



Rotator cuff problems a common cause of shoulder pain

shoulder joint. The rotator cuff is important in guiding the shoulder joint through its large range of motion. Patients with rotator cuff disorders usually report pain over the top and side of the shoulder and side of the arm associated with use of the arm. Shoulder pain secondary to rotator cuff disease is common among people of various ages and activity levels. The problem can occur not only in professional athletes and heavy laborers, but also in recreational athletes and any individuals that perform repet-

itive overhead activities. Rotator cuff disease can result from a single traumatic event or more commonly from overuse. Disorders of the rotator cuff represent a spectrum of disease from tendon inflammation or tendonitis to partial thickness tendon tears to full thickness tendon tears. Rotator cuff disease is commonly associated with “bone spurs” or bony prominences of the acromion and acromioclavicular (AC) joint, structures found adjacent to the rotator cuff. The diagnosis of rotator cuff disease is made by a careful history and physical examination, plain radiographs (X-rays) and often an MRI scan which provides anatomic detail of the rotator cuff tendons.

with persistent complaints that have been refractory to non-surgical management. Most patients with rotator cuff disease can be treated with shoulder arthroscopy which is surgery performed with a camera and motorized instruments through very small skin incisions. Using shoulder arthroscopy we are able to remove inflamed tissue, remove bone spurs from the acromion and acromioclavicular (AC) joint, and even repair a rotator cuff tear usually as an outpatient procedure. Proper diagnosis and treatment of this common shoulder problem requires an evaluation by your orthopedic surgeon.★

Many treatment options are available for patients with rotator cuff problems. Non-surgical treatments include modification of activities, use of nonsteroidal anti-inflammatory medication, physical therapy for strengthening, ultrasound, iontophoresis and judicious use of subacromial steroid injections. Many patients will respond to these simple non-surgical treatments. Surgical options are reserved for patients

Thomas R. Lyons M.D. is a board certified orthopedic surgeon practicing at the Orthopedic Center for Sports Medicine located at 671 West Esplanade Avenue in Kenner and in Metairie at 4921 Airline Drive. The Orthopedic Center is a multi-specialty center dedicated to complete musculoskeletal care with focused expertise in shoulder and knee care. For additional information call 467-5900.



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