Shoulder Injuries

The shoulder is made up of three bones: the scapula (shoulder blade), the humerus (upper arm bone), and the clavicle (collarbone). The head (or top) of the humerus rests in a socket of the scapula called the glenoid. A soft rim of tissue called the labrum lines this socket. There are several ligaments that attach to the labrum. The labrum and ligaments that connect to the labrum help to stabilize the joint. If there is a tear in the labrum, the shoulder joint becomes unstable. This often needs a surgical repair.

The rotator cuff is a very important part of the shoulder. It is made up of tendons and muscles. These muscles connect the humerus to the scapula. The rotator cuff gives your child the ability to lift his or her arm and reach overhead. If the rotator cuff is injured, it causes weakness, reduced range of motion, and stiffness.

Common causes of injury

Labral tears, rotator cuff tears, and other shoulder injuries can be caused by:

- falling onto an outstretched arm
- direct impact to the shoulder
- a shoulder dislocation

Some athletes are more likely to injure their shoulders due to repeated overhead movements or overuse.

Symptoms

Labral tears

- Feeling unstable or feeling as if the shoulder could “pop out”
- Decreased range of motion
- Pain when lifting an object overhead or throwing
- Feelings or sounds of clicking, grinding, locking, or popping

**Rotator cuff tear**
- Pain at night, especially when sleeping on the side of the injured shoulder
- Pain with overhead movements
- Pain that radiates down the arm

**Diagnosis**
The practitioner will ask how the injury occurred and perform a complete exam. Often your child will have x-rays. More imaging, like an MRI or a CT scan, may be needed.

**First line of treatment**
- Rest, ice
- Medicines to relieve pain, such as Motrin® or Tylenol®: Motrin helps reduce pain and swelling; Tylenol may also help with discomfort. Motrin can often be taken every 6 hours and Tylenol can be taken every 4 hours. These medicines can be alternated every three hours as needed for pain control.
- Physical therapy may be started to encourage basic shoulder motion and to improve strength.

**Surgery**
If nonsurgical treatment does not help, your child’s doctor may recommend surgery. Surgery is often done through small cuts (arthroscopically) to examine the shoulder using a tiny camera. If there are tears that can be repaired, the doctor will use internal sutures (stitches) to repair them. Often if the tears are too small to repair, your child’s surgeon will debride or “clean out” the frayed tissue.

**After surgery**
- **Sling** - If your child’s doctor has to repair the labrum, the child will be in a sling called an UltraSling. It is very important to always leave this sling in place. It can often be removed for showering, but your child should not use the injured shoulder. It is very important that your child use this sling as instructed. Using the sling correctly will help the shoulder to heal.
• **Driving** - If your child has been placed in an UltraSling, he or she will not be allowed to drive a vehicle for at least 6 to 8 weeks after surgery. Your child’s doctor will remove the sling around this time. Your child must have good range of motion to drive.

• **Pain medicine** – Your child will get a prescription for pain medicine. The doctor may recommend that your child take Motrin for pain relief as well. Motrin will help with swelling and will help your child get off the pain medicine faster.

• **Exercises** - At the first appointment after surgery, your child will get a prescription for physical therapy. The child should start physical therapy as prescribed by the doctor or nurse practitioner. The exercises in physical therapy will help strengthen the injured shoulder and improve range of motion.

**Follow-up**

Your child’s first follow-up will be 7 to 10 days after surgery. At this time, the incisions will be checked. The stitches will be removed from the shoulder if it is ready. You can talk to your child’s care team about amount of pain. You will get a prescription for your child’s physical therapy.

**When to call the doctor**

Call the Orthopedic clinic at 614-722-5175 any time with questions or if your child has any of the following:

- Pain that is not controlled by oral medicine
- A new rash
- Fever higher than 101° F by mouth
- Chills
- Nausea or vomiting
- Drainage of any kind from the incision

**Expectations for recovery**

In most cases, it will take 5 to 6 months of recovery until your child can return to normal sports or activities. Your child’s doctor and physical therapist will work with your child to increase the strength and motion of the shoulder. Your doctor has a specific set of rules for activities following a shoulder surgery, and your physical therapist will follow this timeline. It is important your child does not do activities until the doctor or physical therapist approves. This will allow the shoulder to fully heal.