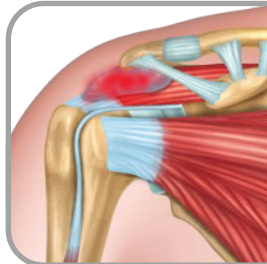
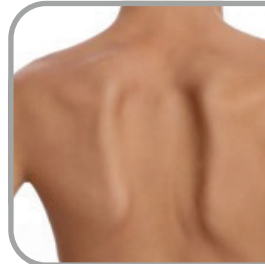


COMMON SHOULDER PROBLEMS



SUBACROMIAL BURSITIS

Weakness and disturbance of the rotator cuff can lead to inflammation of the fluid filled membrane around it (subacromial bursa). On lifting the arm, the bursa can be pinched and become painful causing an **impingement syndrome**. The shoulder can become painful to move and restricted.



SCAPULAR DYSKINESIA

Any of the shoulder pathologies mentioned here can act as a cause for dysfunctional shoulder blade movements (**dyskinesia**). The reverse also being true in that poor scapular movement can exacerbate shoulder pain and injury. Scapular **Dykinesia** can create pain and tension around the back and shoulder blade.



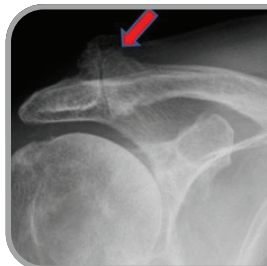
ROTATOR CUFF PATHOLOGY

The rotator cuff is a group of four tendons that envelope the shoulder joint providing movement and stability to the shoulder. Injury to the rotator cuff can occur from overuse or acute trauma leaving the shoulder weak and painful to move. One portion or multiple portions of the cuff can be injured. Like any tendon, the rotator cuff can suffer tendinitis (inflammation), tears (partial thickness vs full) or degeneration (e.g., calcification). All types of rotator cuff pathology respond well to exercise and rehabilitation.



GLENOHUMERAL JOINT INSTABILITY

The shoulder is a ball and socket joint akin to a golf ball sitting on a tee. There are various forces and structures keeping the ball centred in the socket. These can be disrupted through injury, muscle weakness and conditions such as **hypermobility**. The experience of the shoulder feeling like it is coming out of socket is called **instability**. When the shoulder partially comes of the socket it is called **subluxation** and when the shoulder fully comes out of socket, **dislocation**. Shoulder dislocation is often very painful and requires special maneuvers to relocate the joint.



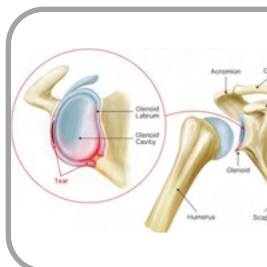
ACROMIOCLAVICULAR JOINT PAIN

The acromioclavicular joint (ACJ) is a joint that connects the upper limb to the trunk. It can become sprained, inflamed and painful from excessive wear or trauma. This is more common in people who do overhead or impact sports or have a fall onto the shoulder.



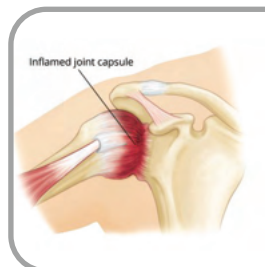
GLENOHUMERAL JOINT ARTHRITIS

Degeneration of the shoulder joint usually occurs later on in life, as it is not a load bearing joint. However, trauma (such as fractures and **dislocations**) can accelerate the wear and tear process. There can be restriction and pain in movements of the shoulder.



LABRAL PATHOLOGY

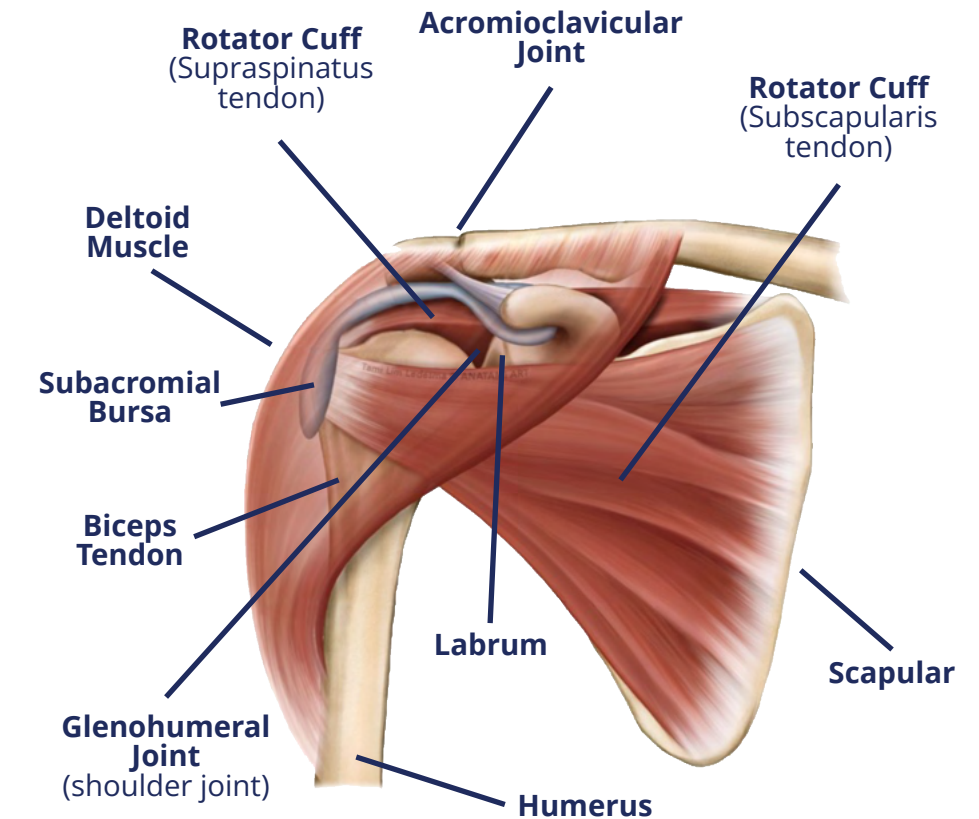
The labrum is a piece cartilage that lines the socket of the shoulder. It provides stability and balance to the shoulder joint, akin to a rubber seal. If the shoulder is overstretched the labrum and become irritated or torn, causing acute pain and catching. In severe cases the shoulder can become unstable which may warrant further intervention.



CAPSULITIS

The shoulder joint is lined by a thin membrane called the capsule. The capsule can become inflamed through trauma, age, poor diet and other medical conditions. Once inflamed, the capsule can scar down and cause restriction in the range of motion of the shoulder. We call this **adhesive capsulitis** or **frozen shoulder**.

SHOULDER ANATOMY



COMMON SHOULDER SYMPTOMS INCLUDE:

- Pain on lifting the arm (especially above shoulder height)
- Pain with dressing e.g., putting on coat, bra strap
- Pain with household tasks e.g., ironing, lifting kettle
- Pain at night or lying on shoulder
- Weakness
- Clicking or crunching
- Instability sensations
- Restricted range of movement e.g., inability to lift arm above head or behind back