

Fixing Shoulder Pain

If you have shoulder pain, chances are it's been on and off for quite some time. For most people, it usually gets better if you lay off of activity and worse again once you become busier again. Perhaps you've been to a few doctors or therapists yet haven't found any lasting relief. You may have even had surgery, only to find the pain returned again after rehab.

Why is your pain so difficult to get rid of? Usually it's because only half of the shoulder joint has been treated. On top of that, the primary driver for your pain probably hasn't even been identified. Let's take a look at the shoulder and see what I mean by this.

The shoulder is unique in the body in that it is a floating system on our trunk. Muscles hold everything in place instead of bones. If you look at Figure 1, you'll see a triangular bone on the back of the skeleton. That is the scapula (shoulder blade). It is supposed to rest and move in a fairly precise way. It is where the shoulder socket is found.

Attached to that is the upper arm bone (humerus). It is the other half of the shoulder joint. There are muscles that attach from the trunk to the scapula (scapulothoracic muscles), from the trunk to the humerus (thoracohumeral muscles), and from the scapula to the humerus (scapulohumeral muscles).

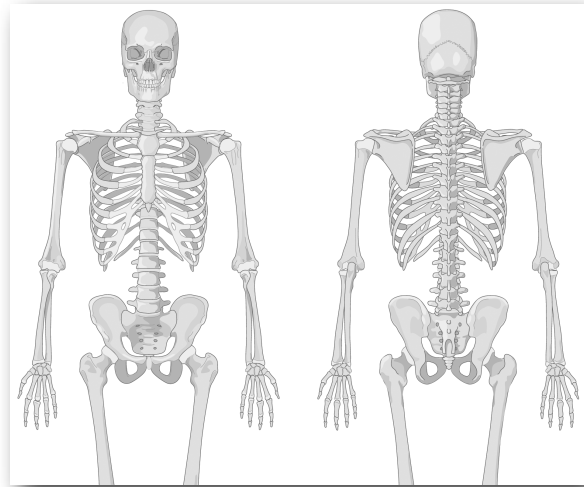


Figure 1

All of these work together to create pain free shoulder joint movement.

But most practitioners, when they work on the shoulder joint, are only considering the muscles that run from the trunk to the humerus or the those that connect the scapula to the humerus. In effect, they are forgetting that the scapula has to rest and move correctly too. If this isn't happening, the shoulder joint will have some problems.

What I usually see is a combination of all three issues. Typically the shoulder blade isn't working well, which feeds poor arm bone mechanics. And then the muscles running from the the scapula to the humerus respond to this creating more problems.

Additionally the muscles connecting the trunk to the arm bone become too tight or at least they dominate most arm movements causing all sorts of problems at the shoulder joint (Figure 2, next page).

Layered on top of all of this is whether you are generally a tight person or a loose person. These present twists for shoulder rehabilitation because it potentially changes the stress the shoulder joint tissues are dealing with. For instance a tight person may have compression acting on these tissues where the loose person has excessive mobility in the shoulder joint. Two completely different stresses to consider.

The last, and perhaps biggest, determinant of your shoulder pain is *how* you use your arm and shoulder. If you've read any of my other

free articles or pages of my website, you've learned that if you haven't fixed your movement patterns that caused the injured tissues to break down, then you haven't fixed the problem.

Your tissue (whether it is a muscle strain or tear, tendinitis, bursitis, arthritis, or ligament strain or tear) is becoming injured because of excessive force being applied to it over prolonged periods of time, because these harmful movement habits haven't been identified. In other words, you are experiencing overuse problems.

Overuse can happen even if you don't do the activity for months or years. Because it's the *subtle* uses of your arms that are keeping the tissues stressed and just under your pain radar.

I explain all this in my book, *Fixing You: Shoulder & Elbow Pain* (www.FixingYou.net).

If you'd like to see me in person, or contact me about your problem, feel free to get in touch at (303) 477-4212 or email me at Rick@RickOlderman.com.

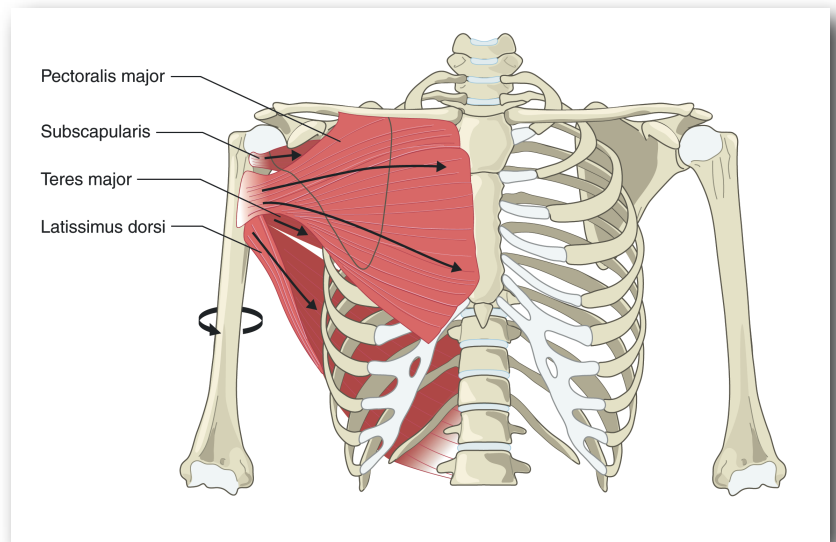


Figure 2.