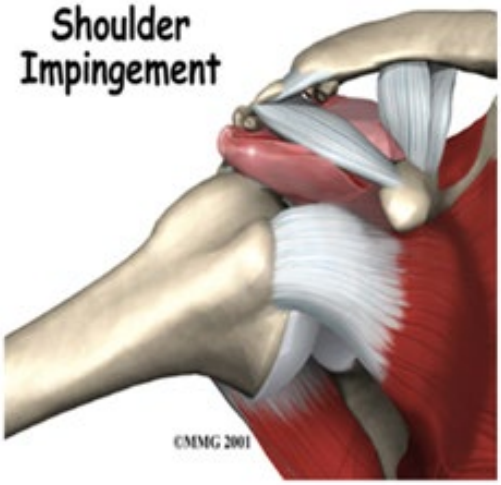
Dr Seth Bitting MD FRCSC
Orthopaedic Surgeon
Special Interest in
Shoulder & Knee Surgery

Impingement Syndrome

NON-SURGICAL TREATMENT MODALITIES



Impingement syndrome is a clinical constellation of symptoms resulting in pain caused by rubbing between an inflamed rotator cuff tendon, the subacromial bursa and the acromion. The majority of patients with impingement syndrome can successfully be treated without surgery using the following treatment algorithm:

- 6 weeks of consistent rotator cuff and peri-scapular muscle strengthening and oral/topical NSAIDs (if not contraindicated)
- Re-assess after 6-8 weeks. If improving then continue with current treatment
- If not improving perform subacromial corticosteroid injection 40-80mg of triamcinolone (or depo medrol) and 3cc local anaesthetic and then continue with physio/home exercises
- Re-assess after 8 weeks. If improving then continue with current treatment
- If not improving and pain is interfering with vocational or recreational activities obtain imaging to rule out rotator cuff tear (US or MRI) and refer to orthopaedics

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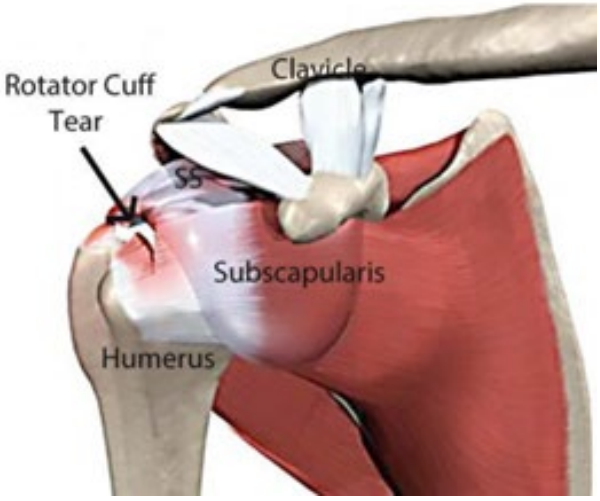
Rotator Cuff Tear

Partial Thickness or Small Full Thickness (<1cm)

NON-SURGICAL TREATMENT MODALITIES



Many patients with partial thickness or small full thickness rotator cuff tears can be successfully treated without surgery using the following treatment algorithm:

- 6 weeks of consistent rotator cuff and peri-scapular muscle strengthening + oral/topical NSAIDs (if not contraindicated)
- Re-assess after 6-8 weeks. If improving then continue with current treatment
- If not improving perform subacromial corticosteroid injection 40-80mg of triamcinolone (or depo medrol) and 3cc local anaesthetic and then continue with physio/ home exercises
- Re-assess after 8 weeks. If improving then continue with current treatment
- If not improving and pain is interfering with vocational or recreational activities then refer to orthopaedics

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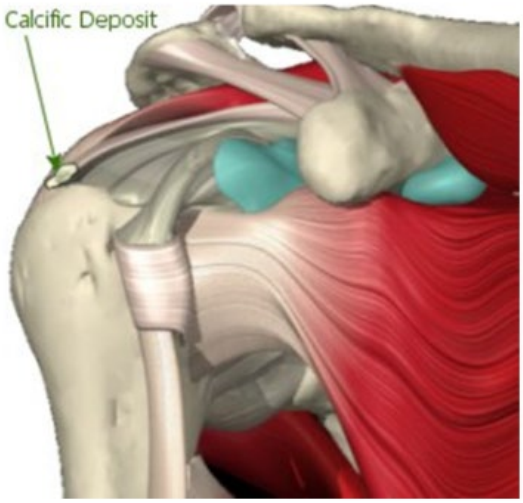
Calcific Tendonitis

NON-SURGICAL TREATMENT MODALITIES



Calcific tendonitis occurs when calcium deposits form in rotator cuff tendons. This is often very painful for the patient initially. Despite the extreme initial pain, non-surgical treatment is often very successful.

