Newsletter

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www.chiropractorcapalaba.websyte.com.au

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Educated - Safe - Effective Spine Care

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Many patients consider this newsletter as a reminder to come in for their monthly good spinal health check up. Now is a good time to book your "tune up" appointment.

Clinic Hours

Mon	**10am -**	**7pm**
Tues	**9 am -**	**12pm**
Wed	**10am -**	**6pm**
Thurs	**3pm -**	**7pm**
Fri	**9am -**	**4pm**
Sat	**9:30 am -**	**12:30pm**

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Remedial Massage Therapy available:

Rojana Mostyn
Thurs
by appointment

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An injured or inflamed shoulder

is often subsequent to injuries/falls on the shoulder or an outstretched arm in young people. In middle aged (age 30 -50) people most of these problems are due to vigorous overuse repetitive activities such as lifting, painting, shoveling, throwing and reaching. In the elderly, rolling over in bed can be enough to tear or inflame the shoulder.

Symptomatically, you may have pain while lying on the affected side, reaching overhead, reaching behind your back, reaching into the back seat of the car, driving or attempting to lift with the arm out away from the body. This type of pain is generally labeled as tendonitis or bursitis.

The suffix "itis" mean inflammation. Tendonitis means the tendon, which attaches the muscle to the bone, is inflamed. Bursitis means the bursa, a fluid filled sac that protects the tendon from pressure and friction, is inflamed. Figure 1 illustrates the location of three common shoulder problems: subacromial bursitis, supraspinatus tendonitis and biceps tendonitis.

Clinically, it is often difficult to precisely distinguish one of these syndromes from another, and one or more of these structures may be inflamed at the same time. In severe or chronic cases it is useful to obtain x-rays, diagnostic ultrasound and an MRI of the shoulder to confirm the diagnosis.

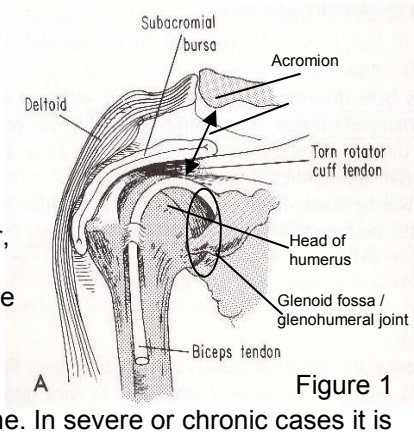


Figure 1

The natural history for most of these conditions is a slow but spontaneous resolution. Tendonitis and incomplete tendon tears usually heal uneventful with simple conservative therapy **The pain can spontaneously resolve in a week or two but therapy is almost always necessary when pain and limitation are chronic or severe.**

Get a chiropractic diagnosis prior to starting therapy as spinal disorders may be responsible for part or all of the shoulder symptoms. Inadequate therapy delays recovery. The following therapy is an adjunct to chiropractic spinal manipulative therapy and specifically targets the tendonitis / bursitis.

Therapy is initially geared to reduce local swelling, tenderness and muscle spasm. Over the counter pain killers and anti-inflammatory drugs or liniments can be used for short periods of time as long as your skin and gut are not sensitive to them. **Drug therapy for more than a few days, however, is generally superfluous.** If you are taking prescription drugs for any reason it is best to consult with your medical doctor or pharmacist prior to taking any additional medication in order to reduce the risk of adverse side effects. **For the first 24 - 36 hours the use of ice packs is probably as effective as any drug.** In chronic inflammatory conditions it is wise to use ice packs for 20 min twice every evening before going to bed with a 20 minute break between applications of ice.

Shoulder Exercise Therapy
When to rest and when to exercise a painful shoulder due to tendonitis / bursitis is a common question. Doing too much too soon can further aggravate inflamed tissue. As a rule of thumb, mobilization of the shoulder should begin as early as possible as restoration of full shoulder function as soon as possible is a high priority.

Passive Exercises involve painlessly moving the shoulder through its range of motion (ROM) without active contraction of any of the shoulder muscles. The Codman's pendulum exercises, figure 2, illustrates the arm dangling freely and swinging forward and backwards, sideways, clockwise and counterclockwise. Spend a minute swinging the arm in each direction 2x/day. A 2 kg weight can be hung from the wrist for further traction to gap the joint and make more room for the tendons.

