Chronic Pain in Women: The Shoulder Perspective

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Medical Center

Objectives

- Recognize the most common causes of chronic shoulder pain in elderly women
- Review the conservative treatment options
- Discuss when surgery may be necessary

Medical Center

Case #1

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Case #1: History

- AR is a 75 yo RHD female with a 5 yr h/o worsening R anterior shoulder pain
- No history of trauma
- Pain is worse with use, but present at rest
- She reports catching/grinding with use
- Heating pad helps
- No other treatment

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Case #1: Physical Exam

- No atrophy
- Mild posterior tenderness
- Motion:
  - R: ER= 20°; FE = 100 °; IR = buttock
  - L: ER = 70 °; FE = 160 °; IR = T7
  - Active = Passive
  - Pain with ROM
- No Strength deficits

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Case #1: Audience: Diagnosis?

- A) Rotator cuff tear
- B) Frozen Shoulder
- C) Glenohumeral Osteoarthritis
- D) Stress Fracture of Proximal Humerus

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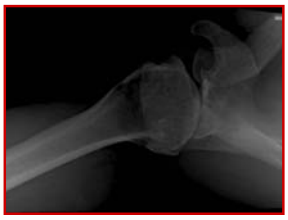
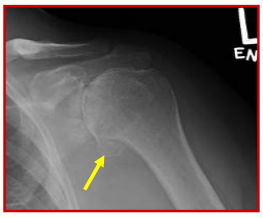
X-Rays Confirm the Diagnosis



Axillary View



True AP View

Osteoarthritis of the GH Joint

- Uncommon compared to other joints
- Highest typical age of onset
- More common in females
- Shoulder is a non-weight bearing joint!!

Biology of Arthritis

- Articular Cartilage:
  - Thinning/fibrillations/fissuring → full loss
- Osteophytes on HH/Glenoid
  - Occupy volume and restrict motion
- Asymmetric Capsular Contracture
  - Anterior capsule/subscapularis
- Osteochondral loose bodies
- Synovial inflammation

Primary Symptoms

- Progressive pain
  - Mechanical
  - Inflammatory
- Global loss of motion, but substantial:
  - ER tightness
  - Loss of FE
- Sense of weakness
  - True RTC pathology is rare
  - But, may see dysfunction
- Difficulty sleeping at night

Conservative Treatment

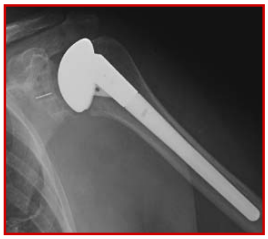
- Activity Modification
- Heat/ice
- Medications
  - NSAIDS/Cox2's
- Physical Therapy
- Injections: Glenohumeral joint
  - Cortisone
  - Viscosupplementation?

Surgical Options

- Arthroscopy/debridement
  - No real proven effect – only temporizing
  - True rotator cuff problems rare
- TSA
  - Results better with a glenoid replacement
  - Consistent/good results

Total Shoulder Replacement

TSA is the most predictable form of pain relief and function restoration in patients with GH DJD



Audience Question

- Are patients older than 75 too old for a TSA?
  - NO
  - YES

Case #2

Case # 2: History

- MB is a 53 you RHD female c/o atraumatic onset of L shoulder pain 3 months ago
- Constant pain at rest, sharp with use
- Can not sleep
- Feels limited in ADL's
- Nothing helps
- Medical Hx: signif for Diabetes

Case #2: PE

- No atrophy
- No one area truly tender
- Exam very difficult due to pain
- ROM
  - L: ER 40/FE 110/IR buttock
  - R: ER 70/FE 170/IR T7
  - Active=Passive
- Strength difficult to test due to pain

Case #2: Diagnosis?

- A) Rotator Cuff Tear
- B) Glenohumeral Osteoarthritis
- C) Frozen Shoulder
- D) Proximal Humerus fx
- E) Conversion Disorder

Adhesive Capsulitis (Frozen Shoulder)

- Loss of passive and active motion
- Soft-tissue contracture – blocks motion
- Thick, inflammed, contracted joint capsule
- Decreased intra-articular volume
- Limits motion

Etiology

- **Idiopathic** – unclear pathogenesis
- Immunologic
- Inflammatory
- Endocrine/biochemical abnl
- **DIABETES MELLITUS**
- CV disease
- Neurologic/cervical conditions

Stages of Frozen Shoulder

- Initial Inflammatory Stage
  - Could be 3-9 months!
- Frozen Stage
  - Not nearly as painful – see true stiffness
- Thawing Stage
  - No pain, motion resolving
  - Could take years to completely resolve

With This History, Do You Need an MRI?

- YES
- NO

Imaging

- Radiographs rarely clarify cause
- Confirm normal GH joint
- Arthrography
  - Confirms decreased joint space capacity
  - No longer really performed
- MRI
  - Not really necessary
  - Will show additional pathology

Treatment

- Intensive physical therapy
  - Including HEP – stretches 4xday
  - Most improve after 6-12 weeks
  - Continue at home with HEP only
  - Diabetics often more resistant to therapy
  - All patients need to put in a true intensive effort
- May be difficult in inflammatory stage
  - Intra-articular cortisone injection
  - Heat
  - NSAIDS/Narcotics*

Surgery?

- Rare
- More often in diabetics
- **NEVER** operate during inflammatory stage!
- **ONLY** if no pain, but still stiff
  - Manipulation
  - Arthroscopic capsular release

THANK YOU!!