- 6 weeks oral/topical NSAIDs (if not contraindicated) +/- shock wave treatments
- Re-assess after 6-8 weeks. If improving then continue with current treatment
- If not improving perform subacromial corticosteroid injection 40-80mg of triamcinolone (or depo medrol) and 3cc local anaesthetic and then initiate physio/ home exercises
- Re-assess after 8 weeks. If not improving then organize ultrasound guided barbotage of calcific tendonitis.
- Re-assess after 8 weeks. If not improving and pain is interfering with vocational or recreational activities then refer to orthopaedics

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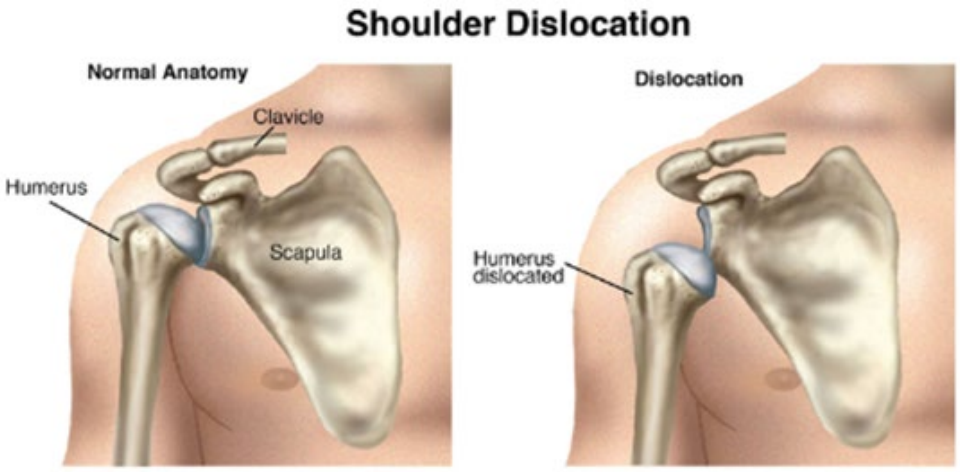
Shoulder Instability

NON-SURGICAL TREATMENT MODALITIES



Shoulder instability can be classified as traumatic or atraumatic instability. Almost all atraumatic shoulder instability should be managed non surgically with a focus on strengthening of the rotator cuff and periscapular musculature.

Patients with first time traumatic shoulder dislocations should be placed in a sling for 10-14 days and then initiate physiotherapy focusing on strengthening of the rotator cuff and periscapular muscles. If there is any evidence of glenoid fracture (ie bony bankart) a CT scan should be obtained to define the size and position of the bony lesion.

Patients who experience recurrent dislocations should be referred for orthopaedic assessment. These patients often have labral tears. An MRI with contrast (ie MR arthrogram) should be obtained to best image the glenoid labrum.

