

Research related to Susan's Rotator Cuff (Shoulder) Pain :: **Shoulder X-ray:** A plain X-ray film of the shoulder may show dislocation, osteoarthritis or a fracture of the humerus. X-ray films cannot diagnose muscle or tendon injuries. Susan has very recent X-rays [in existence] at **Good Samaritan Hospital – Dayton, Ohio**

https://en.wikipedia.org/wiki/Glenoid_cavity < Active & Real link to...

Glenoid cavity

From Wikipedia, the free encyclopedia

The **glenoid cavity** or **glenoid fossa of scapula**^[help 1] is a part of the **shoulder**. It is a shallow, **pyriform articular** surface, which is located on the **lateral angle** of the **scapula**. It is directed laterally and forward and articulates with the **head** of the **humerus**; it is broader below than above and its vertical diameter is the longest.

This cavity forms the **glenohumeral joint** along with the **humerus**. This type of joint is classified as a **synovial, ball and socket joint**. The humerus is held in place within the glenoid cavity by means of the long head of the **bicep** tendon. This tendon originates on the superior margin of the glenoid cavity and loops over the shoulder, bracing humerus against the cavity. The **rotator cuff** also reinforces this joint more specifically with the **supraspinatus** tendon to hold the head of the humerus in the glenoid cavity.

The cavity surface is covered with **cartilage** in the fresh state; and its margins, slightly raised, give attachment to a **fibrocartilaginous** structure, the **glenoid labrum**, which deepens the cavity. This cartilage is very susceptible to tearing. When torn, it is most commonly known as a **SLAP lesion** which is generally caused by repetitive shoulder movements.

Compared to the **acetabulum** (at the hip-joint) the glenoid cavity is relatively shallow. This makes the **shoulder joint** prone to **dislocation** (luxation). Strong **glenohumeral ligaments** and **muscles** prevents dislocation in most cases.

By being so shallow the glenoid cavity allows the shoulder joint to have the greatest mobility of all joints in the body, allowing 120 degrees of unassisted **flexion**. Additional range of motion in shoulder flexion (typically up to 180 degrees in humans) is also accomplished by the great mobility of the **scapula** (shoulder blade) through a process known as scapulohumeral rhythm.^[1]

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Cut & pasted iLLustration 1 of 2. This is NOT Hans' art work !



