



ORTHOPAEDIC ASSOCIATES *of St. Augustine*

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THE SHOULDER BULLETIN



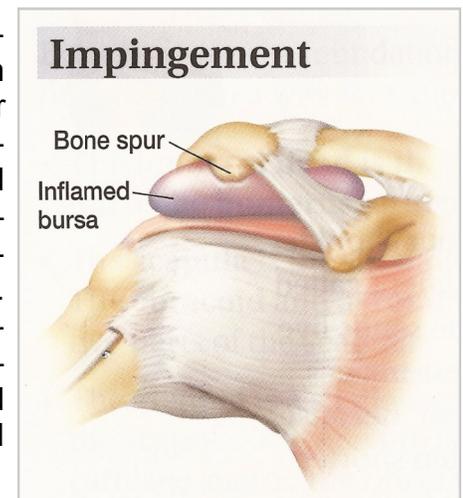
ALBERT VOLK, MD, FAOS, FACS

Dr. Volk attended college at The Johns Hopkins University and received his Medical Degree from Indiana University School of Medicine. He completed his internship and residency program with the University of Southern California Orthopaedic Department in Los Angeles, California. While at USC he had the opportunity to learn from and operate with shoulder surgeon Dr. Frank Jobe at the esteemed Kerlan-Jobe Clinic in Los Angeles, California. Following his residency, Dr. Volk completed a sports medicine shoulder and knee arthroscopic fellowship at the Matthews Orthopedic Clinic, Orlando Regional Medical Center in Orlando, Florida. There Dr. Volk received an additional year of intensive training in shoulder and knee arthroscopy. He treated professional athletes including football, baseball, and basketball players for various sports injuries. Following his one-year fellowship, Dr. Volk entered into private practice in 1995 in St. Augustine, where he currently resides and practices. He performed

the first total shoulder replacement at Flagler Hospital and has extensive experience in treating conditions of the shoulder mostly through arthroscopic procedures. Dr. Volk currently specializes in all-arthroscopic rotator cuff repairs of the shoulder and performs close to 1,000 shoulder procedures per year. He is the past Chief Medical Advisor for the Professional Women's Tennis Association and continues to evaluate and treat professional athletes with sports related injuries.

Why does my Shoulder Hurt?

By far the most common cause of shoulder pain is due to a condition involving the rotator cuff called Impingement Syndrome. This is a condition in which the rotator cuff is pinched between the under-surface of the shoulder bone, called the acromion, and the humerus bone of the shoulder. The result is inflammation of the underlying structures, namely the rotator cuff and the associated bursa, resulting in rotator cuff tendonitis and bursitis. Frequently the cause is unknown, although it is usually associated with overhead activity or sometimes an injury such as a fall or strain to the shoulder. A vicious cycle is created due to the resultant inflammation causing weakness of the rotator cuff, which in turn causes further impingement, inflammation and pain. The pain is usually worsened with attempted overhead activity or lying down at night, both situations in which the rotator cuff and associated bursa are pinched between the two shoulder bones.

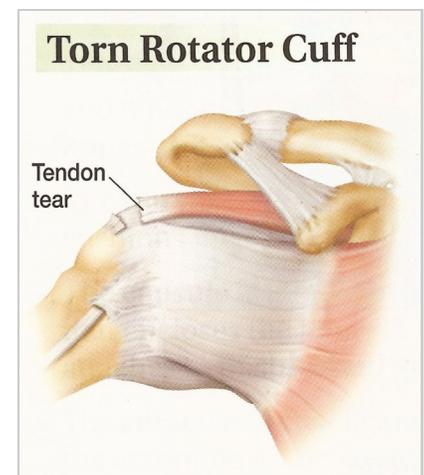


How do I get rid of Impingement Syndrome?

The best way to get rid of Impingement Syndrome is to get rid of the inflammation so that the rotator cuff muscles can be strengthened, thus preventing the rotator cuff and bursa from being pinched when the arm is raised over the head or when one lies down at night. The inflammation is relieved usually by rest, ice, and the occasional anti-inflammatory medication such as Advil®, Motrin® (ibuprofen), or Aleve® (naproxen). If all these measures do not work, occasionally an anti-inflammatory injection in the form of cortisone can be administered above the rotator cuff (into the bursa), thus allowing the institution of rotator cuff strengthening. Cortisone is a very safe and effective treatment for this condition. Many people perceive this to be a painful procedure; however, with the use of cold spray to anesthetize the skin and the use of a tiny pediatric needle, the procedure is painless and can be quite effective. Once the inflammation has subsided, it is very important to perform rotator cuff strengthening exercises. These can usually be done at home or if the condition is severe, under the guidance of a physical therapist. If a rotator cuff tear is suspected, either by history or clinical examination, an MRI may be ordered prior to treatment.

When do I need Surgery?

Most forms of impingement (75%-80%) respond to the treatment described above and surgery is not needed. Those associated with complete rotator cuff tears, large spurs on the acromion, or having persistent pain for over a year usually require arthroscopic surgery. This is an outpatient procedure and is performed using 3-4 tiny incisions around the shoulder. The full recovery time ranges from 1-4 months depending on the presence or absence of a rotator cuff tear and the size of the tear.



How Can I Prevent Impingement?

If you are prone to impingement in that your job or activities consists of frequent overhead activity, especially lifting objects overhead, then you should be doing maintenance rotator cuff strengthening exercises (Jobe exercises). Those participating in overhead sports such as tennis, baseball, softball, swimming, and surfing are also at risk. If you are already working out with weights or exercise machines, then you should incorporate rotator cuff strengthening exercises in your routine work out. The best exercises are those that involve strengthening the rotator cuff muscles without causing impingement during the exercise.

