



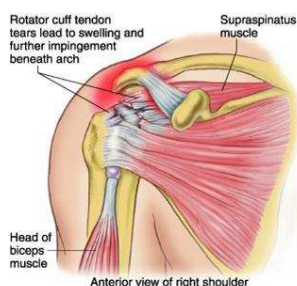
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Common Shoulder Injuries

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1. Rotator Cuff Strain/Tendinopathy

The rotator cuff consists of four muscles that connect the top of the arm bone. They provide the shoulder with movement.

The rotator cuff tendons are most commonly injured due to tendon damage can occur due to a large load being placed in an awkward position. Pain is typically felt over the front or side of the shoulder.

sometimes down into the upper arm, and is exacerbated with arm elevation. There may be a feeling of stiffness or tightness.

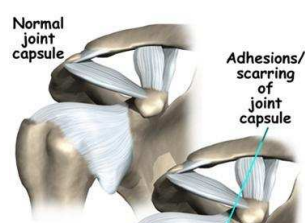
Rest is critical to resolving rotator cuff injuries. Unfortunately tendon injuries tend to have a poor blood supply. Depending on severity overhead activities may need to be avoided for several weeks and return to full function can take up to 3 months.

For more information check out our blog on Rotator Cuff and video on specific injuries on the following link: [Physiotherapy for You: Rotator Cuff Strain](#)

2. The Acromioclavicular Joint

The Acromioclavicular (AC) joint is formed by the union of the shoulder blade (scapula) to the collar bone (clavicle). These two bones are held together by ligaments, which when strained or torn, more commonly when the athlete falls on to the point of the shoulder, the outer end of the collarbone may slip out of place.

Pain should be controlled early in rehabilitation with rest & avoidance of aggravating movements. In more severe cases immobilization using a sling may be needed. In some cases, a cortisone injection into the AC joint may relieve pain. Gentle joint mobilisations and progressive stretch and strength exercises to improve movement, stability and control around the shoulder joint should be guided by your physiotherapist.



3. Adhesive Capsulitis/Frozen Shoulder

Frozen shoulder does not necessarily result from an injury. The onset of their pain is often painless. In the first phase of frozen shoulder, pain may start suddenly or gradually.

stiffness increasing. The middle phase of the condition occurs as the pain decrease and finally the stiffness resolves during the end phase. The good news is that most use of their shoulder with no or minimal discomfort. The bad news is that this process can take 1-2 years.

Physiotherapy plays a major role, coupled with a specific exercise program including shoulder joint which will encourage the return of motion. Swimming regularly, particularly helpful. Continuing to use the shoulder is important to try and maintain the movement with therapy a cortisone injection may help.

Check out our blog on Adhesive Capsulitis by clicking this link: [Physiotherapy Capsulitis](#) or specific exercise for AC by clicking on this link [PHYSIO4ALL: Fixing AC](#)

4. Biceps Tendonitis

Biceps tendonitis is an inflammatory process of the long head of the biceps tendon. This muscle is located in the front of the upper arm and attaches to the top of the shoulder socket (glenoid). It is used when lifting, bending the elbow, rotating the forearm and reaching up.

Bicipital tendonitis frequently occurs from repeatedly lifting, pulling, reaching, or throwing, although occasionally direct trauma to the tendon may lead to biceps tendonitis. Patients with biceps tendonitis typically have pain in the front of the shoulder that worsens at night, and may complain of weakness. Pain may increase with repetitive overhead reaching. Symptoms usually develop slowly over time, although sometimes sudden.

Treatment of biceps tendonitis focuses on reducing inflammation and swelling, strengthening the tendon and preventing further tendon rupture. Surgery is not usually necessary.



5. Shoulder Dislocation

The Shoulder is an incredible joint because it allows us to have an amazing range of motion. Unfortunately, by allowing this range of motion, it is the most commonly dislocated joint in the body, as it has poor stability.

A shoulder dislocation generally occurs after an injury such as a fall or a related injury. Sometimes the shoulder can dislocate and return to its normal position without damage. On other occasions there is marked damage to the joint such as the joint capsule, cartilage, ligaments and the rotator cuff.

When the shoulder dislocation is diagnosed, the shoulder must be "reduced," or put back into its normal position. Physiotherapy is an important component to return the shoulder joint to normal function. Exercises to strengthen the muscles that surround the shoulder and to maintain range of motion are important for the shoulder joint. Surgical treatment of a shoulder dislocation is often recommended for recurrent shoulder dislocations. Total recovery from a shoulder dislocation usually takes several months.

6. Shoulder Pain Referred from Neck

Compression or irritation of the nerve at the point of exit from the spine by a joint or disc can result in pain felt in the shoulder and even down the arm, this is known as 'cervical radiculopathy', 'pinched nerve' or 'acute nerve root pain'. This condition is characterised by moderate to severe pain anywhere down the arm often accompanied by altered sensations such as pins and needles or numbness or a fee weakness.

Physiotherapy will help improve the quality and range of movement through mobilis specific exercises and positioning and advice as to appropriate activities. Finally, ar designed to improve the function of the deep neck muscles and core muscles in orc help prevent the frequency and severity of recurrence.

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