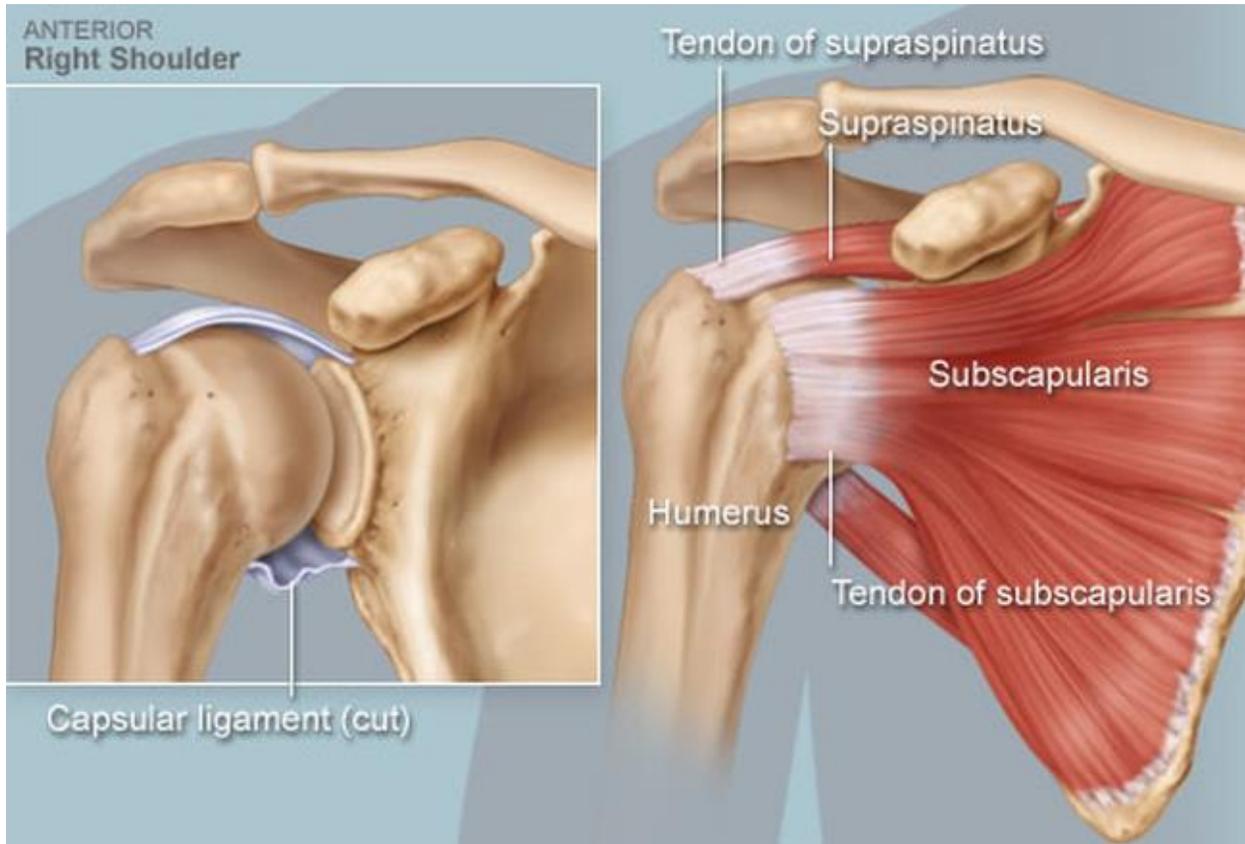
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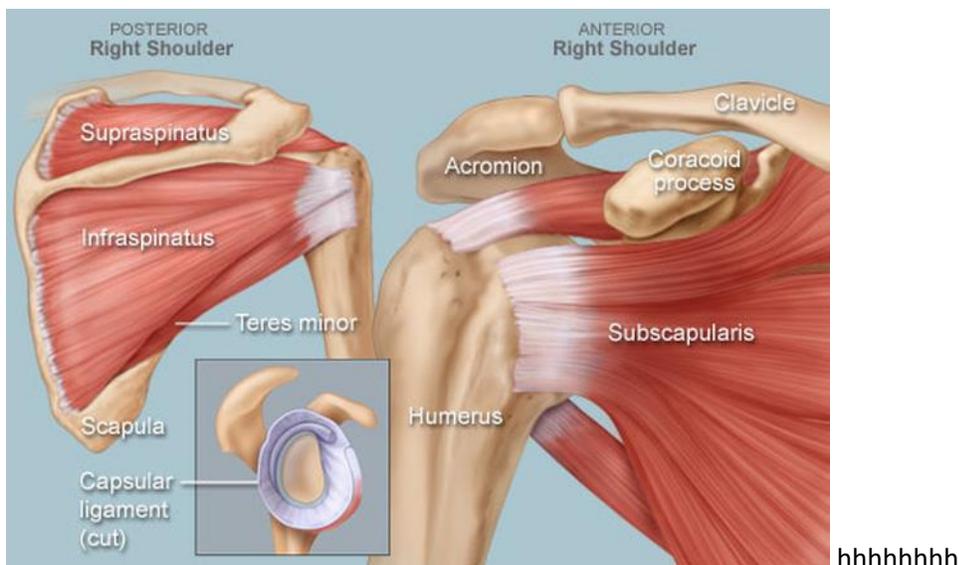


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(below) Cut & pasted iLLustration 1 of 3. This is NOT Hans' art work !

