Managing (and Overcoming) Shoulder Pain

Whether your daily tasks include laundry and lifting grandchildren or competitive sports, your shoulders are essential. How can you care for them? Here are some facts and tips, courtesy of the Virginia Chiropractic Association.

The shoulder is attached to the rest of the bony skeleton at the collar bone (clavicle). When this joint is damaged, a “separated shoulder” occurs. Where the arm bone (humerus) sits in a socket called the glenoid fossa (a part of the bone called the scapula), you’ll find a shoulder joint. A lip of cartilage called the labrum provides some stability where these bones meet. Four muscles form a muscular “cuff” that moves and stabilizes the shoulder joint. These muscles are the supraspinatus, infraspinatus, teres minor, and subscapularis. Unfortunately, with the tremendous range of motion and freedom of a typical shoulder comes a price: limited stability. This is why shoulder dislocations are more common than hip dislocations.

You might think that shoulder joints are damaged by the force of throwing; yet you’d be wrong. Though throwing takes a lot of force, it’s actually the muscles that decelerate (slow down) the arm after you release a ball or other object that take the real beating. Without the rotator cuff muscles, you’d literally throw your arm out of its socket during a hard throw. Repeatedly overwhelming these muscles can easily result in tendinitis.

Perhaps professional quarterbacking or pitching isn’t your game. Many people injure their shoulders doing far less. Lack of motion also causes problems that can lead to what’s known as frozen shoulder. These shoulders are tight, restricted, and painful. They can get so bad that surgery is required to release them. They’re common after periods of disuse such as after a stroke, or after wearing a sling, or after a variety of injuries that cause you to restrict your motion and allow the shoulder to tighten up -- possibly permanently.

Sometimes, mechanical factors can cause shoulder problems. The cartilaginous glenoid around the shoulder capsule can tear, especially with one or more shoulder dislocations. This often requires surgery to repair. Then there’s “impingement,” which occurs when the spaces for your rotator cuff tendons -- supraspinatus in specific -- are small due to bone spurs, tracking errors (including muscle imbalance/weakness), and unfortunate anatomical variants (blame your parents for this last category). Finally, fluid-filled sacs called “bursae” can become inflamed, causing bursitis.

There are a variety of ways the spine can contribute to shoulder problems. The muscles about the shoulder, including the rotator cuff, are all controlled and coordinated by nerves from the neck (cervical spine) and mid-back (thoracic spine). A study in the British Medical Journal comparing a variety of approaches to common shoulder complaints\(^1\) showed that spinal manipulation was highly effective in the management of shoulder girdle complaints (problems of the major bones and muscles about the shoulder) -- and far more effective than physical therapy alone. The same study showed an advantage to steroid injections only in the case of synovial problems (i.e., in the actual joint between the humerus and glenoid). This highlights the importance of your doctor’s skills in rendering a proper diagnosis, as well as his or her comprehensive knowledge of human anatomy and function.

Modern doctors of chiropractic (D.C.) are skilled in diagnosis, treatment, and prevention of a wide variety of common human conditions, including those affecting the shoulder. After rendering a diagnosis, a doctor of chiropractic will either address the source(s) of the shoulder problems, or will refer a patient out for additional care or co-management. Fortunately, there are a wide variety of conservative, safe, and effective tools in the chiropractic “tool kit.” Cryotherapy (application of cold) can be a useful tool in the initial inflammatory phase. Other therapeutic modalities (including electrotherapies), acupuncture, functional taping, and progressive functional rehabilitation are other useful means many chiropractors may use; however, there is no substitute for the power of the chiropractic adjustment. Spinal manipulation, as well as manipulation of the joints of and about the shoulder, can be a highly effective method of not only decreasing pain and improving motion, but also improving and ingrasing functional patterns. Your doctor of chiropractic may adjust joints in or about the shoulder, address the soft tissues of the shoulder including the rotator cuff, instruct you in functional rehabilitation, and more. He or she may treat your shoulder directly and exclusively; or the D.C. may address other areas of your frame and nervous system so that not only does your shoulder function better -- but in addition, you may find that you recover faster and stay healthier in other unexpected ways, as well.

If you are interested in staying in top form, start by asking your chiropractor for guidance; or visit www.virginiachiropractic.org to find a highly-qualified chiropractor near you.