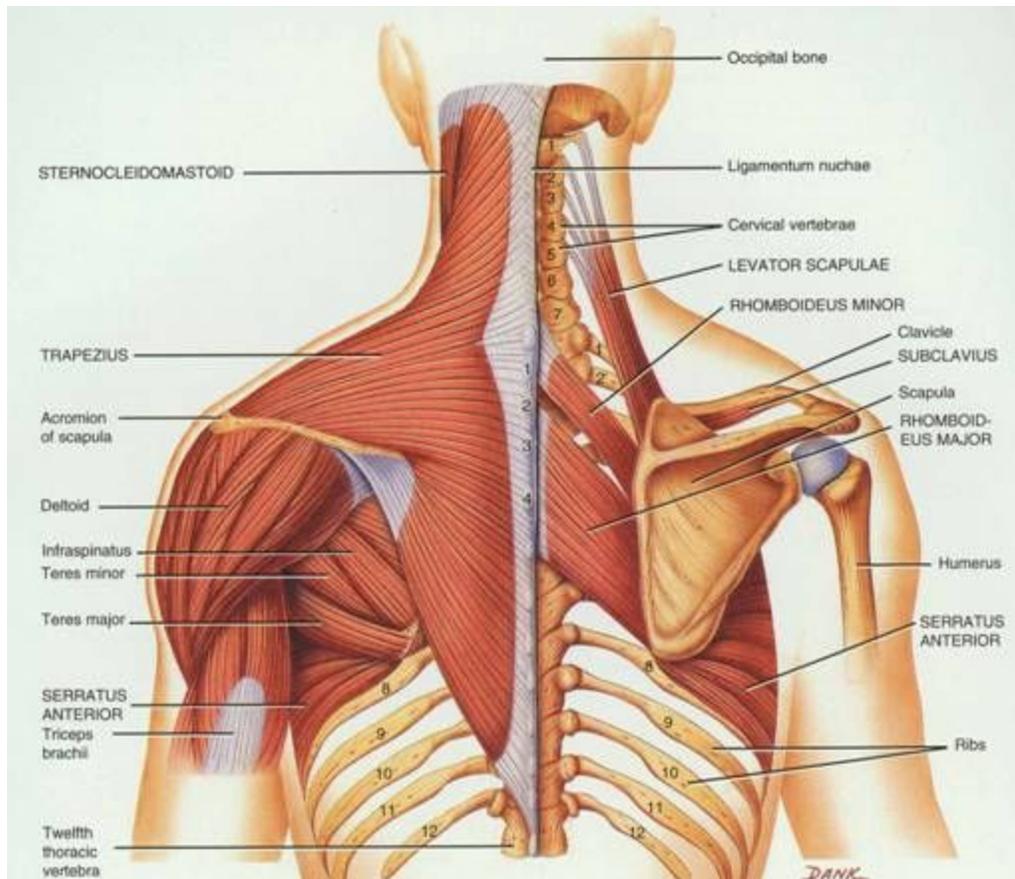


# Is your pain in your shoulder from your shoulder, neck or somewhere else?

William Brightman DC, MS, MEd

When I hear a patient say that their shoulder is in pain the first thing I ask them to do is point to where the pain is coming from. The patient may point to an area in the vicinity of the shoulder like the base of the neck (cervico-thoracic region), the collar bone and upper chest (clavicular-pectoral region), or the shoulder joint (glenohumeral) itself. They may also point to their shoulder blade close to the mid back (scapulo-thoracic region) to identify their source of pain.

