

Shoulder Problem?

Is it really a shoulder problem?

Shoulder injuries can be complex enough but what if nothing is found at the shoulder? As a sports therapist I often come across patients that come with shoulder pain but after examining the shoulder there is nothing there. Don't worry this is very common, not finding anything in the shoulder I would go on to examine the joints above and below, mainly the neck and upper back muscles. This type of pain would be "referred" it is defined as "pain experienced at a site distant from the damaged tissue".

There can be a few causes; somatic pain characterized by a deep dull ache, it can feel poorly localised and can be generated from structures in the cervical spine which stimulate the nerve endings, C5-7 and T1 are the most commonly effected. Radicular pain is not necessary pain but an altered conduction along the nerve like numbness, pins and needles, decrease in joint sense etc. it can be very sharp and usually travels a very narrow pathway. Visceral diseases can also present as shoulder pain which is why we always ask about your health and medications before we start the examination, therapists come across this rarely as many will go straight to the doctor as there are usually other symptoms.

Muscular causes I have found to be the most common cause of referred shoulder pain. Areas of tissue dysfunction can lead to local and distant pain and are called trigger points.

Trigger points

A trigger point is defined as an exquisitely tender spot in an indiscreet taught band of hardened muscle which produces symptoms. 80% of these trigger points lay at the same sites as traditional Chinese acupuncture points.

Causative factors

- Constant muscular contraction
- Overuse
- Emotional stress
- Localised trauma
- Sub-optimal local environment such as heat, cold, damp
- Prolonged muscle inactivity
- Hormonal imbalances
- Nutritional imbalances
- Compensation within antagonist for agonist (muscle balance)
- Visceral disease

Trigger points can be "active" or "latent" If a trigger point is stimulated and produces a pattern of pain referral then it is active. Painful points, which do not refer pain distally are latent. The reason for active trigger points is thought to be the brain "mislocating" the pain messages it receives. There are many muscles around the upper back, neck which can refer pain to the shoulder you can find them by palpating the muscles. You may find the one spot which refers pain or find the tight band. I have listed below the most commonly found trigger points locations.

Most common trigger points

- Trapezius – strong referral to tip of shoulder behind
- Scaleni – strong referral to front deltoid, outside of arm to elbow

There are many techniques that can be utilised to treat trigger points by re-setting the tone of the muscle/s involved. These techniques will only be permanent if the cause of the muscular dysfunction is identified and corrected, for example correction of posture or removal of emotional stress. One common problem with trigger points is once one trigger point is re-set another usually occurs treating the whole muscle group may be required. Those involved in repetitive movements like cycling, running, typing, sewing may require regular massage to keep on top of the muscle tone, it can be difficult to completely get rid of the tight bands in this situation as the muscle actions are so repetitive, looking at technique of the sport/job is essential to possibly finding the cause, I.E weak muscles putting pressure on strong muscles to compensate. So if you find you have shoulder pain which keeps moving around and you cant pinpoint it may be coming from your neck or upper back.