



# PARTNER UPDATE

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## WORK PARTNERS OCCUPATIONAL HEALTH SPECIALISTS

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August 2018

### **Common Shoulder Injuries in the Workplace**

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Shoulder pain is one of the most common musculoskeletal problems encountered in the work environment. Whether lifting a heavy box, cleaning windows, pushing a lawn mower, or scratching your back, our shoulders are used continually throughout the day to carry out numerous low and high demand tasks. The shoulder is the most mobile joint in the human body, comprised of several joints and a complex system of muscles, tendons, cartilage, and ligaments which interact together to move the arm. However, this mobility comes at a cost, leading to instability and frequent injuries. Being aware of prevalent shoulder impairments allows employers to better protect their employees against preventable occupational injuries.

#### **Rotator Cuff Pathology**

Rotator cuff injuries can range from tendinitis to a full-thickness tear of one or more of the four rotator cuff muscles. Injury to these muscles can be caused from repetitive overuse, sudden strain from a heavy load, or a fall on the shoulder. Typical signs and symptoms of rotator cuff injury include pain with active use of the shoulder and varying levels of weakness dependent on the severity of the muscle tear. Treatment options span from conservative care to surgical intervention for larger tears (i.e. rotator cuff repair).

#### **Shoulder Impingement**

Shoulder impingement is when the top of the shoulder blade (acromion) and the head of the arm bone (humerus) place excess pressure on the soft tissues between these two structures during arm elevation. Impingement can lead to tendinitis of the rotator cuff tendons and bursitis (swelling of the fluid-filled sac protecting this area). It is often caused by repetitive overhead work or lifting, instability of the shoulder joint, or insufficiency of the rotator cuff muscles. Treatment, once again, ranges from conservative care to surgery (i.e. subacromial decompression).

#### **Shoulder Instability**

Instability of the glenohumeral joint - the primary shoulder joint - is the pathological excessive movement of the head of the arm bone on the shoulder blade and can lead to subluxation (partial dislocation) or dislocation of the shoulder. Recurrent instability can cause labral tears, rotator cuff overuse, and degenerative changes in the shoulder (i.e. osteoarthritis).

#### **Labral Tears**

The labrum is a piece of rubbery cartilage that surrounds the primary shoulder joint and makes the joint slightly more stable. Tears in this structure can be caused due to repetitive overuse, as well as due to subluxation or

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or dislocation of the shoulder, as mentioned earlier. Signs and symptoms vary, but can include catching, clicking, and locking of the shoulder joint. Treatment options range from conservative care to surgical labral repairs.

### **Adhesive Capsulitis**

Adhesive capsulitis, more commonly referred to as frozen shoulder, is the scarring between an inflamed joint capsule, rotator cuff muscles, shoulder bursa, and deltoid and can be initiated by dislocation, tendinitis, and rotator cuff tears, as well as by shoulder immobilization. True adhesive capsulitis can take up to two years to fully recover from and more commonly occurs in females ages 40-50, with a significantly increased risk for patients with diabetes. Signs and symptoms increase gradually, worsen over time and eventually resolve, and include pain with most shoulder motions and significant reduction in shoulder mobility.

### **AC Joint Separation**

The acromioclavicular joint (AC joint) is the joint between the collarbone and shoulder blade and can become separated during trauma at work with varying levels of severity. Most AC joint separations do not require surgery, but heal well with rest, protective sling support, and physical therapy rehabilitation to restore normal shoulder motion and strength.

### **Shoulder Injury Prevention for the Employer**

Despite shoulder injuries being a very common occupational injury, there are many steps that employers can take to mitigate this risk. Regular worksite evaluations should be completed, with workstation modifications and tool redesigns being implemented if troubles are discovered. Employers can also hold routine training programs for their employees, focusing on proper lifting mechanics, postural education, and overall fitness promotion. Designing appropriate shift rotations and break schedules can also prevent overuse injuries. Finally, having open dialogue with your employees can aid in troubleshooting any concerns they may have, leading to improved injury prevention. WorkPartners is capable of assisting the employer with implementing these strategies.

### **WorkPartners Occupational Health Specialists**

Located in North San Diego County, WorkPartners clinics are full service Occupational Health clinics dedicated to supporting the health and wellness of local employees. Learn more at [www.WorkPartnersOHS.com](http://www.WorkPartnersOHS.com).