

# Shoulder pain

## Dr Shrenik Shah



# Overview

- Anatomy
- Clinico-patho-radio correlation
- How to manage day to day shoulder problems?
- Promising modality - RSWT

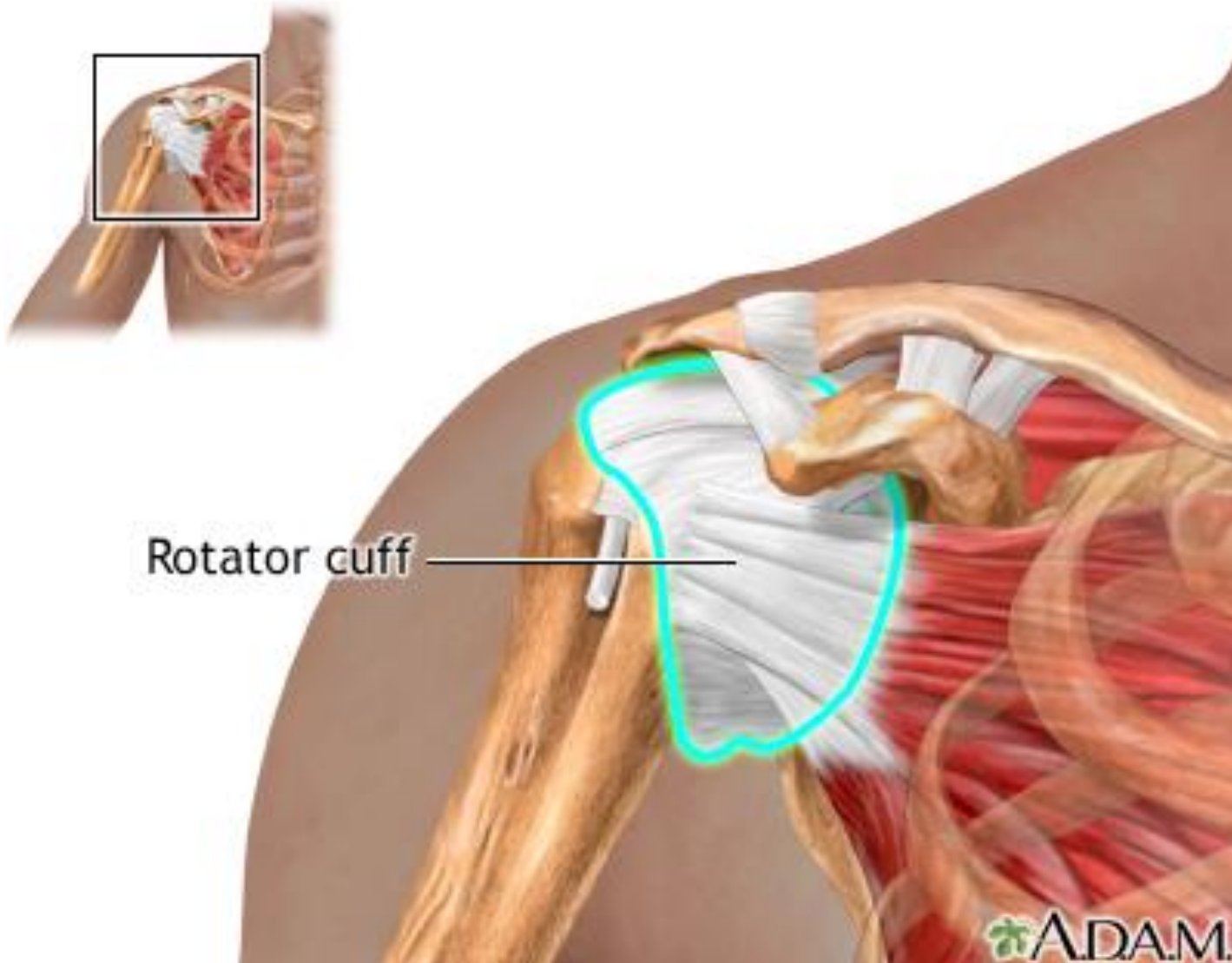


# Anatomy

- 4 articulations
  1. Sterno-clavicular
  2. Acromio-clavicular
  3. Humero-scapular
  4. Thoraco-scapular