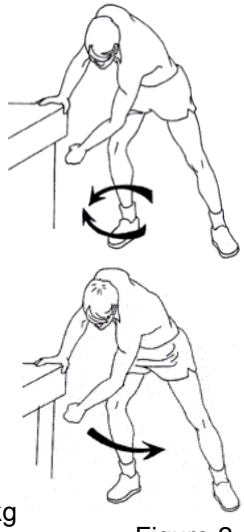


Figure 2

The Rotator Cuff Muscles are extremely active and allow you to raise your arm by depressing the humerus. If the rotator cuff is weak, injured or lacks endurance the head of the humerus slides high in the glenohumeral joint (glenoid fossa) and the rotator cuff muscles get compressed between the acromion and head of the humerurs (figure1 ⟷). This compressive pinching cause excessive pressure / friction on the rotator cuff tendons leading to inflammation, tears and pain. The aim of an exercise program is to stabilize the shoulder by increasing the strength and endurance of the rotator cuff muscles which will protect them from compression and injury. Be sure to master form before increasing weight and do not attempt to work through pain as this often perpetuates the problem. Ask your chiropractor or personal trainer to evaluate your form. **If you have to shrug your shoulder or use momentum to lift the weight you need to rest or use a lower weight. If you can't do 20 repetitions the weight is too heavy.**

For family reasons I will be returning to Canada for part of July and August. I apologize in advance for any inconvenience this may cause you. Fortunately I was able to secure the locum chiropractic services of Dr. Robert Maxwell for the majority of the days that I will be away. My last day in the clinic is Thursday 18th of July . My first day back in the clinic is Wednesday 21st of August.

Robert's hours start from Monday the 22nd of July until Saturday the 17th of Aug. He will be available on the following times:

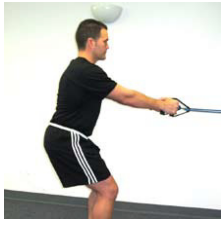
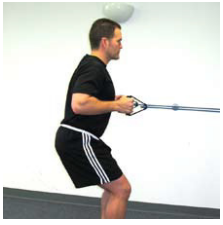
Mon 10am - 7pm
Tues Closed
Wed 10am - 1pm
Thurs 3pm - 7pm
Fri Closed
Sat 9:30am - 12:30pm
Thanks Robert!

Shoulder stabilazation exercises should be done in slow and deliberate motions. **Take 2 - 5 seconds to move the arm in either direction. You want to feel a burning sensation in the muscle you are training but you do not want to feel pain.** It does not matter in which order you do the exercises but give each muscle/group a one minute rest between sets of repetitions.

Active Exercises
It is best to avoid active exercise in a painful part of the (ROM). **If lifting overhead causes pain - do not do it until the area heals more.** Since rotator cuff muscles are small it is best to use low resistance and higher repetitions to strengthen them. These are not body building exercises. Do 2 - 3 sets of 10 - 20 reps of the illustrated exercises 3x/w with a day of rest in between. The exercises can be done with dumb bells or elastic tubing. None of the exercises should cause any discomfort or pain. If you can not perform an exercise without pain, it is best to limit the ROM or discontinue the exercise altogether. Once most of the pain or discomfort resolves you can gradually increase the ROM and resume overhead training.

At the completion of 4 weeks of training you should notice improved strength, more ROM and less discomfort with shoulder movements and function. Sufficient stabilization strength should have been attained in the initial month of training to allow a slow transition back to lifting overhead and other functional movements. **Again, it is critical to make sure the exercises are completely pain free!** If you exercise into the painful ROM you will aggravate the initial injury and cause a flare up of the pain and inflammation.

Scapular Stabilizer Exercises:
Middle trapezius, posterior deltoid, rhomboids

Serratus anterior - lift shoulder blades up/down


Lower trapezius - arms at 45 deg. from head


Rotator Cuff Stabilization Exercises
Supraspinatus
Slowly raise the arms up to 45 degrees and down again.

Subscapularis


Infraspinatus
Teres minor