

# Aching shoulders? Therapists can help you regain *pain-free* motion

The pain of an aching shoulder has been compared to a toothache – always there, sometimes worse than others. Shoulder pain not only can keep you awake at night, it can interfere with everyday activities such as rocking a baby, folding the laundry, taking a shower, getting dressed, or putting the dishes away.

Although shoulder pain is quite common and affects men and women of any age equally, it can be especially prevalent in those over the age of 50. And an individual's level of physical activity doesn't seem to factor into those who are afflicted, said NCH physical therapists D. Beth Snediker, MSPT and Matthew Condo, PT, DPT.

"The causes (of shoulder pain) can range from a non-traumatic injury, or a head or shoulder injury, to a gradual onset injury," said Snediker. "Some shoulder pain can be sports-related." Pain usually results from reaching overhead, or to the side, or reaching behind and back, she added.

Condo explained that there are two categories of aching shoulder pain. "Frozen shoulder, or adhesive capsulitis, is a condition where the capsule that surrounds the shoulder joint gets inflamed and starts to adhere down to the bone," he explained. "It is progressive and results in pain and loss of range of motion."

The second most common type of shoulder pain is rooted in rotator cuff tendonitis, which produces pain with any sort of activity such as overhead, repetitive reaching, said Condo.

Treatment options vary and should start with a trip to your general practitioner for examination. He or she may prescribe anti-inflammatory medications, cortisone injections to manage pain, or physical therapy.

"If cortisone is administered, physical therapy may also be part of the treatment plan," explained

Snediker. "While patients will have relief with cortisone, they will still have weakness, and if they go back to their usual activities, the same problem can recur without physical therapy."

While each case varies, physical therapy typically consists of about 16 sessions, with two to three visits each week.

"We evaluate patients not only for the severity of symptoms but also for their functional impairments and limitations," said Condo. "Then we develop goals together; an approach shown by evidence-based research to be the most effective, since it motivates the patient and makes the therapy more functional for the patient."

Treatment is highly individualized, based on the

needs of the patients – who all have differing levels of activity, age, and work requirements. "A power lifter is going to have to lift a lot more weight than a retiree," offered Condo as an example. "Or a golfer will have to work on different movement patterns than a mother who carries a child – so treatment is very individualized."

Snediker said that after a patient makes demonstrable progress, they then consider together whether continuing treatment is necessary.

"When on-site therapy is discontinued, we recommend at-home exercise to prevent re-injury, and to continue building strength," said Snediker, adding that some patients may also progress to a gym program.



**Matthew Condo demonstrates a manual physical therapy technique for shoulder issues on NCH volunteer Peter Peruzzi.**

## CAUSES OF SHOULDER PAIN:

- ⊗ Traumatic injuries, such as a fall or hitting your head or shoulder
- ⊗ Gradual onset injuries that start with an ache and progressively worsen

## WHEN TO SEEK HELP FOR ACHING SHOULDERS:

- ⊗ When you see limitation of activity
- ⊗ Pain with daily functional activities
- ⊗ Pain at night when you are stationary, or that interrupts sleep

**For more information, call the NCH Outpatient Rehabilitation Center at (239) 624-1600**