulder complex is controlled by soft tissue.

The gleno-humeral joint has often been described as a watermelon on a saucer. This is not far from the truth. The rotator cuff muscles need to work in good synchronisation, with supportive ligaments for effective shoulder function.

A full subjective and objective assessment of the shoulder and surrounding areas can be a lengthy process but is essential for good clinical outcomes.

There are three main subdivisions into which shoulder disorders nearly always fall:

1. impingement/rotator cuff injuries
2. instability
3. adhesive capsulitis/capsular restrictions.

It is also important to consider other factors when assessing a shoulder disorder. This includes:

- referred pain (from the cervical or thoracic spine)
- sporting technique including equipment changes/ modifications, eg. tennis racquet change
- biomechanical and postural issues.

If these factors are not addressed they will affect the healing process and the patient's outcome.

A thorough subjective and objective assessment is important. Experience in orthopaedic shoulder tests is vital. Shoulder range of movement, scapulathoracic rhythm, strength, impingement and stability tests should be an essential part of your assessment to assist diagnosis. If necessary, imaging will also assist diagnosis. Research shows the majority of shoulder problems will settle with exercise, modified rest and re-education. Although osteoarthritis is uncommon in the gleno-humeral joint, subtle changes in the bone may be present that can predispose to specific conditions developing. Acromial spurs are an example of this.

Early diagnosis and physiotherapy treatment will produce quicker improvements and better outcomes in the majority of clients. Diagnosis and treatment must be tailored to the individual client.

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Medical management

- Non-steroidal anti-inflammatory drugs are often beneficial in the acute stage and short periods of rest can have some value
- Cortico-steroid injections into the shoulder joint or surrounding areas can be very beneficial to reduce pain, inflammation and allow rehabilitation to progress
- Surgery may be indicated for full thickness rotator cuff tears, impingement due to bony spurs and labral repairs in instability problems.

Physiotherapy

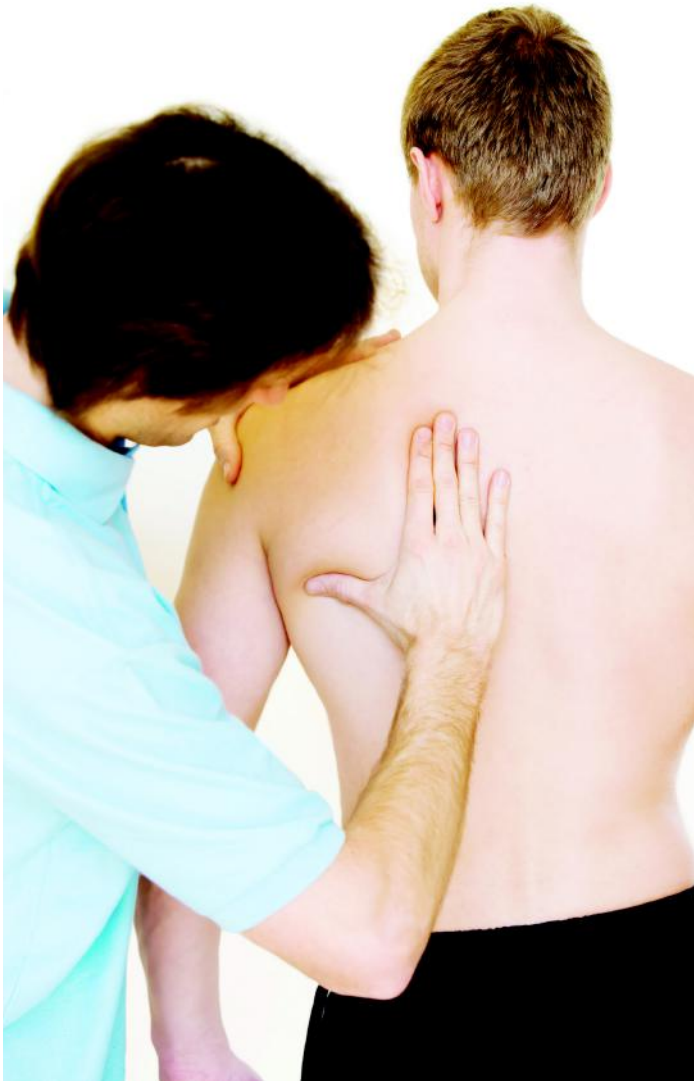
Physiotherapy plays a large role in shoulder dysfunction. Delays in referral can mean further damage to the joints leading to increased risk of surgery and more invasive treatments. Accurate and thorough diagnosis along with good exercise prescription will settle the majority of these shoulder disorders, especially if seen early.

The rotator cuff is an important group of muscles for the stability of the shoulder complex. They act to stabilise the head of humerous in the glenoid fossa. For this reason they will often form part of the rehabilitation program. The physio will also look closely at scupulohumeral control which is the quality of the scapula movement as the arm is moved. Specific exercises will be provided to optimise this control if necessary.

Maintaining good function of the surrounding joints of the shoulder will assist recovery. Mobilisation of the lower cervical and thoracic spine can in some cases, produce instant improvements in shoulder range and pain.

This is because good function and posture changes in the spine will ‘de-load’ the shoulder joint and tissues.

Gradual hydrotherapy and exercise rehabilitation can be useful to improve range of movement and strength especially if a client is finding land treatment too painful.



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