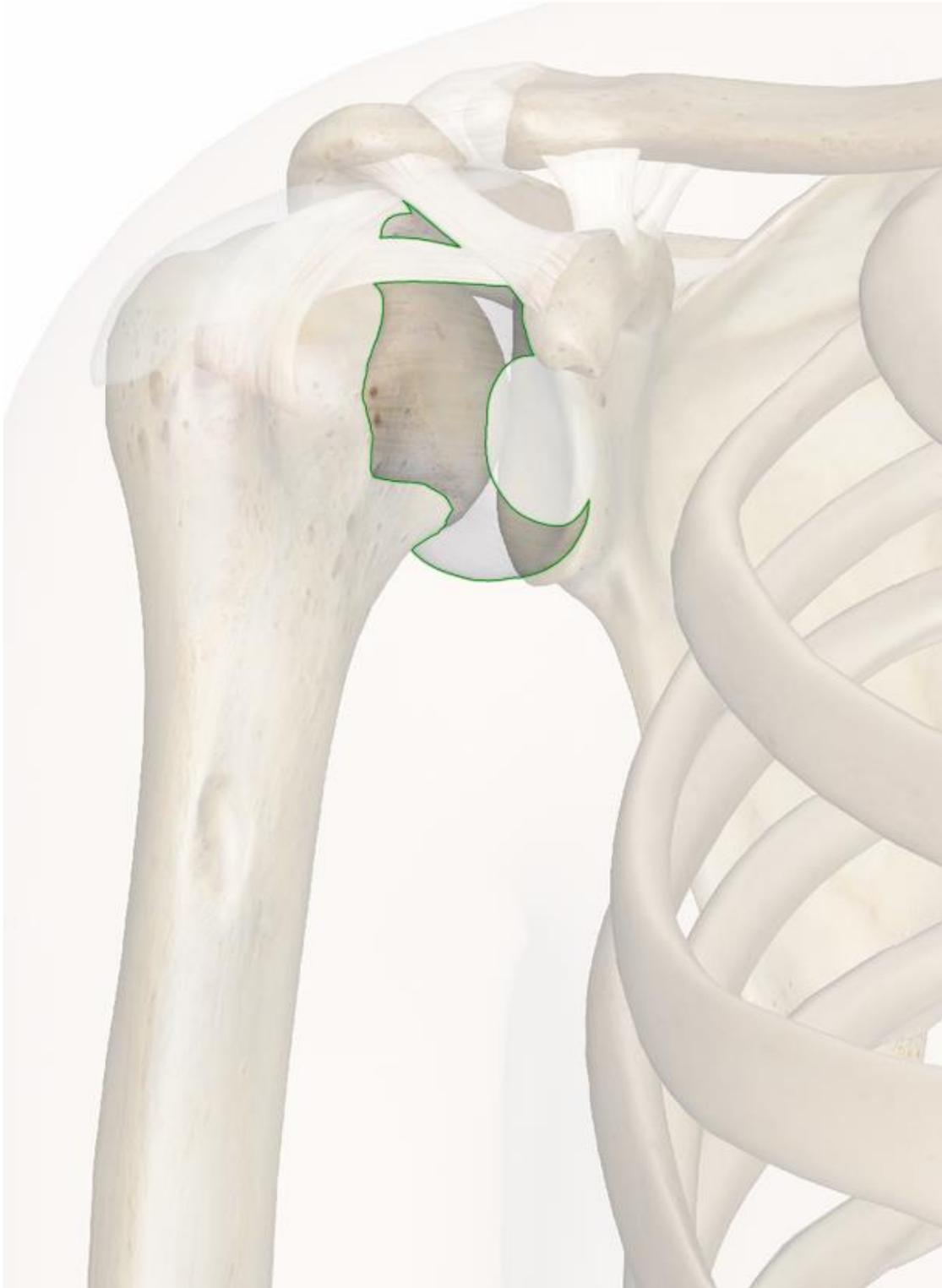


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<http://www.innerbody.com/anatomy-images/Capsular-Ligament-of-the-Shoulder.png>

Following – is what Dr. Lizbeth Bible wrote on the “order” (for ultrasound) – dated 5-22-2017

“ right arm pain

- u/s of right arm” NOTE!

