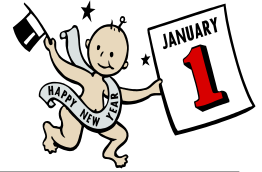


# Refined Commitment

**Commitment Physical Therapy**

Volume 1, Issue 3

January 2, 2009



11741 Southwest Highway Palos Heights, IL 60463

## NEW AT COMMITMENT COLD LASER THERAPY IS

Significantly proven to help: Rheumatoid and Osteoarthritis, Sports Injuries of all Types, Carpal Tunnel Syndrome, Fibromyalgia, Migraines, Pain associated with any cause, Cardiac Conditions, Diabetes, Herniated Lumbar Disc, Inflammation, Spinal Cord Injuries, Sprains and Strains of all Types and more.

### Our Location

Commitment Physical Therapy is located at 11741 Southwest Highway in Palos Heights.

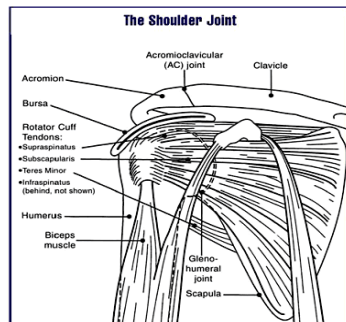
### Our Hours

We are open Monday thru Friday from 9:00am until 5:00pm.

For your convenience, we also offer extended and weekend hours by appointments only.

## SHOULDER JOINT REHABILITATION

**Shoulder Joint:** In human anatomy, the shoulder joint comprises the part of the body where the humerus attaches to the scapula. The shoulder refers to the group of structures in the region of the joint. It is made up of three bones: the clavicle (collarbone), the scapula (shoulder blade), and the humerus (upper arm bone) as well as associated muscles, ligaments and tendons. The articulations between the bones of the shoulder make up the shoulder joints. The shoulder must be flexible for the wide range of motion required in the arms and hands and also strong enough to allow for actions such as lifting, pushing and pulling. The compromise between these two functions results in a large number of shoulder problems not faced by other joints such as the hip.



### Movements of the shoulder:

The muscles and joints of the shoulder allow it to move through a remarkable range of motion, making it the most mobile joint in the human body. The shoulder can abduct, adduct (such as during the

shoulder fly), rotate, be raised in front of and behind the torso and move through a full 360° in the sagittal plane. This tremendous range of motion also makes the shoulder extremely unstable, far more prone to dislocation and injury than other joints.

### Shoulder Rehabilitation:

#### Rotator Cuff Impingement:

Impingement is one of the most common causes of shoulder pain. The rotator cuff is composed of four muscles: supraspinatus, infraspinatus, teres major, and teres minor. Impingement commonly occurs when the acromion (the front part of the shoulder blade) rubs against the tendons of the muscles as the arm is raised. This condition can occur as a result of sports injury, repetitive lifting, or spontaneously. Pain from other conditions such as bursitis or tendonitis may feel similar. An orthopedic surgeon may recommend surgical intervention to remove a spur (extra bone formation) to reduce impingement at this joint if it is present. Physical therapy treatment includes stretching, strengthening, stabilization exercises, soft tissue mobilization, joint mobilization, posture education and individualized home exercise program.

**Rotator Cuff Tear:** The rotator cuff of the shoulder is composed of four muscles: supraspinatus, infraspinatus, teres major, and teres minor. These muscles help stabilize, rotate and lift the arm. Most commonly the

supraspinatus is the muscle torn in the rotator cuff. Injuries to these tendons are often a result of sports injury, repetitive lifting or activities, or trauma such as a dislocation or fracture. Some of the signs of a rotator cuff tear are: weakness, pain with movement/reaching, and popping/clicking sounds. Physical therapy can be utilized before and after surgery. The focus of therapy is to improve range of motion, flexibility, scapular stability, posture, and return to prior level of function. **Frozen Shoulder:** Frozen shoulder is also known as adhesive capsulitis. The exact mechanism of why this condition occurs is not known. Pain is typically described as a general ache about the shoulder and there is a progressive loss of motion. If left untreated frozen shoulders can take two to three years to heal. According to the American Academy of Orthopedic Surgeons, over 90 percent of patients recover with conservative treatments. Physical therapy can assist with pain control along with improving range of motion. As motion of the shoulder improves, exercises for strengthening and stabilization are provided. Rehabilitation for a frozen shoulder also includes posture education, joint

## Happy New Year!

It is amazing that we are now in the year 2009.

