

## Most shoulder injuries can be treated without surgery

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Though rotator cuff injuries to **baseball** players can have career-threatening implications, for regular Joes and Janes such dire consequences are much rarer.

For shoulder injuries in the general population, orthopedic surgeon Dr. Gordon Groh says that most can be healed without surgery.

“What they actually need is just some good primary treatment,” Groh notes, adding that this is “effective in probably 80 percent of the folks we see.”

Groh describes the shoulder as a two-speed transmission. The deltoid muscle works for the waist-to-shoulder-height movements and the rotator cuff is engaged for movements happening above the shoulder.

With the exception of acute injuries causing shoulder pain, most rotator cuff problems are due to aging.

While there aren't generally “preventive” steps one can take to avoid shoulder problems, making adjustments to work or recreation can be helpful. For instance, using a stool to reach overhead items or getting help when lifting heavy items overhead can place less strain on your body.

Especially if someone already has shoulder pain, Groh emphasizes that “you can just ‘gut through it’ and expect to get better.”

### Diagnosis and treatment

Often people with rotator cuff problems will describe having nighttime pain.

Whether or not they had an injury that caused the pain, they will also have difficulty making above-the-shoulder movements.

Though Groh says that an MRI can “help add important information to the puzzle,” he thinks this diagnostic tool is best used for people who continue to have shoulder pain “in spite of having what we call a good round of conservative

management: therapy, anti-inflammatory drugs, injection.”

Also, people who benefit from an early MRI are those who cannot raise their arm immediately after an injury like a fall, since this may mean that they have torn their rotator cuff.

Treatments, which usually take place at the physician's office, might include medications and injections as well as therapy and bracing that patients can do themselves.

While most people are candidates for steroid injections (cortisone), only two to three injections during a year are considered safe.

Injections over this number risk masking the problem and making a person more susceptible to a rotator cuff tear.

Groh notes that home therapy, which is usually more convenient and cost-effective than seeing a physical therapist, often achieves better results.

### Is surgery necessary?

Although relatively uncommon, surgery may be needed for some shoulder injury or pain. The arthroscopic shoulder surgery is now generally done as an outpatient procedure with local anesthetic.

While this “less invasive” surgery means smaller incisions, Groh says that “a tendon repairs at the

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same rate no matter how large or small the incision," which means about four months to heal and another six to eight months for a person to regain endurance and strength.

Replacement of the shoulder joint is only a tenth as common as hip or knee replacements (40,000 annually vs. 400,000 annually).

Outcomes for shoulder replacement are better than for knee or hip with 90 percent of replacements still working 20 years after surgery.

Dr. Gordon Groh, who is board-certified and specializes in shoulder, elbow and hand surgery, is an orthopedic surgeon at Blue Ridge Bone & Joint. He has been elected to the American Shoulder and Elbow Surgeon. Groh is a member of the Western North Carolina/Buncombe County Medical Society.



Dr. Gordon Groh(Special to the Citizen-Times)

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The advertisement features a young girl with blonde hair wearing a white princess tiara and a white dress with a pink sash. The background is white with a colorful abstract border at the bottom.

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