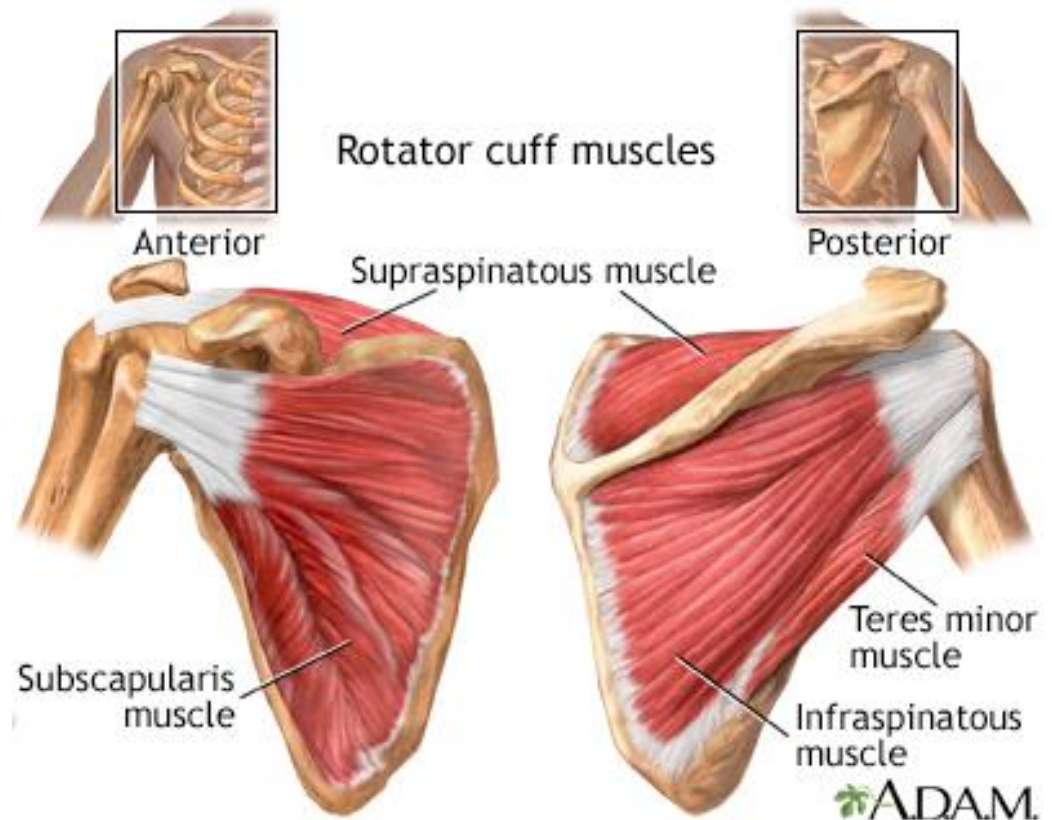


# Rotator cuff



# Rotator cuff

- Subscapularis
- Supraspinatus
- Infraspinatus
- Teres minor

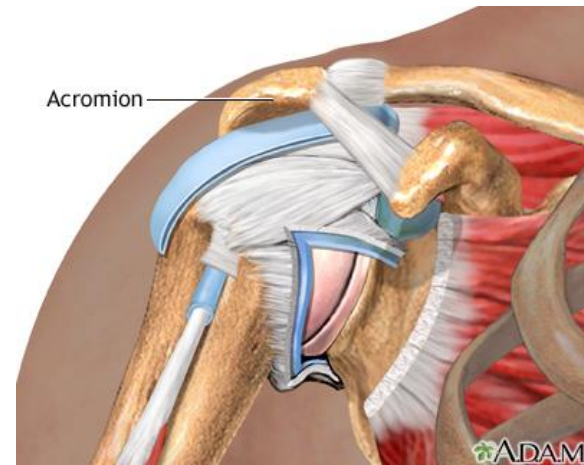


# Range of motion

- Elevation-0-160\*
- External rotation- 0-60\*
- Internal rotation –thumb reaches upto spinous processes thoracic 6-8
- Adduction – crossbody
- Abduction- 0-170\*
- Flexion- 0-170\*
- Extension- 0-30\*

