

Shoulder Pain with Uncertain Cause

Shoulder pain can have many causes. Pain often comes from the structures that surround the shoulder joint. These are the joint capsule, ligaments, tendons, muscles, and bursa. Pain can also come from cartilage in the joint. Cartilage can become worn out or injured. It's important to know what's causing your pain so the health care provider can use the correct treatment. But sometimes it's difficult to find the exact cause of shoulder pain. You may need to see a specialist (orthopedist). You may also need special tests such as a CT scan or MRI. The provider may need to use special tools to look inside the joint (arthroscopy).

Shoulder pain can be treated with a sling or a device that keeps your shoulder from moving. You can take an anti-inflammatory medicine such as ibuprofen to ease pain. You may need to do special shoulder exercises. Follow-up with a specialist if the pain is severe or doesn't go away after a few weeks.

Home care

Follow these tips when caring for yourself at home:

- If a sling was given to you, leave it in place for the time advised by your health care provider. If you aren't sure how long to wear it, ask for advice. If the sling becomes loose, adjust it so that your forearm is level with the ground. Your shoulder should feel well supported.
- Put an ice pack on the injured area for 20 minutes every 1 to 2 hours the first day. You can make your own ice pack by putting ice cubes in a plastic bag. Wrap the bag in a thin towel. Continue with ice packs 3 to 4 times a day for the next 2 days. Then use the pack as needed to ease pain and swelling.
- You may use acetaminophen or ibuprofen to control pain, unless another pain medicine was prescribed. If you have chronic liver or kidney disease, talk with your health care provider before using these medicines. Also talk with your provider if you've had a stomach ulcer or GI bleeding.
- Shoulder pain may seem worse at night, when there is less to distract you from the pain. If you sleep on your side, try to keep weight off your painful shoulder. Propping pillows behind you may stop you from rolling over onto that shoulder during sleep.
- Shoulder joints can become stiff if left in a sling for too long. You should start range of motion exercises about 10 days after the injury. Talk with your provider to find out what type of exercises to do and how soon to start.
- You can take the sling off to shower or bathe.

Follow-up care

Follow up with your health care provider if you don't start to get better in the next 5 days.

When to seek medical advice

Call your health care provider right away if any of these occur:

- Pain or swelling gets worse or continues for more than a few days
- Your hand or fingers become cold, blue, numb, or tingly
- Large amount of bruising on your shoulder or upper arm
- Difficulty moving your hand or fingers
- Weakness in your hand or fingers
- Your shoulder becomes stiff

- It feels like your shoulder is popping out
- You are less able to do your daily activities

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Dislocations (Shoulder, Knee Cap, Elbow, Finger)

A joint is the place where your bones come together. Normally, bones glide smoothly within your joints, allowing a wide range of motion. But a bone can be pushed or pulled out of position. This is known as a dislocation. Dislocation prevents normal joint movement and can be very painful. Prompt treatment is crucial.



An X-ray of a dislocated shoulder joint.

Causes of dislocations

Dislocations can happen to almost any joint. But they're most common in the shoulder, knee cap, elbow, and finger. Dislocated elbows happen most often in children. Many dislocations result from injury, such as a blow or fall. But some can happen during normal activities. A shoulder can dislocate during the act of throwing a ball.

When to go to the emergency room (ER)

A dislocation needs emergency care. Injuries that aren't treated promptly take longer to heal and may result in lasting damage to the joint. Seek medical help right away if you:

- Have severe pain in a joint
- Can't move the joint normally
- Can see the misplaced bone
- Have numbness or tingling
- Have a break in the skin over the painful joint

What to expect in the ER

- You will be given pain medicine to make you more comfortable.
- The joint will be examined and an X-ray may be taken to check for fractures or other injuries.
- To restore normal alignment, the joint is gently and slowly maneuvered back into proper position. You will receive pain medicine before this procedure.
- A dislocated finger or elbow may be splinted to keep it from moving while it heals. An injured shoulder may be placed in a sling.
- A second X-ray may be done before you leave the hospital.

- In most cases, you will be referred to a bone specialist (orthopedist) or a primary care sports medicine healthcare provider for follow up evaluation and treatment.

Reduce swelling and pain due to a dislocation

Tips to reduce swelling and pain:

- Apply ice to the joint (keep a thin cloth between the ice and your skin).
- Raise the injured area above heart level if you can.

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Understanding Shoulder Instability

The shoulder is the most flexible joint in the body. It allows you to throw a ball, scratch your back, and reach in almost any direction. But if your shoulder joint is injured, it may become unstable. This is called **shoulder instability**.

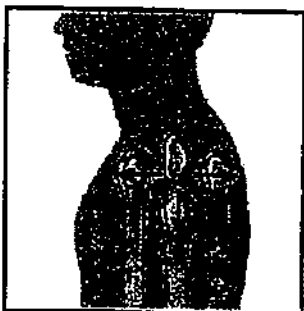


A healthy, stable shoulder

The head of the arm bone (**humerus**) rests in a socket (**glenoid**), much like a golf ball fits on a tee. Parts of the joint called **stabilizers** hold the humeral head and glenoid together. These include a sheet of ligaments and other tough fibers called the **capsule**. This encloses the humeral head and glenoid.