NOTE: An Ultrasound procedure “order” was made – at the request of Susan – who suffered a stroke [in 2012] “Aneurysm @ MCA”. Susan was present – when her husband (Hans) discussed – the “possibility” – that he had a stroke with Dayton MD: Joseph McCollom, DO. And, an ultrasound was indicated – to rule out – the continuation of a PE – spotted in Hans’ Right Lung – in March of 2017.

Following, is what Susan researched – using Google & the Internet (on 5-23-2017) The words, the writing - and the illustrations shown are ALL “cut & pasted” materials – from the WWW.

Rotator Cuff

Capsular ligament

http://www.innerbody.com/image_skel21/ligm05.html

<http://www.innerbody.com/anatomy-images/Capsular-Ligament-of-the-Shoulder.png>

Shoulder (human)

The **capsular ligament** of the shoulder is surrounded and reinforced by muscles, tendons, and ligaments, which are largely responsible for keeping the adjoining parts together. A capsule is a membrane or sac enclosing a body part, usually a joint. The joint capsule of the shoulder is attached along the outside ring of the **glenoid cavity** and the anatomical neck of the humerus. Although it completely covers the joint, the capsule is very loose and by itself would be unable to keep the bones of the joint in close contact without the aid of the fibers around it.

<http://www.webmd.com/pain-management/what-is-my-rotator-cuff#1>

<http://www.webmd.com/pain-management/picture-of-the-shoulder#1>

<http://www.webmd.com/pain-management/picture-of-the-shoulder#2>

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The shoulder is one of the largest and most complex joints in the body. The shoulder joint is formed where the humerus (upper arm bone) fits into the scapula (shoulder blade), like a ball and socket.

Other important bones in the shoulder include:

The acromion is a bony projection off the scapula.

The clavicle (collarbone) meets the acromion in the acromioclavicular joint.

The coracoid process is a hook-like bony projection from the scapula.

The shoulder has several other important structures:

The rotator cuff is a collection of muscles and tendons that surround the shoulder, giving it support and allowing a wide range of motion.

The bursa is a small sac of fluid that cushions and protects the tendons of the rotator cuff.

A cuff of cartilage called **the labrum** forms a cup for the ball-like head of the humerus to fit into.

The humerus fits relatively loosely into the shoulder joint. This gives the shoulder a wide range of motion, but also makes it vulnerable to injury.

Shoulder Conditions:

Frozen shoulder: Inflammation develops in the shoulder that causes pain and stiffness. As a frozen shoulder progresses, movement in the shoulder can be severely limited.

Osteoarthritis: The common "wear-and-tear" arthritis that occurs with aging. The shoulder is less often affected by osteoarthritis than the knee.

Rheumatoid arthritis: A form of arthritis in which the immune system attacks the joints, causing inflammation and pain. Rheumatoid arthritis can affect any joint, including the shoulder.

Gout: A form of arthritis in which crystals form in the joints, causing inflammation and pain. The shoulder is an uncommon location for gout.

Rotator cuff tear: A tear in one of the muscles or tendons surrounding the top of the humerus. A rotator cuff tear may be a sudden injury, or result from steady overuse.

Shoulder impingement: The acromion (edge of the scapula) presses on the rotator cuff as the arm is lifted. If inflammation or an injury in the rotator cuff is present, this impingement causes pain.

Shoulder dislocation: The humerus or one of the other bones in the shoulder slips out of position. Raising the arm causes pain and a "popping" sensation if the shoulder is dislocated.

Shoulder tendonitis: Inflammation of one of the tendons in the shoulder's rotator cuff.

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Shoulder bursitis: Inflammation of the bursa, the small sac of fluid that rests over the rotator cuff tendons. Pain with overhead activities or pressure on the upper, outer arm are symptoms.

Labral tear: An accident or overuse can cause a tear in the labrum, the cuff of cartilage that overlies the head of the humerus. Most labral tears heal without requiring surgery.