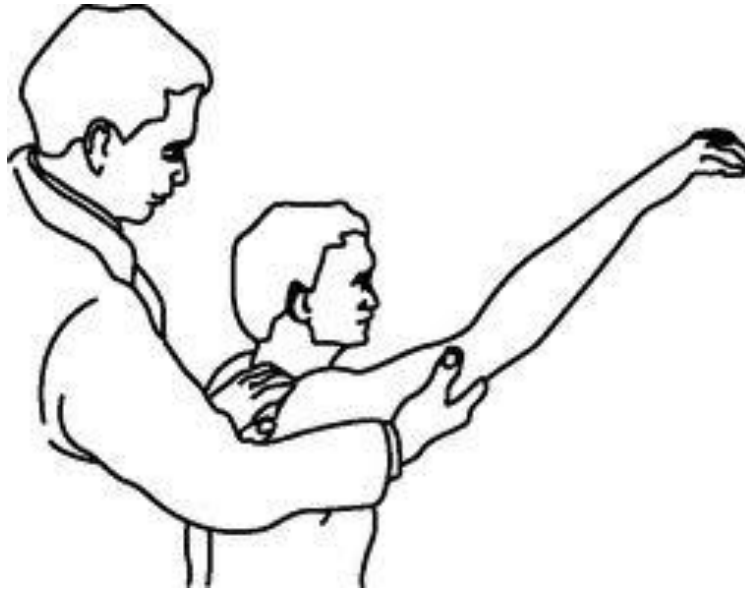
# Impingement syndrome

- Pain on greater tuberosity impinges on to acromion
- Pain on overhead motion
- Sleeping on affected side
- Night pains



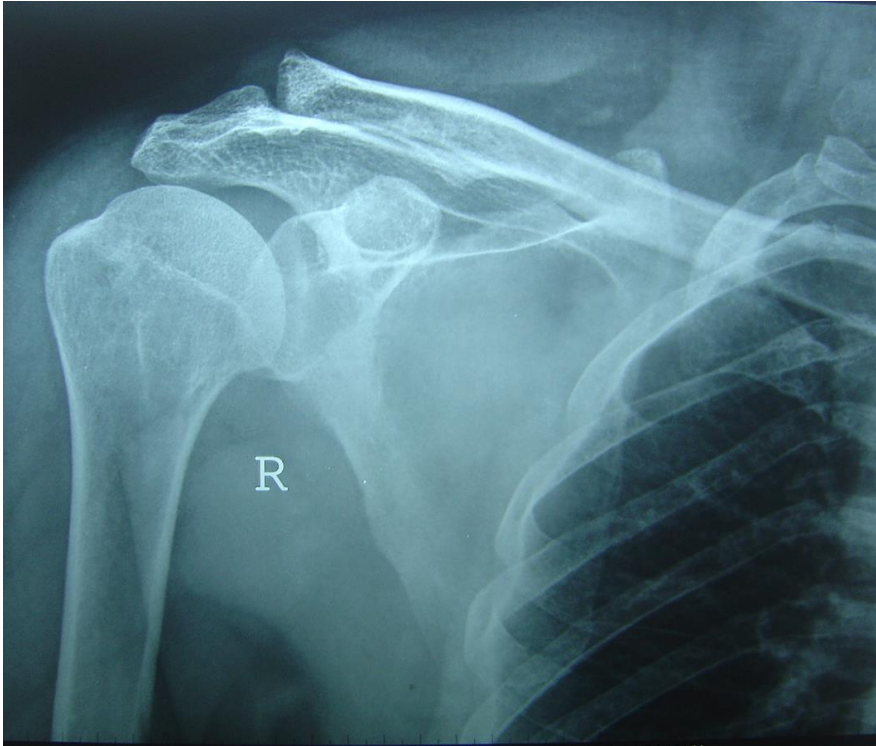
# DIAGNOSIS

- History
- Clinical exam- tests
  - Hawkins
  - Neer
  - Jobe
- Xray
- Usg
- MRI