A loose, unstable shoulder

The leading cause of instability is an **injury** that forces the humeral head out of its socket. If the humerus pushes completely out of the socket, it's called **dislocation**. If it only pushes partially out, it's called a **subluxation**. In both cases, the injury stretches or tears fibers in the capsule. It can also damage other parts of the joint. This makes the humeral head more likely to slip out of the glenoid again.



Your shoulder joint can become unstable in one or more directions.

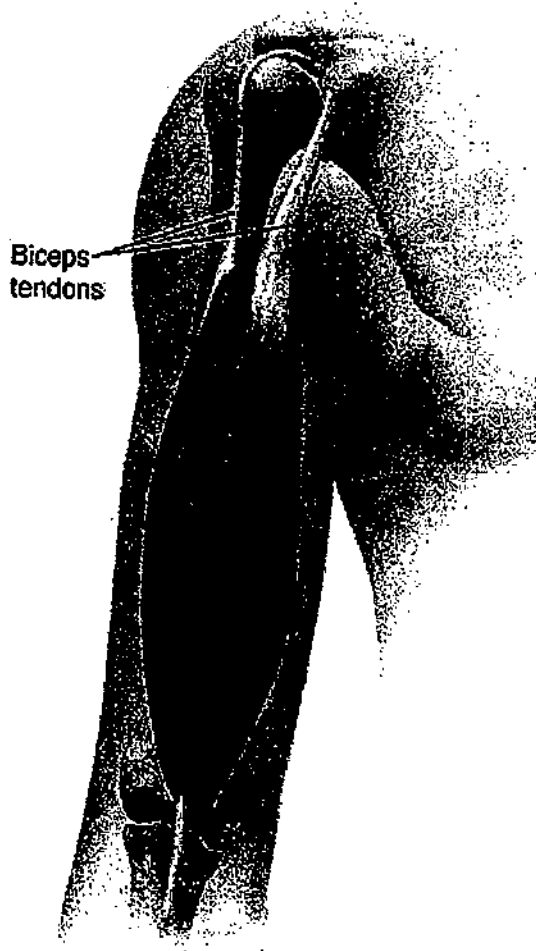
Making your shoulder stable again

Your healthcare provider will evaluate your shoulder. This will likely include imaging tests, such as X-rays and often an MRI. You'll then discuss treatment options. These can include physical therapy, surgery, or both. After the shoulder is stabilized, proper exercise can help keep it that way.

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Understanding Biceps Tendonitis



A tendon is a strong band of tissue that connects muscle to bone. The biceps muscle is in the front of the upper arm. It helps with movements such as bending the elbow or raising the arm. The upper end of the biceps muscle is called the proximal end. It has two tendons called the long head and the short head. These tendons attach the muscle to the bones in the shoulder. Biceps tendonitis occurs when either of these tendons is irritated or red and swollen (inflamed). Most cases involve the long head.

Causes of biceps tendonitis

Causes can include:

- Wear and tear of the tendon from aging or normal use over time
- Overuse of the tendon from sports or work activities, especially those that involve repeated overhead movements
- Injury to the tendon from a fall or other accident
- Other problems in the shoulder, such as shoulder impingement or a rotator cuff tear

Symptoms of biceps tendonitis

Common symptoms include:

- Pain in the front of the shoulder that may also travel down the arm. The pain may be worse with activity and at night.
- Swelling in the shoulder
- Clicking or catching sensation when using the arm and shoulder
- Trouble moving the arm and shoulder

Treating biceps tendonitis

Treatment for biceps tendonitis may include:

- **Resting the arm and shoulder.** This involves limiting certain movements, such as reaching above the head or raising the arm. These can slow healing and make symptoms worse. You may also need to limit certain sports and types of work for a time.
- **Cold therapy.** This involves using items such as ice packs to help relieve symptoms. Cold can help reduce pain and swelling.
- **Medicines.** These help relieve pain and swelling. NSAIDs (nonsteroidal anti-inflammatory drugs) are the most common medicines used. Medicines may be prescribed or bought over-the-counter. They may be given as pills. Or they may be applied to the skin in the form of a gel, cream, or patch.
- **Injections of medicine into the injured area.** These help relieve pain and swelling for a time.
- **Physical therapy and exercises.** These help improve strength and range of motion in the arm and shoulder.

Possible complications

- If the tendon isn't given time to heal, symptoms may worsen. Also, the tendon may tear (rupture).
- If the tendon ruptures or doesn't get better with treatment, your healthcare provider may recommend surgery. This most often involves repairing and reattaching the tendon.

When to call your healthcare provider

Call your healthcare provider right away if you have any of these:

- Fever of 100.4°F (38°C) or higher, or as directed
- Symptoms that don't get better with treatment, or get worse
- Weakness or instability in the arm or shoulder
- Sudden sharp pain, bruising, swelling, popping or snapping sensation, or bulge in the upper arm or shoulder
- New symptoms

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