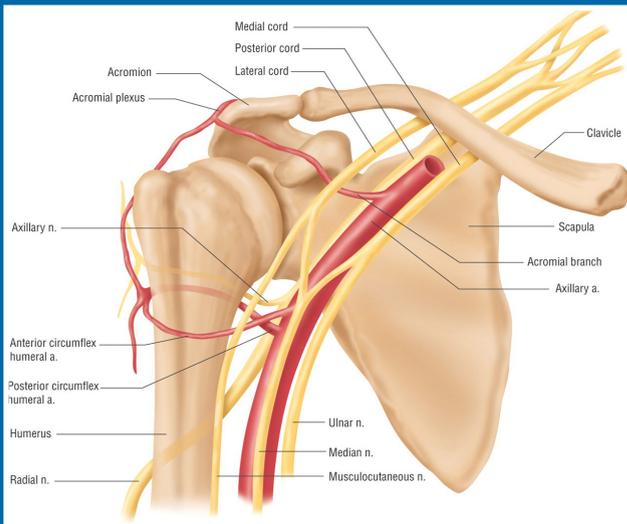


Shoulder Anatomy

- The shoulder is comprised of three bones: humerus, scapula, and clavicle.
- The main joint of the shoulder is the glenohumeral joint, but the acromioclavicular joint and sternoclavicular joint also contribute to total shoulder motion.
- The most commonly injured tendons in the shoulder are those of the rotator cuff as well as the biceps tendon. Additionally, there are ligaments and bursae (fluid-filled sacs) in the shoulder that are susceptible to injury.



**University of Delaware
Physical Therapy is Ranked
#1 in the Nation by US
News and World Report!**

**We staff Board Certified
Specialists in the areas
of Orthopedics, Sports,
Geriatric, and Neurologic
physical therapy.**



**Delaware
Physical Therapy Clinic**

540 S. College Ave., Suite 160
Newark, DE 19713
Phone: (302) 831-8893
Fax: (302) 831-4468
www.udptclinic.com



**Delaware
Physical Therapy Clinic**

Open to the public

Shoulder Pain



Common Causes of Shoulder Pain

Tendinitis

This condition is characterized by inflammation and irritation of the tendons in the shoulder and is commonly seen in the rotator cuff or biceps tendon. Tendinitis might be brought on by a significant increase in activities involving your shoulder or slowly over time in more chronic conditions. Tendinitis is painful but generally has a short duration; however, in some individuals may become a more chronic problem if left untreated. Provide the highest quality Physical Therapy for orthopedic and sports injuries, older adults and persons with neurologic conditions.

Impingement

Impingement occurs when the limited space in your shoulder causes tendons to get trapped and irritated (pinching). Impingement can occur for a variety of reasons and causes pain of the tendons of the shoulder joint. Similarly to tendinitis, impingement is common in the rotator cuff and biceps tendon. Physical therapy can help with this condition to decrease pain and improve muscular strength and control.

Rotator Cuff Tear

Rotator cuff tears are partial or complete tears of the muscles surrounding the shoulder. Tears can develop gradually from overuse or repetitive overhead activity or may develop suddenly, most commonly from trauma to the shoulder as may happen with falls. Conservative management with physical therapy is often effective in small or partial-thickness tears, while surgery may be required in more complicated or full-thickness tears.

Bursitis

Within the shoulder, there are fluid-filled sacs called bursa that help to cushion areas between tendon and bone. Bursitis occurs when a bursa becomes inflamed and irritated. Bursitis generally responds well to physical therapy aimed at decreasing pain.

Labral Tear

The shoulder joint consists of tissue in the joint socket called the labrum, which increases the joint surface area and stability. Similar to rotator cuff tears, labral tears can be gradual from repetitive or overuse injuries, or can be sudden, often from trauma to the shoulder. Labral tears are often classified by the position of the tear in relation to the shoulder joint and have different prognoses and treatment depending on the type of tear.

Adhesive Capsulitis

Adhesive capsulitis is commonly called a “frozen shoulder” and occurs when thickening or shrinking of the shoulder joint capsule restricts the amount of available motion of the shoulder. Frozen shoulders generally occur following another shoulder injury, such as tendinitis, rotator cuff tears, or bursitis, or immobilization of the shoulder. Early treatment for these disorders may prevent this condition from occurring. Frozen shoulder results in decreased range of motion at the shoulder and may continue to get worse if left untreated.

Dislocation

Shoulder dislocation refers to the movement of the head of the humerus out of the socket (“popping out”). Dislocation can result in injury to the stabilizing tendons and ligaments of the shoulder joint. Shoulder dislocation is generally classified based on the direction of dislocation, since different directions correlate to injuries of different tendons and/or ligaments. If you suspect that you have a dislocated shoulder, seek immediate medical attention to do not attempt to relocate the shoulder yourself. If your shoulder pops out but goes back in on its own, seek an evaluation to prevent future episodes.