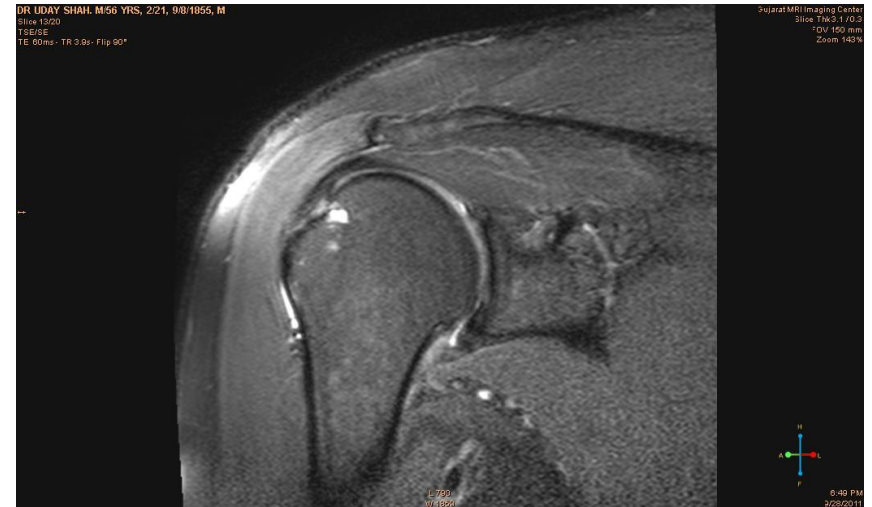
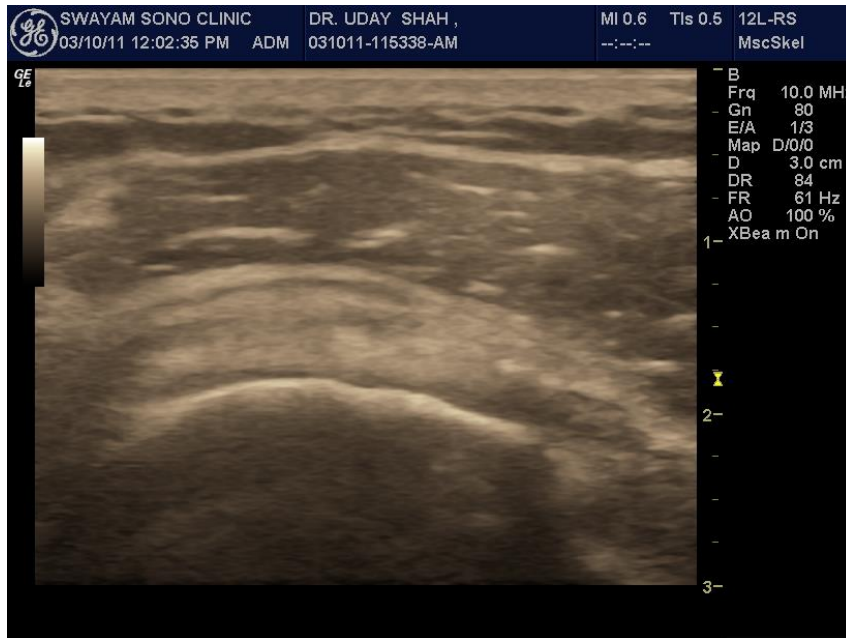




