

# Shoulder pains : some solutions exist

First cause of medical consultation with a specialist, shoulder pains can really make your life unpleasant, daytime and at night. Dr Dominique Gazielly M.D., orthopedic surgeon in charge of the Shoulder Center in the Clinic Genolier (Swiss Medical Network), tells us more about this complex joint.

Interview by Sabrina Faetanini

## **Why are you interested in the shoulder pains?**

Because there are very wide spread, especially over 40-50 years old, and are of a rare intensity. They can transform the everyday life into hell: you cannot drive any more, get dressed, eat, pour a drink, garden... Even if the patient reduces her/his activities or "cheats" by not using the painful shoulder, the pains come back at night. Being deprived of sleeping, the patient usually arrives exhausted at the first consultation.

## **Where do they come from?**

These crippling pains often result from the ankylosis of the shoulder which settles down in a insidious way after a fall or a hyper-use. The ankylosis is linked to the progressive loss of the articular amplitudes. However, before understanding how it appears, it is necessary to study the structure of the shoulder which has three osseous parts: the humerus, the collarbone and the shoulder blade. On the superior extremity of the humerus, come to hang on four tendons, which we call " the rotators cuff ". They are the real engine of the shoulder. Near the shoulder blade, there is the acromion, an osseous part which plays a key role in the shoulder pains, because it is located over the tendons of the rotators cuff, with which there is a potential conflict that can lead to ankylosis.

## **So, what are the causes of these pains?**

In 80 % of cases, the tendons of the rotators cuff get thinner with the age and can break, following a fall or a hyper-use. We speak about hyper-use when the patient made intense efforts using arms at heights, over the horizontal level, like when moving, home-improving or gardening. Furthermore, the acromion can present a congenital defect: it can be bent back or hooked. This anomaly, creating an osseous beak on the bone, increases the frictions with the rotators cuff, and over uses the tendon which eventually breaks. In the 20 % of remaining cases, the pains are related to the age or to the natural wear of the tendons. Finally, we also noticed that diabetics, smokers and people suffering from heart diseases are more exposed to this cuff pathology than others.

## **What are the treatments? Have they evolved?**

Treatments have evolved strongly, thanks to the advances of these last thirty years in the knowledge of the shoulder anatomy. We now know more precisely its structure, in the half-centimeter near, and we know that a lesion of some millimeters can cause extreme pains. The standard radiographies are of very good quality today and it is not necessary to use a MRI straightaway. The physiotherapists practices have also largely evolved and sometimes, we can cure a "frozen" shoulder with twenty sessions with a good physiotherapist and the patient's motivation and auto-reeducation. Finally, we don't operate systematically a tendon break, and when the operation is inescapable, it is in 80 % of cases by arthroscopy and thus not invasive. This practice eliminates the infection risks and reduces considerably the post-operative pains. There is a clear rule which applies today to the orthopedic surgeons: " you need five years to know how to operate on a shoulder, ten years to know well how to operate and twenty to know when you should not operate ".

## **Has the patient management also evolved?**

Of course, because the surgeon does not act alone any more, he/she is surrounded with a radiologist and a physiotherapist, both essential in the cure process. Every patient is a unique case, with a

pathology which needs a precise diagnosis, allowed by a clinical examination and a radiology. The reeducation with a physiotherapist participates for 50 % of the functional result and this is why we created the Shoulder Center in the Clinic Genolier ( Swiss Medical Network); so that all the skills are gathered and the medical staff can work in harmony, within dialogue and exchange.

**After an operation, has the convalescence time decreased?**

Not at all! The 6 weeks of healing are incompressible, it is always been like that, and it won't change. After these six weeks during which the operated shoulder is immediately and passively mobilised, the reeducation must last at least 12 weeks. All this time is necessary and inevitable. I insist because many patients think they can get back to their usual activities quickly, but it's impossible. A repaired tendon needs 6 weeks to strongly anchor. Which doesn't prevent the patient to mobilise passively the shoulder, even on the day of the operation.

Auto-reeducation four times a day is essential: the less the shoulder is immobilized, the less the patient will have post-operative pains! All these steps are regularly checked. If the protocol is followed, the patient can get a functional shoulder back after three months and after six months for a sportive patient.

**Which type of prevention do you recommend?**

After 60 years, it is necessary to avoid the hyper-use of the shoulder when home-improving or intense gardening, having the arms at heights...and most of all it is important to soften the shoulders everyday. The key is to keep them in movement, and to do sport regularly or yoga. The movement remains the best prevention, and not only for the shoulders.

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