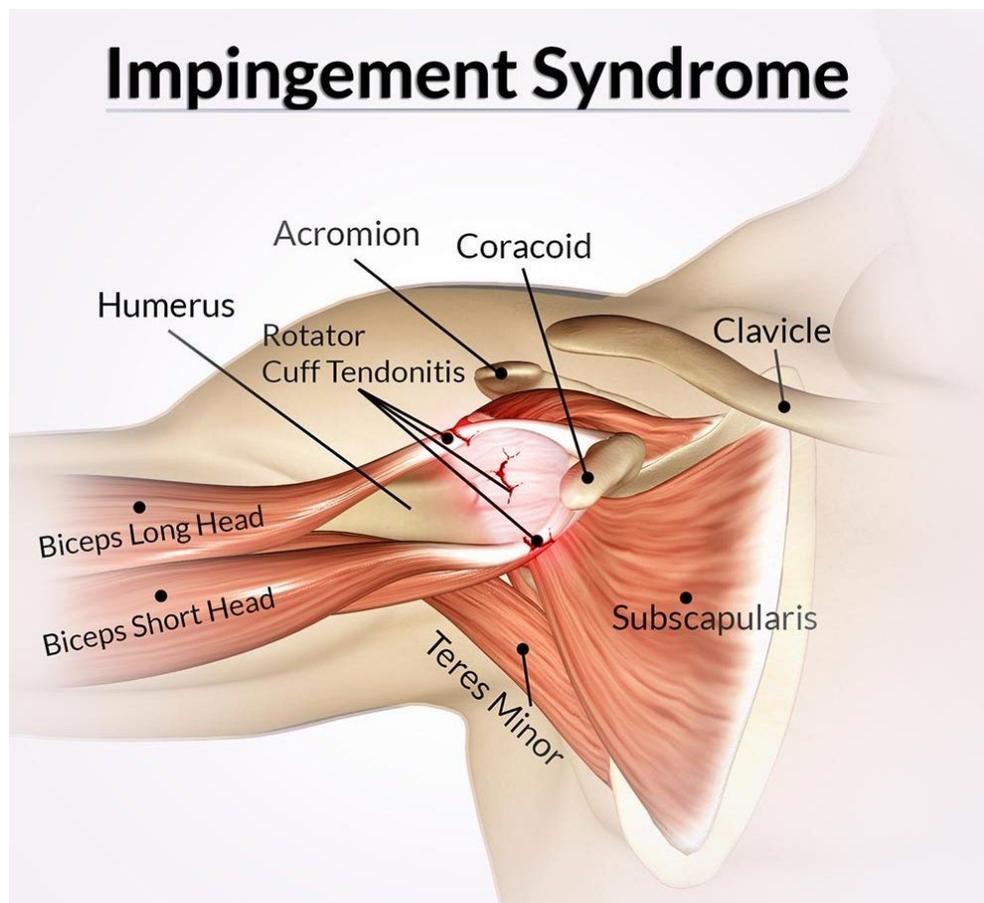
Fortunately, most musculoskeletal pain can be identified with a complete physical exam. The following is a short incomplete list of problems that might be discovered in the exam. Rotator cuff dysfunction including strain, tendonitis (inflammation), tendinosis (adhesions), impingement (pain when lifting arm away from or behind body), bursitis (inflamed bursa sacs that are irritated from friction), and adhesive capsulitis (frozen shoulder). Other musculoskeletal problems of the shoulder might require more advanced diagnostic testing such as x-rays, MRI's and CT scans and may capture tears, arthritis (several kinds), avascular necrosis, fractures, infections, and tumors.



There are non musculoskeletal problems that may contribute to shoulder pain as well and should be ruled out prior to treatment. Conditions such as gallbladder disease which classically refers to the right scapulothoracic region and of course heart attacks have been known to refer pain to the left shoulder as well as the mid back and abdominal regions. Lung conditions such as a blood clot (pulmonary embolism), infection, and tumors may also refer to the shoulder region. Other internal organs may refer pain to the shoulder including pancreatitis, an ovarian cyst, and an ectopic pregnancy to name a few.

Fortunately, most shoulder problems are mechanical in nature and are the result of either muscle tightness, joint restrictions in the neck (cervical) and upper back (thoracic) region as well as myofascial trigger points (knots) and adhesions from repetitive stress. Repeated stress on the shoulder from poor posture and ergonomics will contribute to shoulder pain over time. This is why many patients will say that it just came on “out of nowhere”

usually upon awakening from a night's sleep. It is not the fact that they “slept wrong” but rather the poor mechanics they use while they sit, stand, and sleep over a period of time. This will ultimately cause an imbalance in the shoulder region including the neck, upper back and shoulder. It is often accompanied by a shoulder impingement or subacromial impingement. SAI is a reduction in the gap between the ball and socket where one of the rotator cuff muscles slides through. The rotator cuff muscle becomes impinged when especially when raising the arm horizontally or attempting to put a coat sleeve on.



The good news is that after a detailed exam that includes range of motion of the neck, upper back, and shoulder followed by testing of all the muscles that cross the shoulder and palpating (clinically feeling) each structure a working diagnosis can be made and a treatment plan can be mapped out. If the “shoulder” problem is mechanical, and most of them are, a treatment

plan that includes joint and muscle manipulation followed by therapeutic exercise at home, and health counseling can be made.

The treatment plan will be a relationship between the practitioner and the patient and will consist of therapies in office and exercise prescription at home. Progress is the key! Great results can be expected within 4-6 weeks. Usually, treatments are 1-2 times a week and home therapies prescribed daily.

Dr. William Brightman DC, MS, MEd  
Chiropractor, Exercise Physiologist, & Health Science Educator  
Private Practice in Mahopac NY  
Sports Medicine & Anatomy/Physiology Instructor Yorktown Tech Center