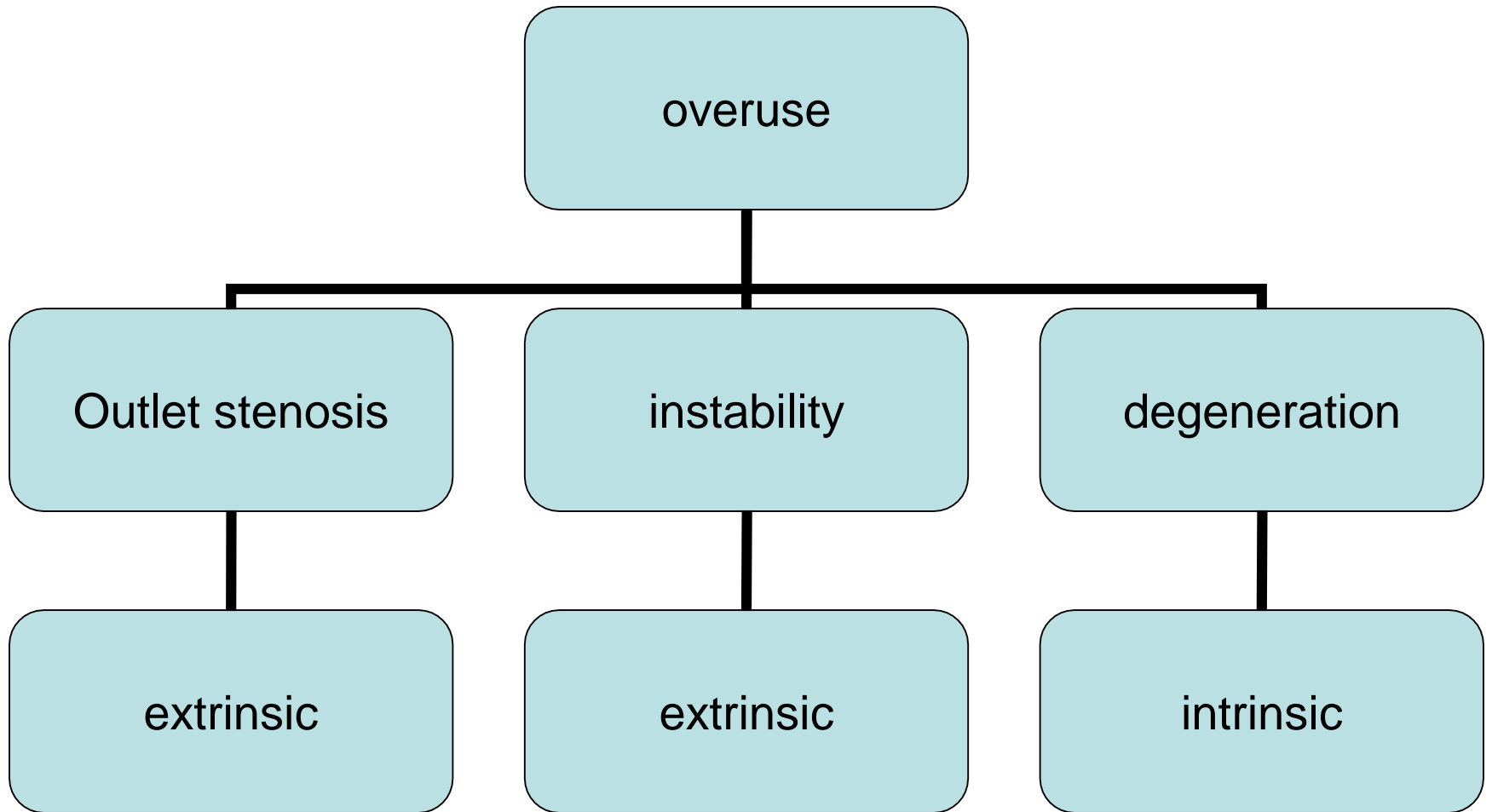
# x-rays



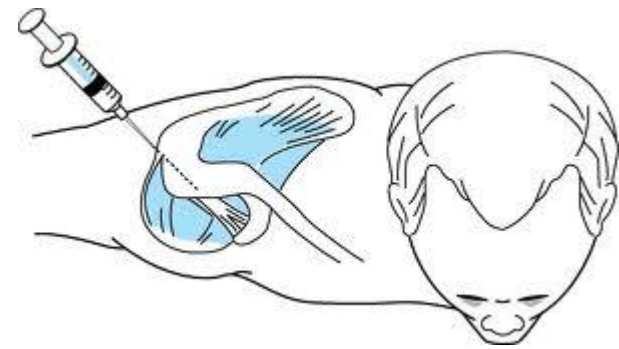
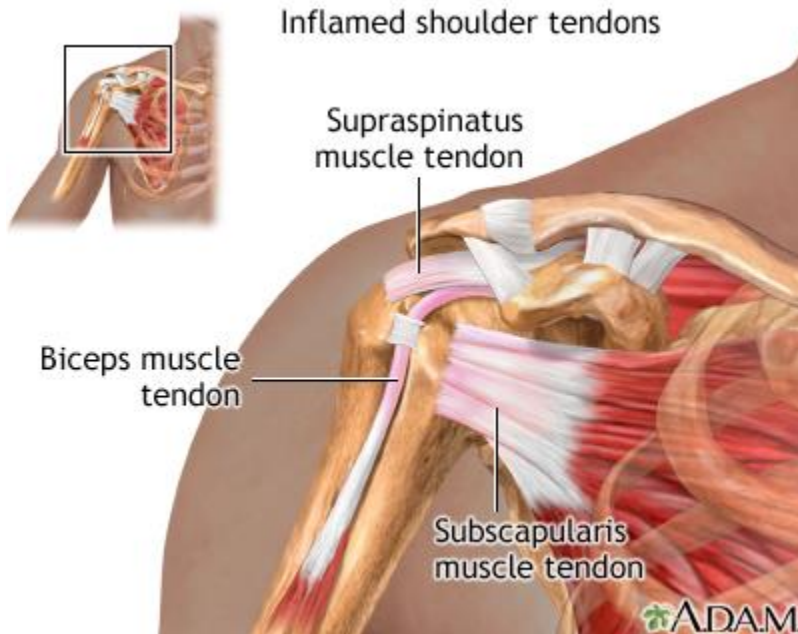
# Usg and MRI