Hopefully everyone accomplished their resolutions in the year 2008, if not then we should work hard on accomplishing them this year.

Keeping a New Years resolution is a hard task, but with the help from family & friends it can be done.

Remember to start with something not so difficult, so that we can accomplish it sooner, then we can work on the more difficult things.

As always we all try to better ourselves, from year to year, and at times we encounter a few bumps in the road.

The important thing is that we get right back on track and do not let anything or anyone slow us down.

Whatever happened in 2008, we should leave behind and start anew.

Good Luck to All in this new 2009!



# SHOULDER JOINT REHABILITATION

mobilization, soft tissue modalities, and a customized home exercise program. **Pre- and Post- Operative Treatment:** There are a number of surgical interventions for the shoulder. Some of them are: rotator cuff repair, bankart repair, fracture ORIF, clavicle repair, subacromial decompression, etc. Physical therapy can be utilized before and after surgery. Therapy prior to surgery is sometimes indicated to assure better outcomes and quicker recovery time. After surgery, the focus of therapy is to improve range of motion, flexibility, scapular stability, posture, and return to prior level of function.

**Dislocation:** The shoulder is most mobile joint in the body. It is very susceptible dislocation. A partial dislocation is called a subluxation. A dislocation occurs when the entire humerus (upper arm mobilization, soft tissue mobilization, modalities, and a customized home exercise program. **Pre- and Post- Operative Treatment:** There are a number of surgical interventions for the shoulder. Some of them are: rotator cuff repair, bankart repair, fracture ORIF,

clavicle repair, subacromial decompression, etc. Physical therapy can be utilized before and after surgery. Therapy prior to surgery is sometimes indicated to assure better outcomes and quicker recovery time. After surgery, the focus of therapy is to improve range of motion, flexibility, scapular stability, posture, and return to prior level of function.

**Dislocation:** The shoulder is most mobile joint in the body. It is very susceptible dislocation. A partial dislocation is called a subluxation. A dislocation occurs when the entire humerus (upper arm bone) comes out of the socket. Afterwards muscular guarding, spasming and pain limit motion. Subluxations and dislocations also result in shoulder instability. A rotator cuff and/or labral (cartilage) tear may also be present after a dislocation. Physical therapy treatment after dislocation is prescribed to reduce pain, improve stability, reduce guarding and spasming, along with increasing functional shoulder motion. In some cases, chronic instability can occur after dislocation. In these cases, surgery is indicated and physical therapy will be re-instated post-operatively to assist with return to normal

**Fractures:** Fractures of the shoulder, clavicle, and shoulder blade (scapula) often occur from trauma such as falling on an outstretched arm. For a displaced, or bad, fracture surgical intervention with plates and screws is indicated. Once the fracture is stable, physical therapy is indicated to reduce pain, increase range of motion, strength, scapular stability, and flexibility to progress to a speedy return to previous level of function.

### **Restricted Movement of the Shoulder Joint:**

Restriction of any joint may be caused by mechanical defects, soft tissue contractures, joint effusion, muscle pain, muscle spasms or muscle paralysis.

### **Risk Factors/Prevention:**

Injuries to the tissue rim surrounding the shoulder socket can occur from acute trauma or repetitive shoulder motion.

### **Examples of traumatic injury include:**

1. Falling on an outstretched arm.
2. A direct blow to the shoulder.
3. A sudden pull, such as when trying to lift a heavy object.
4. A violent overhead reach, such as when trying to stop a fall or slide.
5. Throwing athletes or weightlifters can experience glenoid labrum tears as a result of repetitive shoulder motion.

## Patients' Comments



"The therapist & Staff are excellent A+ on the cleanliness of the office"

J.M- Chicago, IL

"The Dr is a super person, she is very caring for her patients"

M.M - Orland Park, IL

"The thing I liked most about therapy is how much attention the therapist paid to me"

K.K - Midlothian, IL

"I was very satisfied with the quality of care and service that I received"

G.H - Hickory Hills, IL