

Off the Cuff

PREVENT OR REMEDY YOUR SHOULDER ISSUES
BY JORDAN D. METZL, M.D.

THE SYMPTOMS

If there is an abrupt or sudden tear (an acute injury), you feel a popping or tearing sensation in the shoulder followed by pain in the shoulder and arm. Shoulder movement is compromised, and in severe cases you can't lift your arm. When a tear or inflammation develops over time (a chronic injury), you have pain that radiates into the shoulder and upper arm, worsens gradually, and is sometimes worse at night and impairs sleep. Weakness is common.

WHAT'S GOING ON IN THERE?

The rotator cuff is a group of

muscles in the shoulder that hold the humerus (the upper-arm bone) in the shoulder socket and allow arm rotation—hence “rotator.”

The two most common rotator cuff injuries are a tear in a muscle or tendon (a strain) and inflammation of a tendon (tendinitis).

Another issue in this area is the scapula (shoulder blade) and the muscles surrounding it. When those muscles aren't strong enough to keep the scapula tracking the way it should, you get a condition called scapular dyskinesis. That can put too much load on the rotator cuff muscles and cause tendinitis or bursitis.

MED TENT

FIX IT

See a doctor. Any shoulder pain—especially that from an acute injury—needs to be evaluated by a sports doctor.

Employ dynamic rest.

Lay off the upper-body work (including swimming), and use lower-body workouts to maintain fitness.

Ice it. Ice applied to the shoulder for 15 minutes several times a day can help reduce inflammation.

Try an NSAID. An anti-inflammatory like ibuprofen or naproxen can help with the pain.

Start rehabbing. As the pain improves, do some rotator cuff exercises to help strengthen your shoulder. See below for several suggestions.

PREVENT IT

Having a strong, balanced shoulder is the best

injury-prevention strategy. Fortunately the muscles in and around the shoulder respond well to exercise. That means that shoulder work must be a staple of your upper-body workouts, and you must work opposing muscle groups to avoid an imbalance (for every push exercise like a pushup, do an equal amount of a pulling exercise like rows). **1**



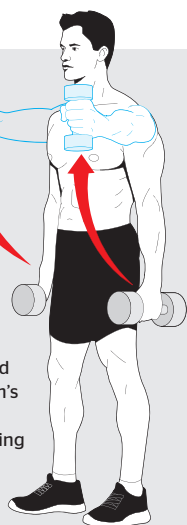
New York City sports medicine specialist Jordan D. Metz, M.D. is a 29-time

marathon runner and 10-time Ironman finisher. His book, *The Athlete's Book of Home Remedies*, has more than 1,000 tips to fix all types of injuries and medical conditions.

THE EXERCISES

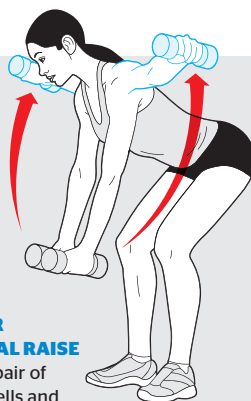
► SCAPTION

Standing with your feet shoulder-width apart, hold a pair of dumbbells at arm's length next to your sides. Your palms should be facing each other and your elbows slightly bent. Without changing the bend in your elbows, raise your arms at a 30-degree angle to your body (so that they form a “Y”) until they're at shoulder level. The thumb sides of both hands should be facing up. Pause, then slowly lower the weights back to the starting position.



► REAR LATERAL RAISE

Grab a pair of dumbbells and bend forward at your hips until your torso is nearly parallel to the floor. Set your feet shoulder-width apart. Let the dumbbells hang straight down from your shoulders, your palms facing each other. Without moving your torso, raise your arms straight out to your sides until they're in line with your body. Pause, then slowly return to the starting position.



► SEATED DUMBBELL EXTERNAL ROTATION

Grab a dumbbell in your left hand and sit on a bench. Place your left foot on the bench with your knee bent. Bend your left elbow 90 degrees and place the inside portion of it on your left knee. Use your free hand for support. Without changing the bend in your elbow, and while keeping your wrist straight, rotate your upper arm and forearm up and back as far as you can. Pause, then return to the starting position. Switch and perform the same number with your right arm.