# Impingement etiology → rotator cuff tears



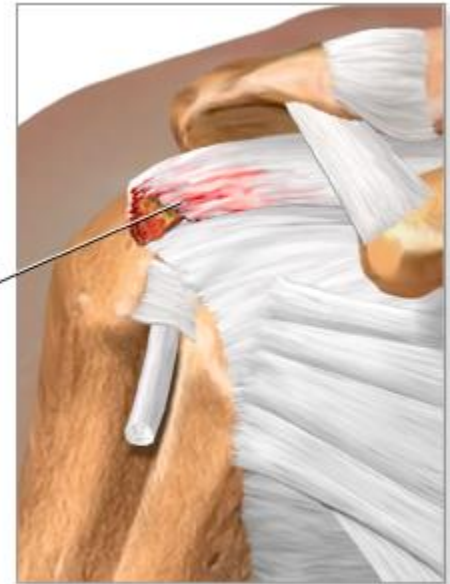
# Supraspinatus tendinopathy



# Rotator cuff tears



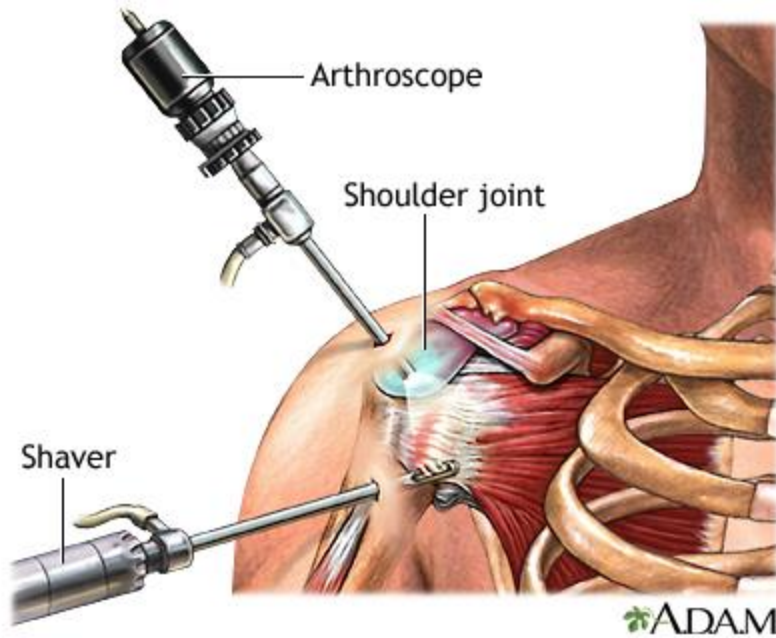
Torn rotator cuff