Shoulder Tests

Magnetic resonance imaging (MRI scan): An MRI scanner uses a high-powered magnet and a computer to create high-resolution images of the shoulder and surrounding structures.

Computed tomography (CT scan): A CT scanner takes multiple X-rays, and a computer creates detailed images of the shoulder.

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Shoulder Treatments

Shoulder surgery: Surgery is generally performed to help make the shoulder joint more stable. Shoulder surgery may be arthroscopic (several small incisions) or open (large incision).

Arthroscopic surgery: A surgeon makes small incisions in the shoulder and performs surgery through an endoscope (a flexible tube with a camera and tools on its end). Arthroscopic surgery requires less recovery time than open surgery.

Physical therapy: An exercise program can strengthen shoulder muscles and improve flexibility in the shoulder. Physical therapy is an effective, nonsurgical treatment for many shoulder conditions.

Pain relievers: Over-the-counter relievers like acetaminophen (Tylenol), ibuprofen (Motrin) and naproxen (Aleve) can relieve most shoulder pain. More severe shoulder pain may require prescription medications.

RICE therapy: RICE stands for Rest, Ice, Compression (not usually necessary), and Elevation. RICE can improve pain and swelling of many shoulder injuries.

Corticosteroid (cortisone) injection: A doctor injects cortisone into the shoulder, reducing the inflammation and pain caused by bursitis or arthritis. The effects of a cortisone injection can last several weeks.

WebMD Image Collection Reviewed by Carol DerSarkissian on March 13, 2017

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Symptoms

A rotator cuff disorder causes pain and weakness in your shoulder. It may be uncomfortable or impossible to do everyday activities, such as combing your hair, tucking in your shirt, or reaching above your head.

Most often, you will feel the pain on the side and front of your upper arm and shoulder. You may have pain during the night and have trouble sleeping on that side. Pain is almost always worse when you make overhead movements.

Because of the pain, you may try not to use your arm. And that can cause even more weakness and stiffness in the shoulder.

The amount of pain usually depends on how much damage there is:

Minor damage: Pain most often occurs only when you are active and is usually relieved with rest.

Moderate damage: You will likely notice pain both during and after activity. Pain may also occur at night, especially when you lie on your shoulder.

Severe damage: You may have continuous pain.

- Sometimes the pain isn't directly related to the amount of damage. For example, your rotator cuff may have minor damage, but strength and the loss of range of motion may be severe because it's too painful to move in certain ways. This is especially true if you normally make a lot of overhead movements.

Symptoms of rotator cuff tendinitis

In tendinitis (inflammation in the tendon), the pain usually starts gradually, over the side of the shoulder and the upper arm.

Your shoulder and arm aren't particularly weak but it hurts to use them.

The pain may spread down the outside of the upper arm, even to the elbow.

The pain may be worse at night and may keep you awake, especially if you lie on that side.

Lifting the arm to the side or to the front makes the pain worse.

Over time, the pain may get worse or you may have constant pain. In some cases, this is because you actually have one or more small tendon tears.

Some people also have tendinitis in other parts of the shoulder. And some people have neck pain from using other muscles to help move the shoulder.

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Symptoms of rotator cuff tears

The most common symptoms of a tear are:

Pain when you move your arm, especially overhead or against resistance.

Pain at night.

Weakness in your shoulder, although some people don't notice any weakness if the tear is small.

Symptoms of a sudden, severe tear include:

A popping sound or tearing sensation in your shoulder.

Immediate pain in your shoulder.

Weakness and pain when you lift or rotate your arm.

Limited range of motion and inability to raise your arm because of pain or weakness.

Possibly, bruising in your shoulder or upper arm.

You can have a complete tear without symptoms, especially if you are an older adult who is not very active.

In rare cases, shoulder pain may be a sign of a more serious problem with your heart or lungs.

Next Page:

What Happens When You Have Rotator Cuff Disorders ?

eMedicineHealth Medical Reference from Healthwise

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[end] of research & and "cut & pasted" material