



Surgical & Non-Surgical Care. Sports Medicine. Physical Therapy.

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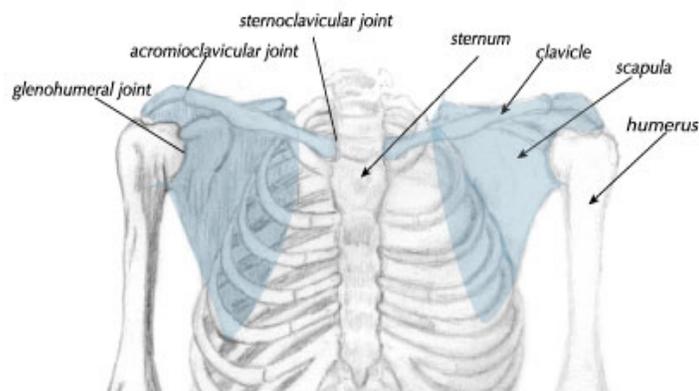
EXAMINATION OF THE SPINE AND EXTREMITIES: THE SHOULDER (Part 2)

Beginning in January of 2016, we began a series of newsletters examining the spine and the extremities one joint/region at a time. Beginning with the foot and working our way upward, the "Examination of the Spine and Extremities Series" is designed to provide a brief overview of the anatomy of each respective joint, an underlying review of its motion and dynamics, and likewise provide an explanation of some of the more common pathologies experienced in that particular joint.

Bones: Clavicle, Scapula, and Humerus

Ligaments: Sternoclavicular jt (3)
Acromioclavicular jt (3)
Glenohumeral jt (3)

Muscles: Pec Major, Pec Minor, Lat. Dorsi, Deltoid (3), Biceps, Rotator Cuff (4) Triceps



Management of Shoulder Dislocations:

Considered by many to be the most frequently dislocated joint in the body, especially in patients under the age of 20 years old, the shoulder dislocation is often underappreciated and ineffectively managed by those who do not seek appropriate medical care. Generally speaking, patients who self-treat often prescribe a period of limited activity and will work their way back into activity over time. Though good in a general sense, the absence of a specific cause for the dislocation as well as the absence of an understanding of the healing time required for the involved tissue, generally leads to a less than an ideal outcome in returning to activity and also leads to a greater risk for subsequent dislocations.

Although shoulder dislocations can occur for a variety of reasons, what is done immediately after the dislocation is vital to preventing subsequent dislocations. Ideally, treatment should start with a proper reduction, continue with immediate rest and immobilization, follow up with an orthopedist, and a focused rehabilitation. As one of the most mobile joints in the body, the shoulder needs all the stability that it can get. And, as a result of a dislocation episode, the opportunity for the shoulder and its connective tissue to rest, recover, and be properly rehabilitated is paramount in reducing the opportunities for limitation and also preventing a subsequent dislocation.

ON-SITE ORTHOPEDIC CLINICS EACH WEEK

- No Charge
- Open to patients of all ages
- Appointments (918) 346-7800

Collinsville Public Schools
Monday/Wednesday
2:00pm—3:30pm

Coweta Public Schools
Wednesday
2:45pm—3:30pm

Edison Preparatory School
Monday/Thursday
2:45pm—3:30pm

Glenpool Public Schools
Tuesday
2:45pm—3:30pm

Kellyville Public Schools
Wednesday
Noon—12:45pm

Regent Preparatory School
Wednesday
Noon—12:45pm

Rejoice Christian School
Monday/Wednesday
2:00pm—3:30pm

Victory Christian School
Tuesday
2:45pm—3:30pm

Wagoner Public Schools
Wednesday
2:45pm—3:30pm

*Hosted by CSO Athletic Trainers and Physician Assistants.

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- | | | | | |
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AC Joint Separation

The Acromioclavicular Joint, or AC joint as it is commonly known, is formed where the clavicle articulates with the acromion process of the scapula. This joint is held together with three separate and distinct ligaments and ligament complexes that are quite strong and well-able to secure the joint under most loads. However, athletics that can involve falling or collision don't really classify as "most loads." In fact, in collision-type sports such as football and rugby, the AC joint separation can be a very common injury.

Presentation:

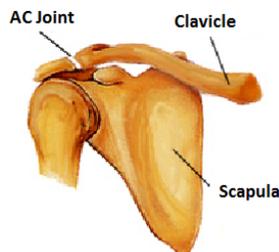
The patient who has sustained an AC joint separation will usually present with an unwillingness to move the arm, the strong possibility of a 'step off' deformity (red arrow), pain at the AC joint, and the inability to support the weight of the arm.

Treatment:

Ideally, treatment should immediately begin with immobilization of the joint through use of a shoulder sling. As the AC joint serves to connect the shoulder to the collarbone, the weight of the arm pulls directly on the shoulder blade and therefore on the AC joint. In other words, by supporting the shoulder with a sling, the AC joint is also supported as well.

Recovery:

Generally speaking, AC separations can require anywhere from 3-8 weeks for full recovery, provided that surgery to re-stabilize the joint is not required. In addition, supervised rehabilitation will be vital towards protecting the joint during recovery, regaining normal, pain free motion, and subsequently returning to activity.

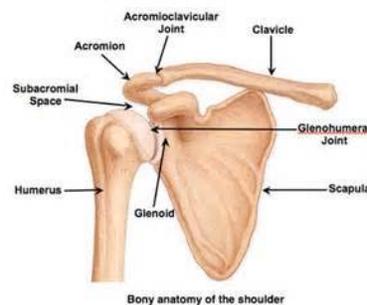


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Shoulder Impingement

When the shoulder is raised forward overhead, the spacing in the joint between the head of the humerus and the acromion process of the scapula decreases. For most, this is a pain-free maneuver. For some, previous injury, weakness in the rotator cuff musculature, and even bone spurs can make this simple maneuver exceptionally painful and quite limited.

The spacing in question is known as the subacromial space. Besides simply providing clearance so that the head of the humerus doesn't hit the underside of the acromion, the subacromial space also serves as a pathway for a rotator cuff tendon (i.e. supraspinatus) and it is also the residing location of a fluid-filled, friction resistant sac known as the subacromial bursa.



Presentation:

Patients suffering from shoulder impingement often complain of the inability to fully raise their arm, an ache or pain in the front/top of the shoulder during the early morning or late evening, and usually describe a significant loss of strength.

Treatment:

Acute (i.e. short-term) impingement is often treated effectively with rest, anti-inflammatory measures, and a focused rehabilitation. Chronic (i.e. long-term) impingement often requires a steroid injection to overcome the inflammation in the joint, a period of rest and immobilization of the joint, and a much longer commitment to focused rehabilitation. On rare occasions, surgery can be required as well. Either way, keep in mind that for most orthopedic conditions, promptly addressing any injury will almost always shorten the time needed to complete a full recovery.

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South Tulsa Clinic

9716 S. Riverside Dr., Ste. 110
Tulsa, Oklahoma 74137
918-528-3300

Owasso Clinic

13616 E. 103rd St. N., Ste. B
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918-272-4488

Downtown Clinic

802 S. Jackson, Ste. 405
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Hillcrest South Medical Plaza

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918-994-6277