

# Health matters



## Cheltenham Imaging Centre

Jon Wand, from The Cheltenham Shoulder and Elbow Clinic at Linton House, discusses the diagnosis and treatment of shoulder pain

**S**HOULDER pain is common from the age of 40 onwards. This may be referred from the neck and felt in the shoulder. Shoulder pain originating from the neck often responds well to anti-inflammatory drugs and manipulative treatments such as physiotherapy and osteopathy.

The most common causes in this age group arise from the rotator cuff tendon. The rotator cuff muscles are attached to the shoulder blade and form a tendon which surrounds the shoulder joint and attaches to the upper humerus, powering the shoulder and stopping it dislocating.

Often a small bony spur grows from the point of the shoulder (acromion) and catches the tendon. Typically this causes shoulder pain which radiates down the upper arm, sometimes as far as the elbow. Usually worse at night, the patients can't lie on the affected side. Raising the arm from the side results in a sharp pain and makes the shoulder "catch". Eventually this spur of bone can rub a hole through the tendon (a rotator cuff rupture).

In the early stages, treatment consists of physiotherapy and anti-inflammatories. If the problem persists, referral to a specialist is advised. The diagnosis can be confirmed with either an MRI or ultrasound scan. Initially, the treatment is likely to consist of a steroid injection (with local anaesthetic), if that fails, then keyhole surgery to remove the spur of bone can effect a permanent solution.

A tear of the rotator cuff is more common in people over 55, and those whose occupations require them to do heavy work above shoulder height. If torn, the arm is likely to be weak, stiff and painful. Tears are usually treated by reattaching the torn edge of the tendon to the upper humerus using either open or keyhole surgery, aiming to restore shoulder function to normal and relieve pain.

The "one-stop" Cheltenham Shoulder and Elbow Clinic offers a comprehensive consultation, examination with the consultant specialist surgeon and, if required, immediate access to the advanced scanners and X-ray all in one visit. After any investigations, the specialist will discuss your results, plan the most appropriate management or treatment and administer a steroid/anaesthetic injection if required.

For more information call 01242 535908, visit [www.cheltenhamimaging.co.uk](http://www.cheltenhamimaging.co.uk) or pop into Linton House Clinic.

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