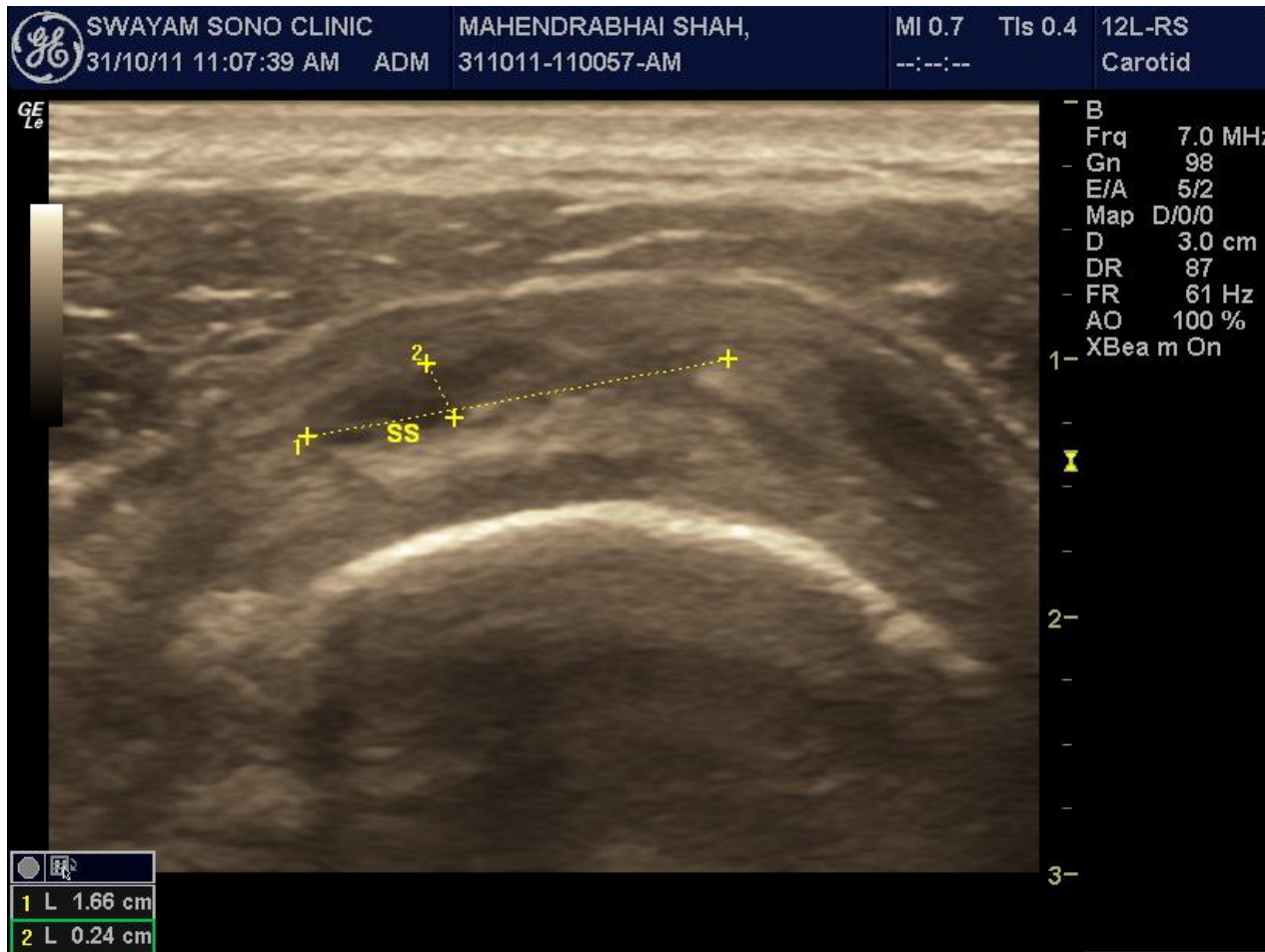
# Rotator cuff tears

- Etiology
  - Degenerative
  - Increasing incidence with age
  - Symptoms sometimes start with a trivial trauma
  - Should be diagnosed within 3 weeks
  - Treated early

