

# Understanding Shoulder Issues



## Meet Our Shoulder Experts

## ALSO: Rotator Cuff Tears & Stem Cell Therapy

### Neema Pourtaheri, M.D.



Dr. Pourtaheri is a board certified/fellowship trained shoulder and elbow surgeon. He is highly versed in latest advancements in shoulder and elbow care. His practice focus includes: arthroscopic cuff repair, shoulder instability surgery, total shoulder replacement surgery, elbow tendon/ligament, fractures, and elbow arthritis surgery.

### Michael J. McDermott, M.D.



Dr. McDermott is a board certified and fellowship trained orthopedic surgeon specializing in sports medicine and other orthopaedic problems including, knee, hip and shoulder. His emphasis is on total and partial arthroscopic, minimally invasive reconstruction. He also offers MAKO Robotic assisted surgery for knee replacement.

### Gary A. Stein, M.D.



Dr. Stein is board certified by the American Board of Orthopaedic Surgeons and specializes in adult reconstructive surgery of hip, knee and shoulder, sports medicine and back care. He has pioneered techniques in hip and knee replacement surgery and has been performing (MIS) minimally invasive hip replacement surgical techniques since 2001.

### Kai-Uwe Mazur, M.D.



Dr. Mazur is board certified and fellowship trained in hand and upper extremity orthopedic surgery. He specializes in the latest techniques in hand and upper-extremity joint arthroplasty and replacement, advanced arthroscopic reconstruction, ligament reconstruction of the upper extremity, tendon repair, vascularized bone grafting, peripheral nerve surgery and microsurgery.



## Knowing the Culprit: Rotator Cuff Tears

*Both surgical and non-surgical treatments for rotator cuff tears help to improve the quality of life in orthopedic patients. [Santa Rosa Orthopaedics](#), which offers the latest non-operative and operative procedures as well as advanced physical therapy, provides cutting edge information about rotator cuff pain along options for treatment that can help.*

Anyone who is actively participating in sports - particularly those involving overhead motions of the arm - can suffer from painful rotator cuff tears. Sudden trauma and the natural aging process are also causes of rotator cuff injuries. Shoulder pain due to rotator cuff tears affects at least two million people in the United States every year.

The most common symptoms of a rotator cuff tear include:

- Shoulder pain while at rest, particularly at night when lying on the affected shoulder
- Sudden or increased pain when lifting and lowering the arm or with certain movements
- A sense of shoulder weakness when lifting or rotating the arm
- A crackling sensation (known as crepitus) when the shoulder is moved in certain positions

Tears can happen suddenly from a fall and usually cause intense pain and are often accompanied by a snapping sensation and immediate sense of weakness in the upper arm – these types of injuries are best seen by a physician without delay.

Tears that develop slowly due to overuse can also cause pain and arm weakness, but the symptoms may be milder and more present when lifting or extending the arm. In this case, over-the-counter pain-killers may relieve the pain at first but eventually the symptoms will become more noticeable and less responsive to pain medication.

As the rotator cuff and the shoulder continues to weaken the risk of developing a partial or complete tear also increases. In fact, complete tears are present in 25 percent of patients over the age of 60.

When a rotator cuff tear does not respond to non-surgical efforts and when quality of life becomes an issue, surgical intervention may be the best option.

# Surgery for Arthritis of the Shoulder

When shoulder pain causes disability and is not relieved with nonsurgical options, surgery may be the answer.

**Arthroscopy.** Cases of mild glenohumeral arthritis may be treated with arthroscopy. With arthroscopy the surgical instruments are thin, the surgeon can use very small incisions, rather than the larger incision needed for standard, open surgery.

Although the procedure provides pain relief, it will not eliminate the arthritis from the joint. If the arthritis progresses, further surgery may be needed.

**Shoulder joint replacement:** Advanced arthritis of the glenohumeral joint can be treated with shoulder replacement surgery, in which the damaged parts of the shoulder are removed and replaced with artificial components, called a prosthesis.

Replacement surgery options include:

**Hemiarthroplasty-** Just the head of the humerus is replaced by an artificial component.

**Total shoulder arthroplasty-** Both the head of the humerus and the glenoid are replaced. A plastic "cup" is fitted into the glenoid, and a metal "ball" is attached to the top of the humerus.

**Reverse total shoulder arthroplasty-** In a reverse total shoulder replacement, the socket and metal ball are opposite a conventional total shoulder arthroplasty. The metal ball is fixed to the glenoid and the plastic cup is fixed to the upper end of the humerus. A reverse total shoulder replacement works better for people with cuff tear arthropathy because it relies on different muscles — not the rotator cuff — to move the arm.

**Resection arthroplasty:** The most common surgical procedure used to treat arthritis of the acromioclavicular joint is a resection arthroplasty.

In this procedure, a small amount of bone from the end of the collarbone is removed, leaving a space that gradually fills in with scar tissue.



## Conditions Treated with PRP

According to research studies, PRP is most effective in the treatment of chronic tendon injuries, especially tennis elbow, a very common injury of the tendons on the outside of the elbow.

Much of the publicity PRP therapy has received has been about the treatment of acute sports injuries, such as ligament and muscle injuries. PRP has been used to treat professional athletes with common sports.

Commonly treated injuries include: Conditions that can be treated successfully with PRP therapy include the shoulder involving: rotator cuff tendinitis, impingement, bursitis, and bicipital tendinitis; In the wrist and hand involving: DeQuervain's tenosynovitis, tendinitis, ligament tears; In the elbow involving: tennis elbow and golfer's elbow; the hip involving iliotibial band tendinitis (ITB Syndrome), ilio-psoas tendinitis and bursitis, greater trochanteric bursitis, sacroiliac joint dysfunction; the knee involving: patellar tendinitis, partially torn or strained major knee ligaments (LCL/MCL); the ankle and foot involving: Achilles tendinitis, peroneal tendinitis, recurrent ankle sprains, and other foot or ankle tendinitis; neck and back involving: facet joint arthritis, rib problems. Essentially any tendon or ligament injury except complete tears have been treated successfully with PRP.

PRP therapy has been shown to reduce the downtime of the athlete while also reducing the chance for re-injury or perhaps the risk of a more serious injury that will result in surgical intervention or permanent disability.

### Advantages of PRP include:

- Long-term pain relief
- Quicker recovery time
- Improved function
- Improved healing potential

### Common Areas of Treatment:

- Tendon or Ligament injury (tear, sprain)
- Tendinitis
- Arthritis
- Muscle Strains
- Articular Cartilage Injury

CALL FOR AN APPOINTMENT  
707-546-1922