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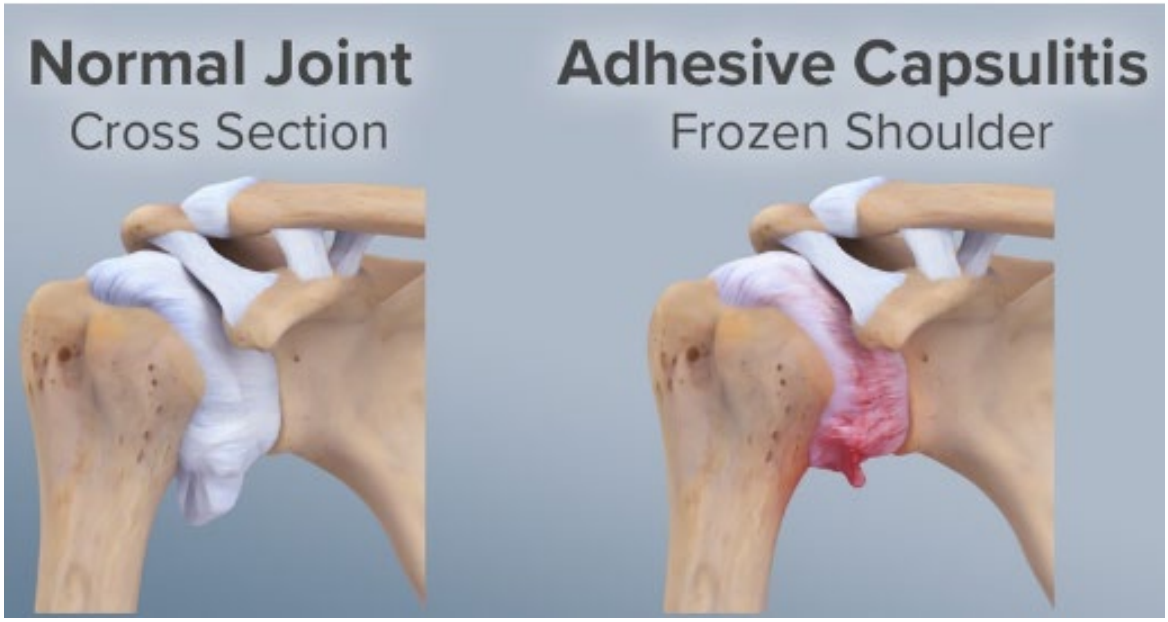
Adhesive Capsulitis / Frozen Shoulder

NON-SURGICAL TREATMENT MODALITIES



Frozen shoulder, also called adhesive capsulitis, causes pain and stiffness in the shoulder. The pain initially is often severe (inflammatory stage). Over time, the pain diminishes but the shoulder then becomes very stiff (frozen stage). The hallmark of diagnosis is that the passive range of motion and active range of motion is essentially the same.

Frozen shoulder is a self limiting condition, and will resolve without surgery, although full recovery may take up to 2 years.

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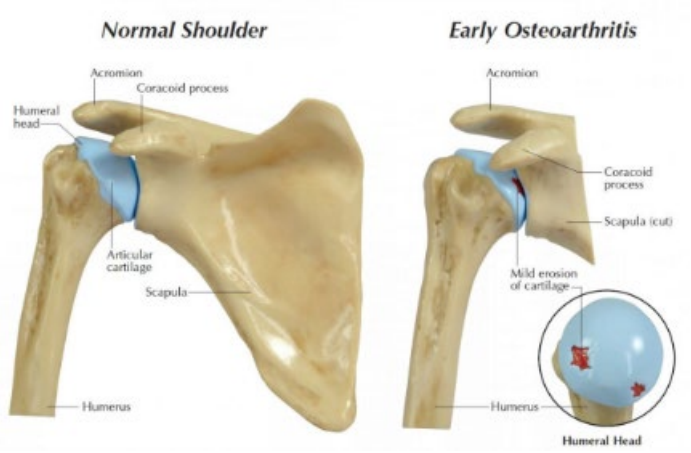
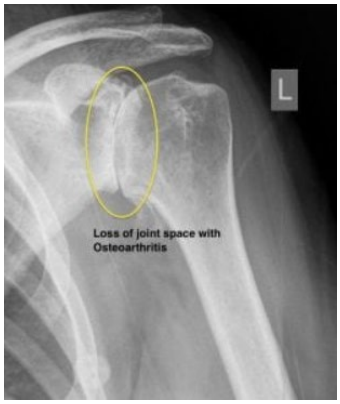
Early Glenohumeral OA

NON-SURGICAL TREATMENT MODALITIES





Shoulder arthritis involves wear of the articular cartilage on the humeral head and glenoid. Non surgical treatment of these patients includes:

- Oral NSAIDs, acetaminophen, +/- topical NSAIDs
- Physiotherapy +/- home exercise program
- Intra-articular viscosupplementation (hyaluronic acid) injection and/or steroid injection

If a patient has tried all of the above treatments and continues to have pain which limits their vocational or recreational activities then referral to an orthopaedic surgeon is indicated.

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