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**Shoulder pain** – pain felt in and around the shoulder complex.

**Synonyms**: Shoulder strain, shoulder sprain.

**Symptoms:** Shoulder pain can be acute or chronic. It can be sharp, achy, stabbing, burning, or any combination thereof. Shoulder pain can be associated with neck and/or upper trunk pain and dysfunction.

## How is it diagnosed?

Shoulder pain is not a diagnosis per se. The shoulder is a ball and socket joint which allows for a large range of motion. The trade-off is that many things can go wrong with it.

Differential diagnoses include the following: rotator cuff strain, shoulder impingement, subscapularis tendonitis, bicipital tendonitis, AC sprain, glenohumeral instability, glenohumeral osteoarthritis, bursitis, frozen shoulder, and labral lesions.

History and physical exam can lead towards a specific diagnosis, but advanced imaging techniques such as MRI, Ultrasound, and MR arthrography are confirmatory.

## How is it treated?

Obviously, a tissue specific diagnosis can lead to more effective treatment. However, a tissue specific diagnosis is not always necessary. Tendonitits, bursitis, and mild sprains/strains all follow a similar treatment plan which typically includes: appropriate rest, ice, spinal and shoulder mobilization/manipulation, stretching and strengthening exercises.

Physical medicine modalities may be employed to control pain and inflammation. Examples include electrical stimulation, therapeutic ultrasound, low level laser therapy, and massage.

## Alternative treatments.

Medications such as NSAID's, muscle relaxants, opioids, and joint injections. Surgery may be indicated if the nature of your injury is severe.

**Prognosis** depends on the extent and chronicity of injury. Advanced degenerative changes and/or instability will prolong recovery.

**Duration of care:** 3 times per week for a total of 4 weeks for a total of 12 visits is initially recommended.

If no clinically significant changes occur within the first 6-8 weeks, a referral for advanced imaging or a second opinion is appropriate.