

Physiotherapy treatment of your shoulder injury:

Treatment will depend on your injury and your specific needs and goals. In general, treatment components may include:

- Restoring rotator cuff muscle strength and endurance
- Restoring strength and coordination of the stabilizing muscles of the shoulder blade
- Restoring flexibility of tight musculature
- Restoring mobility of the capsule of the shoulder joint
- Improving the posture and mobility of the spinal joints of the neck and upper back.
- Managing pain and inflammation through the use of ice and therapeutic modalities such as ultrasound and electrical stimulation.
- Education regarding posture, ergonomics, pathology, and prevention of further injuries

For treatment of your
shoulder injuries,

CALL OR VISIT US AT:

www.expertphysio.ca

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Physiotherapy Clinic
210-3970 E Hastings
604-294-3911**

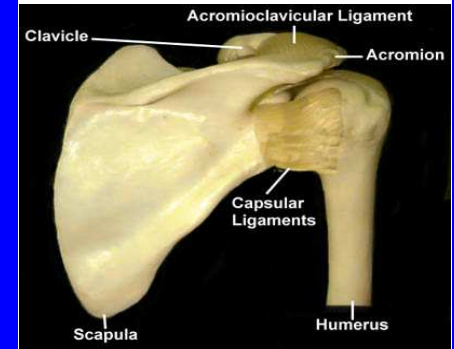


**Eight Rinks
Physiotherapy Clinic
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604-294-3376**

Our Mission Statement:

Our Expert services are committed and caring. We continue to excel in serving generations of the Burnaby Community.

Shoulder Injuries



Shoulder complex from the back
(posterior view)



Physiotherapists
Your Body Specialists

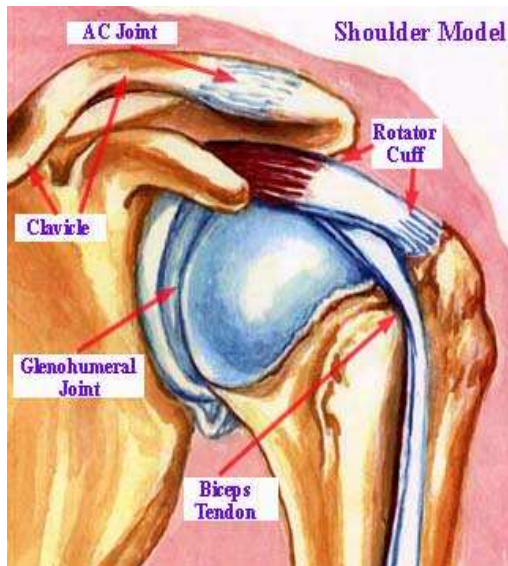
Facts about the shoulder:

The shoulder complex is made up of four joints involving the :

- sternum (“breastbone”)
- clavicle (“collarbone”)
- the scapula (“shoulder blade”)
- the humerus (long bone of the upper arm)
- the ribs.

The structure of the shoulder complex is built for mobility but, as a result, sacrifices some of its stability (compared to other similar ball and socket joints like the hip).

Muscles of the shoulder complex work together in teams to produce the coordinated and extensive movements of our arms.



Common shoulder injuries that Physiotherapists treat:

Impingement Syndrome is the repeated compression of the head of the humerus bone upwards into tissues such as the biceps and rotator cuff tendons, and the bursa, resulting in pain and inflammation. Tendons are the extensions of muscles as they attach onto bones. Bursa are the fluid filled sacs located all over the body which function to minimize friction between layers of tissues. Inflammation of these structures are known as tendonitis and bursitis respectively, and can be caused by repeated impingement.

A shoulder dislocation refers to an injury whereby the “ball” of the humerus dislocates from its “socket” which is the Glenoid fossa of the scapula. The structure of the glenohumeral joint has often been compared to a “golf ball sitting on a tee”, in terms of the shallowness of the socket and the size difference of the two bones. This size difference allows only a small part of the humerus (the “ball”) to make contact with the socket underneath it, and so predisposes the joint to dislocation. With a shoulder dislocation, the ligaments and the joint capsule as well as the labrum or cartilage of the joint become stretched and / or torn. Ligaments are connective tissue structures which hold the bones together and prevent them from moving into abnormal, unhealthy directions. In addition to relying on ligaments to remain strong, the glenohumeral joint relies on the rotator cuff muscles to work together to compress the ball onto the socket. The rotator cuff is a group of 4 muscles that originate from the shoulder blade and from the trunk. The muscles attach onto the humerus in a cuff-like fashion, surrounding the head of the humerus from front to back. Other muscles of the shoulder girdle must also work to continue to securely set up the socket and ball during all positions of our arms.

A **“separated shoulder”** refers to a traumatic injury to the ligaments of the acromioclavicular (AC) joint between the acromial part of the scapula and the clavicle or “collar bone”. This type of injury typically happens when the tip of the shoulder strikes abruptly against another obstacle, such as during a football tackle or when a hockey player slides into the boards. It is easy to recognize someone who has had a separated shoulder as the upper end of their shoulder can look prominent where the clavicle has lifted above the acromion This is called a “step deformity”.

Rotator cuff strains can result from direct trauma, overuse and / or muscle imbalance. They may involve the muscle belly and / or the tendon. Tissue damage may range from very minor micro-trauma with little pain or dysfunction to a complete rupture of a tendon with major disability.

A frozen shoulder, also known as adhesive capsulitis, is a very particular pattern of restricted movement at the glenohumeral joint. This loss of mobility can develop after an injury such as a fractured bone at the shoulder but can also develop for no known reason. The shoulder loses mobility because the capsule of the joint becomes inflamed and thickened, with a resulting loss of fluid volume in the joint. Frozen shoulders can take a significant length of time to pass through the characteristic phases of pain, freezing and thawing, though most have recovered within one year.