

Diagnosing SHOULDER PAIN INTRODUCTION

Many patients come into our office complaining of Rotator Cuff Tears, when in fact very few actually have a tear. There are several etiologies to shoulder pain; Adhesive Capsulitis (frozen shoulder), Subacromial Bursitis, Supraspinatus Tendonitis, Glenohumeral Instability, Chondrocalcinosis, Osteoarthritis, Gout, Lyme Arthritis, Bicipital Tendonitis, Ganglion Cyst are but a few possible causes of shoulder pain. It is best to think of cause of injury/pain and age in making generalizations for diagnosing shoulder pain.

Cause of Injury/Pain:

Overuse

Subacromial bursitis
Supraspinatus tendonitis
Bicipital tendonitis
Impingement syndrome

Forceful Trauma

Glenohumeral instability
Adhesive capsulitis
Fracture
Rotator cuff tear

Insidious Onset

Lyme Arthritis
Adhesive capsulitis
Ganglion cyst
Tumor

Chronic

Gout
Chondrocalcinosis
Osteoarthritis
Rotator cuff tear

Age:

YOUNGER

↓

↓

OLDER

Glenohumeral instability
Subacromial bursitis
Supraspinatus tendonitis
Bicipital tendonitis
Impingement syndrome
Ganglion cyst
Lyme Arthritis
Adhesive capsulitis
Chondrocalcinosis
Gout
Rotator cuff tear
Osteoarthritis



The art of diagnosing shoulder problems is to relate the two above with a good history from the patient and a comprehensive shoulder exam. Believe it or not, there are over 50-shoulder exam test that can be done by the examining physician alone, without the use of x-rays, MRI's or arthrograms. These latter test may be used to confirm a clinical suspicion or in difficult cases, to aid in the diagnosis, but a patients history of injury/pain and a good shoulder directed physical examination will usually suffice in making a diagnosis and treatment plan. Many of these problems are approached in a non-operative manner with medications, rest, ice, and physical therapy supplemented with cortisone injections on occasion. If an operation is needed, most of these conditions can be treated by arthroscopic (scope) techniques, with limited incisions and usually done as a same day surgery.

The following sections will cover the diagnoses listed above in greater detail. Click on the section you wish to learn more about. As always, this is not meant to replace your Orthopedic Surgeon. Initiating early treatment for shoulder problems is often the best curative course. If you recognize these symptoms below, you should make a prompt appointment to have it evaluated further by your primary care physician or an orthopedic surgeon.

Glenohumeral instability

Subacromial bursitis

Supraspinatus tendonitis

Bicipital tendonitis

Impingement syndrome

Ganglion cyst

Lyme Arthritis

Adhesive capsulitis

Chondrocalcinosis

Gout

Rotator cuff tear

Osteoarthritis