# Arthroscopy

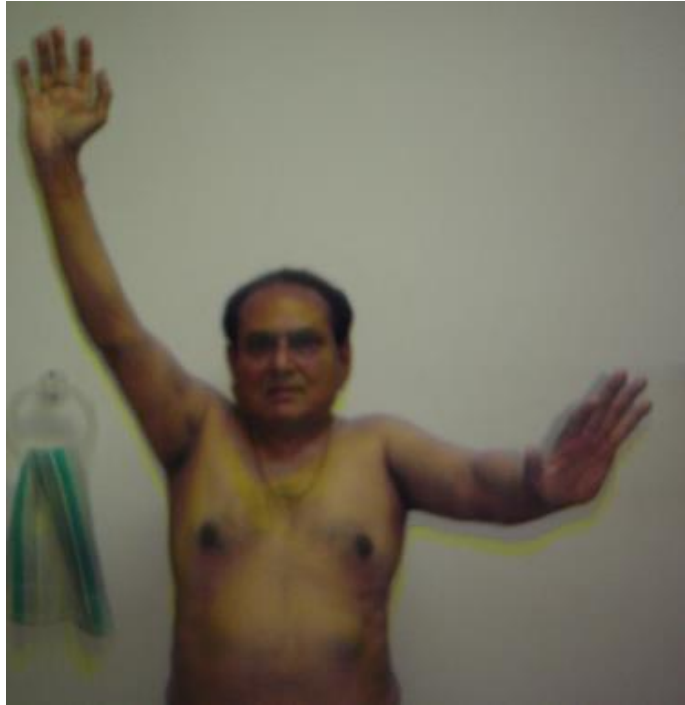


# Partial rotator cuff tear

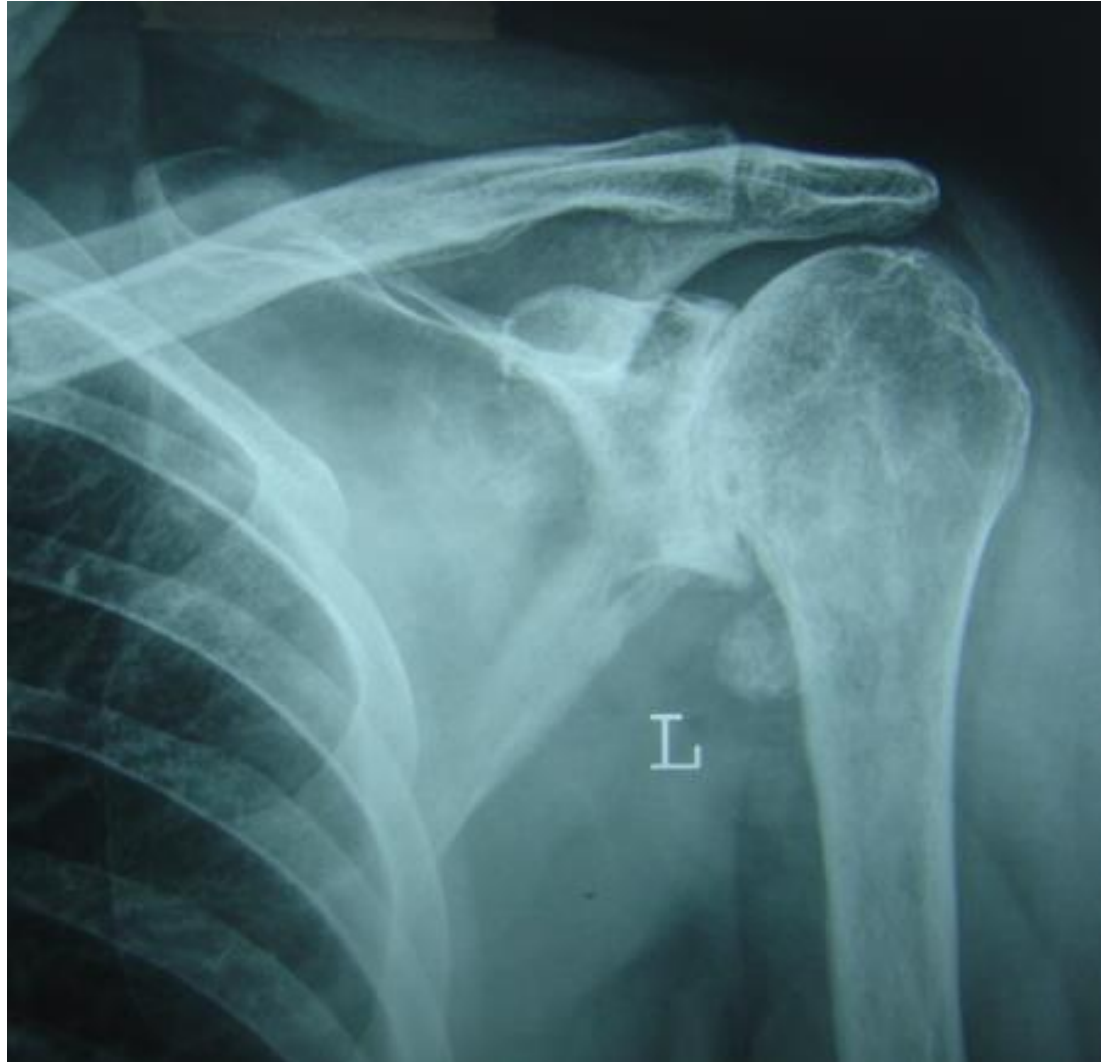




# Massive tear of rotator cuff



# Xray



# Glenohumeral arthritis



# Shoulder arthroplasty



# Frozen shoulder

## Adhesive capsulitis

- A specific entity
- Unknown etiology
- Women > men
- 40-60 years
- Risk factors
  - DM, x5 more
  - Thyroid diseases
  - Cervical disc disease



# Stages of frozen shoulder

1. Freezing: pain ++ → lose ROM  
6 weeks to 9 months
2. Frozen: pain decreases but stiffness+  
4-6 months
3. Thawing: ROM slowly improves  
6 months to 2 years



# Treatment

- Drugs- analgesics and NSAIDs, etc
- Steroid injections
- Physical therapy
- Manipulation under anesthesia
- Arthroscopic release
- ESWT/ RSWT





# Pre ESWT



# Post ESWT



# CONCLUSION

- Shoulder needs both clinical evaluation and imaging to arrive at a diagnosis.
- Plan of treatment: early intervention can prevent unavoidable sequelae
  - Rotator cuff tear → arthroapathy
  - Small lesions → triggering adhesive capsulitis
- Noninvasive RSWT works in most patients
  - Reduces suffering to great extent
  - Decreases rehab time
  - Restores early motion

**THANK YOU**

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