

SHOULDER INJURIES: INTEGRATING CARE

Chiropractic assessment, diagnosis and treatment of shoulder injuries

INJURY & RISK

Many of the shoulder problems that chiropractors see involve one or more forms of rotator cuff dysfunction. Because the shoulder is a very mobile joint, with little stability in certain positions, the soft tissues of this region can be injured as a result of many situations, such as during athletic and recreational activities, at work or with a fall.

Every sprain and strain injury to the shoulder must be properly treated and fully rehabilitated if future problems are to be avoided. Chronic instability is a real possibility after a shoulder injury since the surrounding muscles and connective tissues are a source of shoulder joint stability.

ASSESSMENT

A chiropractor looks at several different factors when assessing an injured shoulder:

- Physical exam findings such as weakness, painful arc, loss of motion and instability.
- Limitations in activities of daily living such as housekeeping, sports and child care.
- Relevant medical history.
- Diagnostic imaging as appropriate.

A factor that is frequently overlooked is the influence of posture on shoulder function. A chiropractor is trained to assess how a patient may be compensating for a shoulder injury, which could be putting additional stress/strain on the arm, neck and back.

It is important to note that shoulder pain/dysfunction does not always arise from the shoulder, but may be the result of dysfunction/damage in another area.



DIAGNOSIS

Following a comprehensive assessment, a chiropractor's diagnosis will typically fall under one of the categories below. It is important to remember that many of these are secondary to altered/improper biomechanics.

- Arthritis
- Acromioclavicular joint separation/sprain
- Adhesive capsulitis
- Biceps tendonopathy/tear
- Bursitis
- Dislocation
- Impingement syndrome
- Instability
- Rotator cuff tear/tendonopathy

CHIROPRACTIC TREATMENT

The chiropractor's first goal is to help control pain and inflammation in managing shoulder sprain and strain injuries. Treatments, such as electrical muscle stimulation, ultrasound, and heat and ice applications, focus on easing pain and inflammation. A range of treatment strategies are then applied as appropriate.

Ergonomic Improvements

Chiropractors can evaluate a workstation or the way a patient uses their body when performing activities, and suggest changes to avoid further problems.

Joint manipulations

Gentle joint mobilizations and adjustments are performed to help restore normal biomechanics to the shoulder joint, a unique advantage of the chiropractic practitioner.

Spinal manipulations

Spinal manipulation can help remove any joint fixations that can inhibit normal healing and proper motion to the shoulder. Spinal manipulation can also help remove joint fixations that may be stemming from shoulder girdle/scapular dysfunction.

Soft tissue therapy

Soft tissue therapy techniques are used to help restore normal length and optimal functioning to the muscles, ligaments and tendons. They can also help break down scar tissue and adhesions in and around the joint and associated soft tissues.

Rehabilitative exercises

A chiropractor will likely also prescribe rehabilitative exercises to improve the strength and control of the rotator cuff and shoulder blade muscles. Once good exercise mechanics and control are demonstrated, a self-directed program of home exercises is appropriate. Shoulder strains and sprains in athletes may require more specific, sports-performance exercises. Specific sports skills (such as throwing) may also need to be retrained.

Many patients are able to get back to their activities with full use of their arm within six to eight weeks of treatment.

Case study: Coletta's story

Coletta McGrath, an executive director at a community health centre in St. Catharines, is an avid tennis player who enjoys an active lifestyle. However, a serious car accident, which caused significant damage to her right arm and shoulder, put her tennis playing days in doubt. Coletta's arm was successfully treated with the surgical insertion of plates and pins; however, her shoulder remained consistently problematic and caused discomfort and mobility issues well after the accident.

Coletta's family physician referred her to an orthopedic surgeon, who recommended that she try chiropractic care before considering further surgical options. She referred her to a chiropractor in the Niagara region. This was Coletta's first time seeing a chiropractor, and she was immediately reassured by his approach. He performed an hour-long initial assessment, and addressed her questions and concerns, and educated her about her injury. Her chiropractor then recommended that she start with weekly sessions, focusing on manual therapy and acupuncture. This eventually phased into monthly sessions that were reinforced by self-care exercises to strengthen her muscles and increase range of motion.

After about six months of therapy, Coletta felt that she had almost 100% mobility and function in her shoulder, with no lingering pain or discomfort. She is now out enjoying tennis and other sports without worrying about her shoulder.

New series

"Shoulder Injuries: Integrating Care" is the second in a series of four articles focusing on chiropractic expertise in the assessment, diagnosis and treatment of LBP and MSK conditions.

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