

Shoulder

There are many different causes of shoulder pain. The most common are frozen shoulder (adhesive capsulitis), shoulder instability and rotator cuff disorders although this list is not exhaustive by any means.

The shoulder is one of the most moveable joints of the body, moving in six different planes. It is surrounded and supported by muscles and ligaments, which keep the top of the arm (humerus) inside the socket of the shoulder blade.



There are two joints that form the shoulder complex: the acromioclavicular joint – between the collar bone and the outermost and highest part of the shoulder blade (acromion process) – and the glenohumeral joint (the ball and socket joint of the shoulder). Irritation of either of these joints can occur in the form of osteoarthritis, directly affecting the joint surfaces or the soft tissues in between the joints such as bursitis (inflammation of the bursa or fluid filled sacs that surround the joint protecting and lubricating it), or rupture of the attaching muscles or ligaments.

The rotator cuff comprises a group of muscles on the shoulder blade that attach into the shoulder, allowing it to move and rotate. Injury to the rotator cuff usually occurs at the tendon (where the muscle attaches to the bone) through overuse as a strain or recurrent injury such as a tendinitis (inflammation of the tendon). Impingement syndrome can also occur at the tendon causing the muscles to weaken as the tendon is pinched in the joint space on top of the shoulder. This is usually a combination of tendonitis and bursitis, narrowing the joint space. Pain typically occurs on overhead arm movements, as the joint space is narrowest, causing further compression and pinching.

Adhesive capsulitis, more commonly called frozen shoulder, is a common and painful condition characterised by a much reduced ability to move the shoulder in any direction. This occurs when the capsule surrounding the shoulder joint thickens and swells, leaving less space for the humerus to move within the shoulder socket. Most cases occur between 40 and 60 years of age and affect women more than men. Whilst the cause of adhesive capsulitis is unknown, a theory of micro-trauma causing scar tissue within the joint is considered most likely. Adhesive capsulitis is usually self resolving but can typically take several years to resolve. With appropriate treatment, however, recovery can be accelerated.

There are three main stages of adhesive capsulitis which mark its progression: **Stage 1** is usually called the **acute** or **inflammatory stage** – the shoulder usually starts to ache, feel stiff and become painful. Pain is often more noticeable at night and when lying on the affected side. This can last for between two and nine months.

Stage 2 is the **adhesive stage** - the shoulder becomes increasingly stiff but the pain doesn't usually worsen. The sufferer may experience some wasting of the shoulder muscles due to not being able to use them. This stage can last up to twelve months.

Stage 3 is the **recovery stage**. Gradual improvement in shoulder movement occurs and the pain begins to fade, although it may become more painful at times as the stiffness eases. Typically, one is able to do more tasks with the shoulder, although complete movement may not be restored for some time. This stage can last from five months to four years.

Recovery from adhesive capsulitis can be slow and frustrating, however most people usually regain full movement of the shoulder. Chiropractors can provide effective treatment which involves mobilising the shoulder joint when appropriate (usually during stage 2) to loosen adhesions and increase joint movement. During the inflammatory stage, the use of ice packs and anti-inflammatory medication may be recommended to help reduce swelling. Once mobilisation has started, your Chiropractor will give you mobility exercises to do at home to minimise adhesions within the capsule and increase movement.

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